## **South Dakota Medicaid**

## **Durable Medical Equipment, Prosthetics, Orthotics and Supplies Fee Schedule**

Effective January 1, 2025 Updated April 1, 2025

Providers must bill for services at the lesser of their usual and customary charge or MSRP. Providers may be required to submit documentation supporting the billed amount is MSRP or lower. Reimbursement is the lesser of the billed amount or the amount listed below. Providers must append applicable modifiers to procedure codes. A list of authorized modifiers and payment effects is available at: https://dss.sd.gov/docs/medicaid/modifiers.pdf.

Providers should refer to South Dakota Medicaid's provider manual webpage for applicable coverage criteria and claim instructions: <a href="https://dss.sd.gov/medicaid/providers/billingmanuals/">https://dss.sd.gov/medicaid/providers/billingmanuals/</a>. For information regarding requesting a coverage or rate change refer to the Reconsideration, Reviews, Coverage Requests, and Fair Hearing provider manual.

As established in <u>ARSD 67:16:02:03</u>, when billed by a DME provider, the rate of payment for "Price by Report" is generally 75% of the lesser of the provider's usual and customary charge for medical equipment, orthotics, and prosthetics or MSRP and 90% of the lesser of the provider's usual and customary charge for supplies or MSRP. DME providers may not bill South Dakota Medicaid at a rate higher than MSRP.

Note: One unit per month is billable for capped rental items. The item is considered purchased after 12 units have been paid by South Dakota Medicaid without a break in rental payments of three or more consecutive months. **Changes to current fees are indicated in red.** 

| Code  | Description   | Fee     |           | Purchase or Rental |
|-------|---|---------|-----------|--------------------|
| 99601 | Home Infusion Or Specialty Drug Administration, Per Visit, Hours Or Less  | Price   | by Report |                    |
| 99602 | Home Infusion Or Specialty Drug Administration, Per Visit, Each Additional Hour   | Price   | by Report |                    |
| A4206 | Syringe With Needle, Sterile, 1 cc Or Less, Each  | \$      | 0.40      | Purchase           |
| A4207 | Syringe With Needle, Sterile 2 cc, Each   | \$      | 0.40      | Purchase           |
| A4208 | Syringe With Needle, Sterile 3 cc, Each   | \$      | 0.40      | Purchase           |
| A4209 | Syringe With Needle, Sterile 5 cc Or Greater, Each  | \$      | 0.55      | Purchase           |
| A4210 | Needle-Free Injection Device, Each  | Price   | by Report |                    |
| A4211 | Supplies For Self-Administered Injections   | Price I | by Report |                    |
| A4212 | Non-Coring Needle   | \$      | 18.48     | Purchase           |
| A4213 | Syringe, Sterile, 20 cc Or Greater, Each  | \$      | 8.64      | Purchase           |
| A4215 | Needle, Sterile, Any Size, Each   | \$      | 0.35      | Purchase           |
| A4216 | Sterile Water, Saline And/Or Dextrose, Diluent/Flush, 10 MI   | \$      | 0.48      | Purchase           |
| A4217 | Sterile Water/Saline, 500 MI  | \$      | 3.94      | Purchase           |
| A4218 | Sterile Saline Or Water, Metered Dose Dispenser, 10 MI  | \$      | 0.44      | Purchase           |
| A4220 | Refill Kit For Implantable Infusion Pump  | \$      | 39.57     | Purchase           |
| A4221 | Supplies For Maintenance Of Non-Insulin Drug Infusion Catheter, Per Week (List Drugs Separately)                                      | \$      | 25.34     | Purchase           |
| A4222 | Infusion Supplies For External Drug Infusion Pump, Per Cassette Or Bag (List Drugs Separately)  | \$      | 49.27     | Purchase           |
| A4223 | Infusion Supplies Not Used With External Infusion Pump, Per Cassette Or Bag (List Drugs Separately)                                   | \$      | 68.17     | Purchase           |
| A4224 | Supplies For Maintenance Of Insulin Infusion Catheter, Per Week   | \$      | 25.34     | Purchase           |
| A4225 | Supplies For External Insulin Infusion Pump, Syringe Type Cartridge, Sterile, Each  | \$      | 3.16      | Purchase           |
| A4226 | Supplies For Maintenance Of Insulin Infusion Pump With Dosage Rate Adjustment Using Therapeutic Continuous Glucose Sensing, Per Week  | Price I | by Report |                    |
| A4230 | Infusion Set For External Insulin Pump, Non Needle Cannula Type   | \$      | 14.51     | Purchase           |
| A4231 | Infusion Set For External Insulin Pump, Needle Type   | Price   | by Report |                    |
| A4232 | Syringe With Needle For External Insulin Pump, Sterile, 3cc   |         | by Report |                    |
| A4233 | Replacement Battery, Alkaline (Other Than J Cell), For Use With Medically Necessary Home Blood Glucose Monitor Owned By Patient, Each | \$      | 0.46      | Purchase           |

| Code  | Description  | Fee             | Purchase or Rental |
|-------|--|-----------------|--------------------|
| A4234 | Replacement Battery, Alkaline, J Cell, For Use With Medically Necessary Home Blood Glucose Monitor Owned By Patient, Each  | \$ 2.12         | Purchase           |
| A4235 | Replacement Battery, Lithium, For Use With Medically Necessary Home Blood Glucose Monitor Owned By Patient, Each   | \$ 0.90         | Purchase           |
| A4236 | Replacement Battery, Silver Oxide, For Use With Medically Necessary Home Blood Glucose Monitor Owned By Patient, Each  | \$ 1.04         | Purchase           |
| A4238 | Adju Cgm Supply Allowance  | \$ 247.69       | Purchase           |
| A4239 | Non-Adju Cgm Supply Allow  | \$ 241.13       | Purchase           |
| A4244 | Alcohol Or Peroxide, Per Pint  | \$ 4.66         | Purchase           |
| A4245 | Alcohol Wipes, Per Box   | \$ 4.94         | Purchase           |
| A4246 | Betadine Or Phisohex Solution, Per Pint  | \$ 5.44         | Purchase           |
| A4247 | Betadine Or Iodine Swabs/Wipes, Per Box  | \$ 4.66         | Purchase           |
| A4248 | Chlorhexidine Containing Antiseptic, 1 MI  | Price by Report |                    |
| A4250 | Urine Test Or Reagent Strips Or Tablets (100 Tablets Or Strips)  | \$ 0.85         | Purchase           |
| A4252 | Blood Ketone Test Or Reagent Strip, Each   | Price by Report |                    |
| A4253 | Blood Glucose Test Or Reagent Strips For Home Blood Glucose Monitor, Per 50 Strips   | \$ 7.49         | Purchase           |
| A4255 | Platforms For Home Blood Glucose Monitor, 50 Per Box   | \$ 5.17         | Purchase           |
| A4256 | Normal, Low And High Calibrator Solution / Chips   | \$ 3.04         | Purchase           |
| A4257 | Replacement Lens Shield Cartridge For Use With Laser Skin Piercing Device, Each  | \$ 16.05        | Purchase           |
| A4258 | Spring-Powered Device For Lancet, Each   | \$ 1.91         | Purchase           |
| A4259 | Lancets, Per Box Of 100  | \$ 1.28         | Purchase           |
| A4262 | Temporary, Absorbable Lacrimal Duct Implant, Each  | \$ 0.01         | Purchase           |
|       |  | •               |                    |
| A4263 | Permanent, Long Term, Non-Dissolvable Lacrimal Duct Implant, Each  |                 | Purchase           |
| A4265 | Paraffin, Per Pound  | \$ 4.28         | Purchase           |
| A4271 | Integrated Lancing And Blood Sample Testing Cartridges For Home Blood Glucose Monitor, Per Month   | \$ 30.09        | Purchase           |
| A4280 | Adhesive Skin Support Attachment For Use With External Breast Prosthesis, Each   | \$ 6.74         | Purchase           |
| A4281 | Tubing For Breast Pump, Replacement  | Price by Report |                    |
| A4282 | Adapter For Breast Pump, Replacement   | Price by Report |                    |
| A4283 | Cap For Breast Pump Bottle, Replacement  | Price by Report |                    |
| A4284 | Breast Shield And Splash Protector For Use With Breast Pump, Replacement   | Price by Report |                    |
| A4285 | Polycarbonate Bottle For Use With Breast Pump, Replacement   | Price by Report |                    |
| A4286 | Locking Ring For Breast Pump, Replacement  | Price by Report |                    |
| A4290 | Sacral Nerve Stimulation Test Lead, Each   | Price by Report |                    |
| A4300 | Implantable Access Catheter, (E,G., Venous, Arterial, Epidural Subarachnoid, Or Peritoneal, Etc.) External Access  | \$ 0.01         | Purchase           |
| A4301 | Implantable Access Total Catheter, Port/Reservoir (E.G., Venous, Arterial, Epidural, Subarachnoid, Peritoneal, Etc.)   | \$ 10.56        | Purchase           |
| A4305 | Disposable Drug Delivery System, Flow Rate Of 50 Ml Or Greater Per Hour  | \$ 16.99        | Purchase           |
| A4306 | Disposable Drug Delivery System, Flow Rate Of Less Than 50 Ml Per Hour   | Price by Report |                    |
| A4310 | Insertion Tray Without Drainage Bag And Without Catheter (Accessories Only)  | \$ 9.71         | Purchase           |
| A4311 | Insertion Tray Without Drainage Bag With Indwelling Catheter, Foley Type, Two-Way Latex With Coating (Teflon, Silicone, Silicone Elastomer Or Hydrophilic, Etc.) | \$ 18.63        | Purchase           |
| A4312 | Insertion Tray Without Drainage Bag With Indwelling Catheter, Foley Type, Two-Way, All Silicone  | \$ 20.18        | Purchase           |
| A4313 | Insertion Tray Without Drainage Bag With Indwelling Catheter, Foley Type   | \$ 20.18        | Purchase           |
| A4314 | Insertion Tray With Drainage Bag With Indwelling Catheter, Foley Type, Two-Way Latex With Coating (Teflon, Silicone, Silicone Elastomer Or Hydrophilic, Etc.)    | \$ 31.79        | Purchase           |
| A4315 | Insertion Tray With Drainage Bag With Indwelling Catheter, Foley Type, Two-Way, All Silicone   | \$ 33.17        | Purchase           |
| A4316 | Insertion Tray With Drainage Bag With Indwelling Catheter, Foley Type, Three-Way, For Continuous Irrigation  | \$ 34.45        | Purchase           |
| A4320 | Irrigation Tray With Bulb Or Piston Syringe, Any Purpose   | \$ 6.71         | Purchase           |
| A4321 | Therapeutic Agent For Urinary Catheter Irrigation  | \$ 50.15        |                    |
| A4322 | Irrigation Syringe, Bulb Or Piston, Each   | \$ 3.83         |                    |

| Code  | Description  | Fee |        | Purchase or Rental |
|-------|--|-----|--------|--------------------|
| A4326 | Male External Catheter With Integral Collection Chamber, Any Type, Each  | \$  | 12.27  | Purchase           |
| A4327 | Female External Urinary Collection Device; Meatal Cup, Each  | \$  | 56.09  | Purchase           |
| A4328 | Female External Urinary Collection Device; Pouch, Each   | \$  | 13.12  | Purchase           |
| A4330 | Perianal Fecal Collection Pouch With Adhesive, Each  | \$  | 9.01   | Purchase           |
| A4331 | Extension Drainage Tubing, Any Type, Any Length, With Connector/Adaptor, For Use With Urinary Leg Bag Or Urostomy Pouch, Each  | \$  | 4.00   | Purchase           |
| A4332 | Lubricant, Individual Sterile Packet, Each   | \$  | 0.14   | Purchase           |
| A4333 | Urinary Catheter Anchoring Device, Adhesive Skin Attachment, Each  | \$  | 2.79   | Purchase           |
| A4334 | Urinary Catheter Anchoring Device, Leg Strap, Each   | \$  | 6.18   | Purchase           |
| A4335 | Incontinence Supply; Miscellaneous As Of 7/1/19 Dme Providers (Claim Type 9) Will Be Paid At 90% Of Billed Charges. All Other Claim Types Will Be Paid As Rate Indicates Below | \$  | 1.18   | Purchase           |
| A4336 | Incontinence Supply, Urethral Insert, Any Type, Each   | \$  | 1.81   | Purchase           |
|       | Indwelling Catheter; Foley Type, Two-Way Latex With Coating (Teflon, Silicone, Silicone  | \$  | 15 10  | Durchood           |
| A4338 | Elastomer, Or Hydrophilic, Etc.), Each   | А   | 15.43  | Purchase           |
| A4340 | Indwelling Catheter; Specialty Type, Eg; Coude, Mushroom, Wing, Etc.), Each  | \$  | 39.92  | Purchase           |
| A4341 | Indwelling Intraurethral Drainage Device With Valve, Patient Inserted, Replacement Only, Each  | \$  | 306.84 | Purchase           |
| A4342 | Accessories For Patient Inserted Indwelling Intraurethral Drainage Device With Valve, Replacement Only Each  | \$  | 774.76 | Purchase           |
| A4344 | Indwelling Catheter, Foley Type, Two-Way, All Silicone Or Polyurethane, Each   | \$  | 19.29  | Purchase           |
| A4346 | Indwelling Catheter; Foley Type, Three Way For Continuous Irrigation, Each   | \$  | 24.62  | Purchase           |
| A4349 | Male External Catheter, With Or Without Adhesive, Disposable, Each   | \$  | 2.53   | Purchase           |
| A4351 | Intermittent Urinary Catheter; Straight Tip, With Or ithout Coating (Teflon, Silicone, Silicone Elastomer, Or Hydrophilic, Etc.), Each   | \$  | 1.94   | Purchase           |
| A4352 | Intermittent Urinary Catheter; Coude (Curved) Tip, With Or Without Coating (Teflon, Silicone, Silicone Elastomeric, Or Hydrophilic, Etc.), Each                                | \$  | 6.86   | Purchase           |
| A4353 | Intermittent Urinary Catheter, With Insertion Supplies   | \$  | 8.81   | Purchase           |
| A4354 | Insertion Tray With Drainage Bag But Without Catheter  | \$  | 14.54  | Purchase           |
| A4355 | Irrigation Tubing Set For Continuous Bladder Irrigation Through A Three-Way Indwelling Foley Catheter, Each  | \$  | 9.53   | Purchase           |
| A4356 | External Urethral Clamp Or Compression Device (Not To Be Used For Catheter Clamp), Each  | \$  | 57.38  | Purchase           |
| A4357 | Bedside Drainage Bag, Day Or Night, With Or Without Anti-Reflux Device, With Or Without Tube, Each   | \$  | 12.21  | Purchase           |
| A4358 | Urinary Drainage Bag, Leg Or Abdomen, Vinyl, With Or Without Tube, With Straps, Each   | \$  | 7.09   | Purchase           |
| A4361 | Ostomy Faceplate, Each   | \$  | 19.62  | Purchase           |
| A4362 | Skin Barrier; Solid, 4 X 4 Or Equivalent; Each   | \$  | 4.37   | Purchase           |
| A4363 | Ostomy Clamp, Any Type, Replacement Only, Each   | \$  | 2.53   | Purchase           |
| A4364 | Adhesive For Ostomy Or Catheter; Liquid (Spray, Brush, Etc.), Cement, Powder Or Paste; Any Composition (E.G. Silicone, Latex, Etc.); Per Oz.                                   | \$  | 3.14   | Purchase           |
| A4366 | Ostomy Vent, Any Type, Each  | \$  | 1.62   | Purchase           |
| A4367 | Ostomy Belt, Each  | \$  | 9.25   | Purchase           |
| A4368 | Ostomy Filter, Any Type, Each  | \$  | 0.32   | Purchase           |
| A4369 | Ostomy Skin Barrier, Liquid (Spray, Brush, Etc), Per Oz  | \$  | 2.59   | Purchase           |
| A4371 | Ostomy Skin Barrier, Powder, Per Oz  | \$  | 4.52   | Purchase           |
| A4372 | Ostomy Skin Barrier, Solid 4X4 Or Equivalent, Standard Wear, With Built-In Convexity, Each   | \$  | 5.28   | Purchase           |
| A4373 | Ostomy Skin Barrier, With Flange (Solid, Flexible Or Accordian), With Built-In Convexity, Any Size, Each   | \$  | 7.88   | Purchase           |
| A4375 | Ostomy Pouch, Drainable, With Faceplate Attached, Plastic, Each  | \$  | 21.59  | Purchase           |
| A4376 | Ostomy Pouch, Drainable, With Faceplate Attached, Rubber, Each   | \$  | 59.83  | Purchase           |
| A4377 | Ostomy Pouch, Drainable, For Use On Faceplate, Plastic, Each   | \$  | 5.39   | Purchase           |
| A4378 | Ostomy Pouch, Drainable, For Use On Faceplate, Rubber, Each  | \$  | 38.66  | Purchase           |
| A4379 | Ostomy Pouch, Urinary, With Faceplate Attached, Plastic, Each  | \$  | 18.88  | Purchase           |
| A4380 | Ostomy Pouch, Urinary, With Faceplate Attached, Rubber, Each   | \$  | 46.94  | Purchase           |
| A4381 | Ostomy Pouch, Urinary, For Use On Faceplate, Plastic, Each   | \$  | 5.81   | Purchase           |
| A4382 | Ostomy Pouch, Urinary, For Use On Faceplate, Heavy Plastic, Each   | \$  | 30.96  | Purchase           |

| Code  | Description  | Fee      |          | Purchase or Rental |
|-------|--|----------|----------|--------------------|
| A4383 | Ostomy Pouch, Urinary, For Use On Faceplate, Rubber, Each  | \$       | 35.44    | Purchase           |
| A4384 | Ostomy Faceplate Equivalent, Silicone Ring, Each   | \$       | 12.08    | Purchase           |
| A4385 | Ostomy Skin Barrier, Solid 4X4 Or Equivalent, Extended Wear, Without Built-In Convexity, Each  | \$       | 6.41     | Purchase           |
| A4387 | Ostomy Pouch, Closed, With Barrier Attached, With Built-In Convexity (1 Piece), Each   | \$       | 2.83     | Purchase           |
| A4388 | Ostomy Pouch, Drainable, With Extended Wear Barrier Attached, (1 Piece), Each  | \$       | 5.48     | Purchase           |
| A4389 | Ostomy Pouch, Drainable, With Barrier Attached, With Built-In Convexity (1 Piece), Each  | \$       | 7.80     | Purchase           |
| A4390 | Ostomy Pouch, Drainable, With Extended Wear Barrier Attached, With Built-In Convexity (1 Piece), Each                                      | \$       | 12.07    | Purchase           |
| A4391 | Ostomy Pouch, Urinary, With Extended Wear Barrier Attached (1 Piece), Each   | \$       | 8.88     | Purchase           |
| A4392 | Ostomy Pouch, Urinary, With Standard Wear Barrier Attached, With Built-In Convexity (1 Piece), Each  | \$       | 10.28    | Purchase           |
| A4393 | Ostomy Pouch, Urinary, With Extended Wear Barrier Attached, With Built-In Convexity (1 Piece), Each  | \$       | 11.37    | Purchase           |
| A4394 | Ostomy Deodorant, With Or Without Lubricant, For Use In Ostomy Pouch, Per Fluid Ounce  | \$       | 3.26     | Purchase           |
| A4395 | Ostomy Deodorant For Use In Ostomy Pouch, Solid, Per Tablet  | \$       | 0.05     | Purchase           |
| A4396 | Ostomy Belt With Peristomal Hernia Support   | \$       | 50.90    | Purchase           |
| A4398 | Ostomy Irrigation Supply; Bag, Each  | \$       | 15.93    | Purchase           |
| A4399 | Ostomy Irrigation Supply; Cone/Catheter, With Or Without Brush   | \$       | 15.43    | Purchase           |
| A4400 | Ostomy Irrigation Set  | \$       | 61.45    | Purchase           |
| A4402 | Lubricant  | \$       | 2.01     | Purchase           |
| A4404 | Ostomy Rings   | \$       | 1.85     | Purchase           |
| A4405 | Ostomy Skin Barrier, Non-Pectin Based, Paste, Per Ounce  | \$       | 4.29     | Purchase           |
| A4406 | Ostomy Skin Barrier, Pectin-Based, Paste, Per Ounce  | \$       | 7.20     | Purchase           |
| A4407 | Ostomy Skin Barrier, With Flange (Solid, Flexible, Or Accordion), Extended Wear, With Built-In Convexity, 4 X 4 Inches Or Smaller, Each    | \$       | 11.02    | Purchase           |
| A4408 | Ostomy Skin Barrier, Wtih Flange (Solid, Flexible Or Accordion), Extended Wear, With Built-In Convexity, Larger Than 4 X 4 Inches, Each    | \$       | 12.41    | Purchase           |
| A4409 | Ostomy Skin Barrier, With Flange (Solid, Flexible Or Accordion), Extended Wear, Without Built-In Convexity, 4 X 4 Inches Or Smaller, Each  | \$       | 7.80     | Purchase           |
| A4410 | Ostomy Skin Barrier, With Flange (Solid, Flexible Or Accordion), Extended Wear, Without Built-In Convexity, Larger Than 4 X 4 Inches, Each | \$       | 11.37    | Purchase           |
| A4411 | Ostomy Skin Barrier, Solid 4X4 Or Equivalent, Extended Wear, With Built-In Convexity, Each   | \$       | 6.41     | Purchase           |
| A4412 | Ostomy Pouch, Drainable, High Output, For Use On A Barrier With Flange (2 Piece System), Without Filter, Each                              | \$       | 3.40     | Purchase           |
| A4413 | Ostomy Pouch, Drainable, High Output, For Use On A Barrier With Flange (2 Piece System), With Filter, Each                                 | \$       | 6.93     | Purchase           |
| A4414 | Ostomy Skin Barrier, With Flange (Solid, Flexible Or Accordion), Without Built-In Convexity, 4 X 4 Inches Or Smaller, Each                 | \$       | 6.18     | Purchase           |
| A4415 | Ostomy Skin Barrier, With Flange (Solid, Flexible Or Accordion), Without Built-In Convexity, Larger Than 4X4 Inches, Each                  | \$       | 7.54     | Purchase           |
| A4416 | Ostomy Pouch, Closed, With Barrier Attached, With Filter (1 Piece), Each   | \$       | 3.47     | Purchase           |
| A4417 | Ostomy Pouch, Closed, With Barrier Attached, With Built-In Convexity, With Filter (1 Piece), Each  | \$       | 4.69     | Purchase           |
| A4418 | Ostomy Pouch, Closed; Without Barrier Attached, With Filter (1 Piece), Each  | \$       | 2.28     | Purchase           |
| A4419 | Ostomy Pouch, Closed; For Use On Barrier With Non-Locking Flange, With Filter (2 Piece), Each  | \$       | 2.17     | Purchase           |
| A4420 | Ostomy Pouch, Closed; For Use On Barrier With Locking Flange (2 Piece), Each   | Price by | / Report |                    |
| A4422 | Ostomy Absorbent Material (Sheet/Pad/Crystal Packet) For Use In Ostomy Pouch To Thicken Liquid Stomal Output, Each                         | \$       | 0.14     | Purchase           |
| A4423 | Ostomy Pouch, Closed; For Use On Barrier With Locking Flange, With Filter (2 Piece), Each  | \$       | 2.33     | Purchase           |
| A4424 | Ostomy Pouch, Drainable, With Barrier Attached, With Filter (1 Piece), Each  | \$       | 5.99     | Purchase           |

| Code   | Description  | Fee             | Purchase or Rental |
|--------|--|-----------------|--------------------|
| A4425  | Ostomy Pouch, Drainable; For Use On Barrier With Non-Locking Flange, With Filter (2  | \$ 4.50         | Purchase           |
| 714420 | Piece System), Each  | Ψ.50            | 1 dichase          |
| A4426  | Ostomy Pouch, Drainable; For Use On Barrier With Locking Flange (2 Piece System), Each   | \$ 3.43         | Purchase           |
| A4427  | Ostomy Pouch, Drainable; For Use On Barrier With Locking Flange, With Filter (2 Piece System), Each                                  | \$ 3.51         | Purchase           |
| A4428  | Ostomy Pouch, Urinary, With Extended Wear Barrier Attached, With Faucet-Type Tap With Valve (1 Piece), Each                          | \$ 8.20         | Purchase           |
| A4429  | Ostomy Pouch, Urinary, With Barrier Attached, With Built-In Convexity, With Faucet-Type Tap With Valve (1 Piece), Each               | \$ 10.38        | Purchase           |
| A4430  | Ostomy Pouch, Urinary, With Extended Wear Barrier Attached, With Built-In Convexity, With Faucet-Type Tap With Valve (1 Piece), Each | \$ 10.71        | Purchase           |
| A4431  | Ostomy Pouch, Urinary; With Barrier Attached, With Faucet-Type Tap With Valve (1 Piece), Each  | \$ 7.80         | Purchase           |
| A4432  | Ostomy Pouch, Urinary; For Use On Barrier With Non-Locking Flange, With Faucet-Type Tap With Valve (2 Piece), Each                   | \$ 4.51         | Purchase           |
| A4433  | Ostomy Pouch, Urinary; For Use On Barrier With Locking Flange (2 Piece), Each  | \$ 4.22         | Purchase           |
| A4434  | Ostomy Pouch, Urinary; For Use On Barrier With Locking Flange, With Faucet-Type Tap With Valve (2 Piece), Each                       | \$ 4.73         | Purchase           |
| A4435  | Ostomy Pouch, Drainable, High Output, With Extended Wear Barrier (One-Piece System), With Or Without Filter, Each                    | \$ 7.25         | Purchase           |
| A4436  | Irrigation Supply; Sleeve, Reusable, Per Month   | \$ 24.11        | Purchase           |
| A4437  | Irrigation Supply; Sleeve, Disposable, Per Month   | \$ 24.11        | Purchase           |
| A4438  | Adhesive Clip Applied To The Skin To Secure External Electrical Nerve Stimulator Controller, Each                                    | \$ 2.31         | Purchase           |
| A4450  | Tape, Non-Waterproof, Per 18 Square Inches   | \$ 0.09         | Purchase           |
| A4452  | Tape, Waterproof, Per 18 Square Inches   | \$ 0.44         | Purchase           |
| A4453  | Rectal Catheter With Or Without Balloon, For Use With Any Type Transanal Irrigation System, Each                                     | Price by Report |                    |
| A4455  | Adhesive Remover Or Solvent (For Tape, Cement Or Other Adhesive)   | \$ 1.79         | Purchase           |
| A4456  | Adhesive Remover, Wipes, Any Type, Each  | \$ 0.31         | Purchase           |
| A4458  | Enema Bag With Tubing, Reusable  | \$ 2.97         | Purchase           |
| A4459  | Manual Transanal Irrigation System, Includes Water Reservoir, Pump, Tubing, And Accessories, Without Catheter, Any Type              | Price by Report |                    |
| A4461  | Surgical Dressing Holder, Non-Reusable, Each   | \$ 4.15         | Purchase           |
| A4463  | Surgical Dressing Holder, Reusable, Each   | \$ 16.74        | Purchase           |
| A4465  | Non-Elastic Binder For Extremity   | \$ 52.34        | Purchase           |
| A4467  | Belt, Strap, Sleeve, Garment, Or Covering, Any Type  | Price by Report |                    |
| A4470  | Gravlee Jet Washer   | Price by Report |                    |
| A4480  | Vabra Aspirator  | Price by Report |                    |
| A4481  | Thracheostoma Filter, Any Type, Any Size, Each   | \$ 0.46         | Purchase           |
| A4483  | Moisture Exchanger, Disposable, For Use With Invasive Mechanical Ventilation   | \$ 13.19        | Purchase           |
| A4490  | Surgical Stockings Above Knee Length, Each   | \$ 19.79        | Purchase           |
| A4495  | Surgical Stockings Thigh Length, Each  | \$ 28.13        | Purchase           |
| A4500  | Surgical Stockings Below Knee Length, Each   | \$ 14.75        | Purchase           |
| A4510  | Surgical Stockings Full Length, Each   | \$ 66.54        | Purchase           |
| A4541  | Monthly Supplies For Use Of Device Coded At E0733  | \$ 35.65        | Purchase           |
| A4542  | Supplies And Accessories For External Upper Limb Tremor Stimulator Of The Peripheral Nerves Of The Wrist                             | \$ 464.87       | Purchase           |
| A4544  | Electrode For External Lower Extremity Nerve Stimulator For Restless Legs Syndrome   | Price by Report |                    |
| A4545  | Supplies And Accessories For External Tibial Nerve Stimulator (E.G., Socks, Gel Pads, Electrodes, Etc.), Needed For One Month        | Price by Report |                    |
| A4550  | Surgical Trays   | \$ 0.01         | Purchase           |
|        | Electrode/Transducer For Use With Electrical Stimulation Device Used For Cancer  |                 | 1 0.01000          |
| A4555  | Treatment, Replacement Only  | Price by Report |                    |

| Code  | Description   | Fee             | Purchase or Rental |
|-------|---|-----------------|--------------------|
| A4556 | Electrodes, (E.G., Apnea Monitor), Per Pair   | \$ 15.27        | Purchase           |
| A4557 | Lead Wires, (E.G., Apnea Monitor), Per Pair   | \$ 19.42        | Purchase           |
| A4559 | Coupling Gel Or Paste, For Use With Ultrasound Device, Per Oz   | \$ 0.12         | Purchase           |
| A4560 | Neuromuscular Electrical Stimulator (Nmes), Disposable, Replacement Only  | Price by Report |                    |
| A4561 | Pessary, Rubber, Any Type   | \$ 25.98        | Purchase           |
| A4562 | Pessary, Non Rubber, Any Type   | \$ 64.71        | Purchase           |
| A4563 | Rectal Control System For Vaginal Insertion, For Long Term Use, Includes Pump And All Supplies And Accessories, Any Type Each       | \$ 1,502.09     | Purchase           |
| A4564 | Pessary, Disposable, Any Type   | Price by Report |                    |
| A4565 | Slings  | \$ 9.68         | Purchase           |
| A4566 | Shoulder Sling Or Vest Design, Abduction Restrainer, With Or Without Swathe Control, Prefabricated, Includes Fitting And Adjustment | Price by Report |                    |
| A4570 | Splint  | \$ 29.78        | Purchase           |
| A4580 | Cast Supplies (E.G. Plaster)  | \$ 35.84        | Purchase           |
| A4595 | Electrical Stimulator Supplies, 2 Lead, Per Month, (E.G. Tens, Nmes)  | \$ 23.98        | Purchase           |
| A4600 | Sleeve For Intermittent Limb Compression Device, Replacement Only, Each   | Price by Report |                    |
| A4601 | Lithium Ion Battery, Rechargeable, For Non-Prosthetic Use, Replacement  | Price by Report |                    |
| A4602 | Replacement Battery For External Infusion Pump Owned By Patient, Lithium, 1.5 Volt, Each  | \$ 4.69         | Purchase           |
| A4604 | Tubing With Integrated Heating Element For Use With Positive Airway Pressure Device   | \$ 60.50        | Purchase           |
| A4605 | Tracheal Suction Catheter, Closed System, Each  | \$ 20.63        | Purchase           |
| A4606 | Oxygen Probe For Use With Oximeter Device, Replacement  | \$ 74.90        | Purchase           |
| A4608 | Transtracheal Oxygen Catheter, Each   | \$ 63.04        | Purchase           |
| A4611 | Battery, Heavy Duty; Replacement For Patient Owned Ventilator   | \$ 228.16       | Purchase           |
| A4612 | Battery Cables; Replacement For Patient-Owned Ventilator  | \$ 92.82        | Purchase           |
| A4613 | Battery Charger; Replacement For Patient-Owned Ventilator   | \$ 142.34       | Purchase           |
| A4614 | Peak Expiratory Flow Rate Meter, Hand Held  | \$ 29.91        | Purchase           |
| A4615 | Cannula, Nasal  | \$ 0.92         | Purchase           |
| A4616 | Tubing (Oxygen), Per Foot   | \$ 0.07         | Purchase           |
| A4617 | Mouth Piece   | \$ 3.90         | Purchase           |
| A4618 | Breathing Circuits  | \$ 11.19        | Purchase           |
| A4619 | Face Tent   | \$ 2.30         |                    |
| A4620 | Variable Concentration Mask   | \$ 0.80         |                    |
| A4623 | Tracheostomy, Inner Cannula   | \$ 8.24         |                    |
| A4624 | Tracheal Suction Catheter, Any Type Other Than Closed System, Each  | \$ 2.83         |                    |
| A4625 | Tracheostomy Care Or Cleaning Starter Kit   | \$ 7.41         |                    |
| A4626 | Tracheostomy Cleaning Brush, Each   | \$ 3.40         | Purchase           |
| A4627 | Spacer, Bag Or Reservoir, With Or Without Mask, For Use With Metered Dose Inhaler   | \$ 20.59        | Purchase           |
| A4628 | Oropharyngeal Suction Catheter, Each  | \$ 4.59         |                    |
| A4629 | Tracheostomy Care Kit For Established Tracheostomy  | \$ 5.81         | Purchase           |
| A4630 | Replacement Batteries, Medically Necessary, Transcutaneous Electrical Stimulator, Owned By Patient                                  | \$ 7.84         | Purchase           |
| A4633 | Replacement Bulb/Lamp For Ultraviolet Light Therapy System, Each  | \$ 51.61        | Purchase           |
| A4634 | Replacement Bulb For Therapeutic Light Box, Tabletop Model  | Price by Report |                    |
| A4635 | Underarm Pad, Crutch, Replacement, Each   | \$ 6.43         |                    |
| A4636 | Replacement, Handgrip, Cane, Crutch, Or Walker, Each  | \$ 3.68         |                    |
| A4637 | Replacement, Tip, Cane, Crutch, Walker, Each.   | \$ 2.12         | Purchase           |
| A4638 | Replacement Battery For Patient-Owned Ear Pulse Generator, Each   | Price by Report |                    |
| A4640 | Replacement Pad For Use With Medically Necessary Alternating Pressure Pad Owned By Patient  | \$ 71.56        |                    |
| A4641 | Supply Of Radiopharmaceutical Diagnostic Imaging Agent  | \$ 288.96       | Purchase           |
| A4642 | Supply Of Satumomab Pendetide, Radiopharmaceutical Diagnostic Imaging Agent, Per Dose   | \$ 1,525.64     | Purchase           |
| A4649 | Surgical Supply; Miscellaneous  | Price by Report |                    |
| A4651 | Calibrated Microcapillary Tube, Each  | Price by Report |                    |
| A4652 | Microcapillary Tube Sealant   | Price by Report | 1                  |

| Code  | Description  | Fee             | Purchase or Rental |
|-------|--|-----------------|--------------------|
| A4653 | Peritoneal Dialysis Catheter Anchoring Device, Belt, Each  | Price by Report |                    |
| A4657 | Syringe, With Or Without Needle, Each  | \$ 0.53         | Purchase           |
| A4660 | Sphygmomanometer/Blood Pressure Apparatus With Cuff And Stethoscope  | \$ 45.40        | Purchase           |
| A4663 | Blood Pressure Cuff Only   | \$ 26.52        | Purchase           |
| A4670 | Automatic Blood Pressure Monitor   | \$ 66.71        | Purchase           |
| A4671 | Disposable Cycler Set Used With Cycler Dialysis Machine, Each  | Price by Report |                    |
| A4672 | Drainage Extension Line, Sterile, For Dialysis, Each   | Price by Report |                    |
| A4673 | Extension Line With Easy Lock Connectors, Used With Dialysis   | Price by Report |                    |
| A4674 | Chemicals/Antiseptics Solution Used To Clean/Sterilize Dialysis Equipment, Per 8 Oz  | Price by Report |                    |
| A4680 | Activated Carbon Filter For Hemodialysis, Each   | Price by Report |                    |
| A4690 | Dialyzer (Artificial Kidneys), All Types, All Sizes, For Hemodialysis, Each  | Price by Report |                    |
| A4706 | Bicarbonate Concentrate, Solution, For Hemodialysis, Per Gallon  | Price by Report |                    |
| A4707 | Bicarbonate Concentrate, Powder, For Hemodialysis, Per Packet  | Price by Report |                    |
| A4708 | Acetate Concentrate Solution, For Hemodialysis, Per Gallon   | Price by Report |                    |
| A4709 | Acid Concentrate, Solution, For Hemodialysis, Per Gallon   | Price by Report |                    |
| A4714 | Treated Water (Deionized, Distilled, Or Reverse Osmosis) For Peritoneal Dialysis, Per Gallon   | Price by Report |                    |
| A4719 | Y Set Tubing For Peritoneal Dialysis   | Price by Report |                    |
|       | Dialysate Solution, Any Concentration Of Dextrose, Fluid Volume Greater Than 249 cc,   |                 |                    |
| A4720 | But Less Than Or Equal To 999 Cc, For Peritoneal Dialysis  Dialysate Solution, Any Concentration Of Dextrose, Fluid Volume Greater Than 999 cc     | Price by Report |                    |
| A4721 | But Less Than Or Equal To 1999 Cc, For Peritoneal Dialysis   | Price by Report |                    |
| A4722 | Dialysate Solution, Any Concentration Of Dextrose, Fluid Volume Greater Than 1999 cc<br>But Less Than Or Equal To 2999 Cc, For Peritoneal Dialysis | Price by Report |                    |
| A4723 | Dialysate Solution, Any Concentration Of Dextrose, Fluid Volume Greater Than 2999 cc<br>But Less Than Or Equal To 3999 Cc, For Peritoneal Dialysis | Price by Report |                    |
| A4724 | Dialysate Solution, Any Concentration Of Dextrose, Fluid Volume Greater Than 3999 cc<br>But Less Than Or Equal To 4999 Cc, For Peritoneal Dialysis | Price by Report |                    |
| A4725 | Dialysate Solution, Any Concentration Of Dextrose, Fluid Volume Greater Than 4999 cc<br>But Less Than Or Equal To 5999 Cc, For Peritoneal Dialysis | Price by Report |                    |
| A4726 | Dialysate Solution, Any Concentration Of Dextrose, Fluid Volume Greater Than 5999 cc, For Peritoneal Dialysis                                      | Price by Report |                    |
| A4728 | Dialysate Solution, Non-Dextrose Containing, 500 MI  | Price by Report |                    |
| A4730 | Fistula Cannulation Set For Hemodialysis, Each   | Price by Report |                    |
| A4736 | Topical Anesthetic, For Dialysis, Per Gram   | Price by Report |                    |
| A4737 | Injectable Anesthetic, For Dialysis, Per 10 MI   | Price by Report |                    |
| A4740 | Shunt Accessory, For Hemodialysis, Any Type, Each  | Price by Report |                    |
| A4750 | Blood Tubing, Arterial Or Venous, For Hemodialysis, Each   | \$ 7.91         | Purchase           |
| A4755 | Blood Tubing, Arterial And Venous Combined, For Hemodialysis, Each   | Price by Report |                    |
| A4760 | Dialysate Solution Test Kit, For Peritoneal Dialysis, Any Type, Each   | Price by Report |                    |
| A4765 | Dialysate Concentrate, Powder, Additive For Peritoneal Dialysis, Per Packet  | Price by Report |                    |
| A4766 | Dialysate Concentrate, Solution, Additive For Peritoneal Dialysis, Per 10 MI   | Price by Report |                    |
| A4770 | Blood Collection Tube, Vacuum, For Dialysis, Per 50  | Price by Report |                    |
| A4771 | Serum Clotting Time Tube, For Dialysis, Per 50   | Price by Report |                    |
| A4772 | Blood Glucose Test Strips, For Dialysis, Per 50  | \$ 6.29         | Purchase           |
| A4773 | Occult Blood Test Strips, For Dialysis, Per 50   | Price by Report |                    |
| A4774 | Ammonia Test Strips, For Dialysis, Per 50  | Price by Report |                    |
| A4802 | Protamine Sulfate, For Hemodialysis, Per 50 Mg   | Price by Report |                    |
| A4860 | Disposable Catheter Tips For Peritoneal Dialysis, Per 10   | Price by Report |                    |
| A4870 | Plumbing And/Or Electrical Work For Home Hemodialysis Equipment  | Price by Report |                    |
| A4890 | Contracts, Repair And Maintenance, For Hemodialysis Equipment  | Price by Report |                    |
| A4911 | Drain Bag/Bottle, For Dialysis, Each   | Price by Report |                    |
| A4913 | Miscellaneous Dialysis Supplies, Not Otherwise Specified   | Price by Report |                    |
| A4918 | Venous Pressure Clamp, For Hemodialysis, Each  | Price by Report |                    |
| A4927 | Gloves, Non-Sterile, Per 100   | \$ 10.05        | Purchase           |
| A4929 | Tourniquet For Dialysis, Each  | Price by Report |                    |
| A4930 | Gloves, Sterile, Per Pair  | \$ 0.92         | Purchase           |

| Code  | Description   | Fee             | Purchase or Rental |
|-------|---|-----------------|--------------------|
| A4932 | Rectal Thermometer, Reusable, Any Type, Each  | Price by Report |                    |
| A5051 | Ostomy Pouch, Closed; With Barrier Attached (1 Piece), Each   | \$ 2.59         | Purchase           |
| A5052 | Ostomy Pouch, Closed; Without Barrier Attached (1 Piece), Each  | \$ 1.87         | Purchase           |
| A5053 | Ostomy Pouch, Closed; For Use On Faceplate, Each  | \$ 1.85         | Purchase           |
| A5054 | Ostomy Pouch, Closed; For Use On Barrier With Flange (2 Piece), Each  | \$ 2.26         | Purchase           |
| A5055 | Stoma Cap   | \$ 1.78         | Purchase           |
| A5056 | Ostomy Pouch, Drainable, With Extended Wear Barrier Attached, With Filter, (1 Piece), Each  | \$ 5.88         | Purchase           |
| A5057 | Ostomy Pouch, Drainable, With Extended Wear Barrier Attached, With Built In Convexity, With Filter, (1 Piece), Each   | \$ 12.07        | Purchase           |
| A5061 | Pouch, Drainable; With Barrier Attached (1 Piece)   | \$ 4.45         | Purchase           |
| A5062 | Ostomy Pouch, Drainable; Without Barrier Attached (1 Piece), Each   | \$ 2.61         | Purchase           |
| A5063 | Ostomy Pouch, Drainable; For Use On Barrier With Flange (2 Piece System), Each  | \$ 3.40         | Purchase           |
| A5071 | Ostomy Pouch, Urinary; With Barrier Attached (1 Piece), Each  | \$ 7.56         | Purchase           |
| A5072 | Ostomy Pouch, Urinary; Without Barrier Attached (1 Piece), Each   | \$ 4.33         | Purchase           |
| A5073 | Ostomy Pouch, Urinary; For Use On Barrier With Flange (2 Piece), Each   | \$ 3.94         | Purchase           |
| A5081 | Stoma Plug Or Seal, Any Type  | \$ 3.55         | Purchase           |
| A5082 | Continent Device; Catheter For Continent Stoma  | \$ 14.97        | Purchase           |
| A5083 | Continent Device, Stoma Absorptive Cover For Continent Stoma  | \$ 0.81         | Purchase           |
| A5093 | Ostomy Accessory; Convex Insert   | \$ 2.46         | Purchase           |
| A5102 | Bedside Drainage Bottle With Or Without Tubing, Rigid Or Expandable, Each   | \$ 28.16        | Purchase           |
| A5105 | Urinary Suspensory With Leg Bag, With Or Without Tube, Each   | \$ 48.83        | Purchase           |
| A5112 | Urinary Drainage Bag, Leg Or Abdomen, Latex, With Or Without Tube, With Straps, Each  | \$ 43.54        | Purchase           |
| A5113 | Leg Strap; Latex, Replacement Only, Per Set   | \$ 5.03         | Purchase           |
| A5114 | Leg Strap; Foam Or Fabric, Replacement Only, Per Set  | \$ 11.25        | Purchase           |
| A5120 | Skin Barrier, Wipes Or Swabs, Each  | \$ 0.31         | Purchase           |
| A5121 | Skin Barrier; Solid, 6 X 6 Or Equivalent, Each  | \$ 9.37         | Purchase           |
| A5122 | Skin Barrier; Solid, 8 X 8 Or Equivalent, Each  | \$ 16.15        | Purchase           |
| A5126 | Adhesive Or Non-Adhesive; Disk Or Foam Pad  | \$ 1.65         | Purchase           |
| A5131 | Appliance Cleaner, Incontinence And Ostomy Appliances, Per 16 Oz.   | \$ 19.94        | Purchase           |
| A5200 | Percutaneous Catheter/Tube Anchoring Device, Adhesive Skin Attachment   | \$ 14.20        | Purchase           |
| A5500 | For Diabetics Only, Fitting (Including Follow-Up), Custom Preparation And Supply Of Off-The-Shelf Depth-Inlay Shoe Manufactured To Accommodate Multi- Density Insert(S), Per Shoe.  | \$ 79.97        | Purchase           |
| A5501 | For Diabetics Only, Fitting (Including Follow-Up), Custom Preparation And Supply Of Shoe Molded From Cast(S) Of Patient's Foot (Custom Molded Shoe), Per Shoe   | \$ 239.82       | Purchase           |
| A5503 | For Diabetics Only, Modification (Including Fitting) Of Off-The-Shelf Depth-Inlay Shoe Or Custom-Molded Shoe With Roller Or Rigid Rocker Bottom, Per Shoe   | \$ 40.73        | Purchase           |
| A5504 | For Diabetics Only, Modification (Including Fitting) Of Off-The-Shelf Depth-Inlay Shoe Or Custom-Molded Shoe With Wedge(S), Per Shoe  | \$ 40.73        | Purchase           |
| A5505 | For Diabetics Only, Modification (Including Fitting) Of Off-The-Shelf Depth-Inlay Shoe Or Custom-Molded Shoe With Metatarsal Bar, Per Shoe  | \$ 40.73        | Purchase           |
| A5506 | For Diabetics Only, Modification (Including Fitting) Of Off-The-Shelf Depth-Inlay Shoe Or Custom-Molded Shoe With Off-Set Heel(S), Per Shoe   | \$ 40.73        | Purchase           |
| A5507 | For Diabetics Only, Not Otherwise Specified Modification (Including Fitting) Of Off-The-<br>Shelf Depth-Inlay Shoe Or Custom-Molded Shoe, Per Shoe  | \$ 40.73        | Purchase           |
| A5508 | For Diabetics Only, Deluxe Feature Of Off-The-Shelf Depth-Inlay Shoe Or Custom-Molded Shoe, Per Shoe  | Price by Report |                    |
| A5510 | For Diabetics Only, Direct Formed, Compression Molded To Patient'S Foot Without External Heat Source, Multiple-Density Insert(S) Prefabricated, Per Shoe  | Price by Report |                    |
| A5512 | For Diabetics Only, Multiple Density Insert, Direct Formed, Molded To Foot After External Heat Source Of 230 Degrees Fahrenheit Or Higher, Total Contact With Patient'S Foot, Including Arch, Base Layer Minimum Of 1/4 Inch Material Of Shore A 35 Durometer Or 3/16 | \$ 32.62        | Purchase           |

| Code  | Description  | Fee             | Purchase or Rental |
|-------|--|-----------------|--------------------|
| A5513 | For Diabetics Only, Multiple Density Insert, Custom Molded From Model Of Patient's Foot, Total Contact With Patient's Foot, Including Arch, Base Layer Minimum Of 3/16 Inch Material Of Shore A 35 Durometer (Or Higher), Includes Arch Filler And Other Shapin              | \$ 48.67        | Purchase           |
| A5514 | For Diabetics Only, Multiple Density Insert, Made By Direct Carving With Cam<br>Technology From A Rectified Cad Model Created From A Digitized Scan Of The Patient,<br>Total Contact With Patient's Foot, Including Arch, Base Layer Minimum Of 3/16 Inch<br>Material Of Sho | \$ 48.67        | Purchase           |
| A6010 | Collagen Based Wound Filler, Dry Form, Sterile, Per Gram Of Collagen   | \$ 38.94        | Purchase           |
| A6011 | Collagen Based Wound Filler, Gel/Paste, Per Gram Of Collagen   | \$ 2.87         | Purchase           |
| A6021 | Collagen Dressing, Sterile, Size 16 Sq. In. Or Less, Each  | \$ 26.44        | Purchase           |
| A6022 | Collagen Dressing, Sterile, Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Each   | \$ 26.44        | Purchase           |
| A6023 | Collagen Dressing, Sterile, Size More Than 48 Sq. In., Each  | \$ 239.31       | Purchase           |
| A6024 | Collagen Dressing Wound Filler, Sterile, Per 6 Inches  | \$ 7.78         | Purchase           |
| A6025 | Gel Sheet For Dermal Or Epidermal Application, (E.G., Silicone, Hydrogel, Other), Each   | \$ 9.24         | Purchase           |
| A6154 | Wound Pouch, Each  | \$ 18.06        | Purchase           |
| A6196 | Alginate Or Other Fiber Gelling Dressing, Wound Cover, Sterile, Pad Size 16 Sq. In. Or Less, Each Dressing   | \$ 9.25         | Purchase           |
| A6197 | Alginate Or Other Fiber Gelling Dressing, Wound Cover, Sterile, Pad Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Each Dressing  | \$ 20.68        | Purchase           |
| A6198 | Alginate Or Other Fiber Gelling Dressing, Wound Cover, Sterile, Pad Size More Than 48 Sq. In., Each Dressing   | Price by Report |                    |
| A6199 | Alginate Or Other Fiber Gelling Dressing, Wound Filler, Sterile, Per 6 Inches  | \$ 6.63         | Purchase           |
| A6203 | Composite Dressing, Sterile, Pad Size 16 Sq. In. Or Less, With Any Size Adhesive Border, Each Dressing   | \$ 4.24         | Purchase           |
| A6204 | Composite Dressing, Sterile, Pad Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., With Any Size Adhesive Border, Each Dressing  | \$ 7.82         | Purchase           |
| A6205 | Composite Dressing, Sterile, Pad Size More Than 48 Sq. In., With Any Size Adhesive Border, Each Dressing   | Price by Report |                    |
| A6206 | Contact Layer, Sterile, 16 Sq. In. Or Less, Each Dressing  | Price by Report |                    |
| A6207 | Contact Layer, Sterile, More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Each Dressing   | \$ 9.23         | Purchase           |
| A6208 | Contact Layer, Sterile, More Than 48 Sq. In., Each Dressing  | Price by Report |                    |
| A6209 | Foam Dressing, Wound Cover, Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing   | \$ 9.40         | Purchase           |
| A6210 | Foam Dressing, Wound Cover, Sterile, Pad Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Without Adhesive Border, Each Dressing  | \$ 25.06        | Purchase           |
| A6211 | Foam Dressing, Wound Cover, Sterile, Pad Size More Than 48 Sq. In., Without Adhesive Border, Each Dressing   | \$ 36.94        | Purchase           |
| A6212 | Foam Dressing, Wound Cover, Sterile, Pad Size 16 Sq. In. Or Less, With Any Size Adhesive Border, Each Dressing   | \$ 12.21        | Purchase           |
| A6213 | Foam Dressing, Wound Cover, Sterile, Pad Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., With Any Size Adhesive Border, Each Dressing  | \$ 9.47         | Purchase           |
| A6214 | Foam Dressing, Wound Cover, Sterile, Pad Size More Than 48 Sq. In., With Any Size Adhesive Border, Each Dressing   | \$ 12.95        | Purchase           |
| A6215 | Foam Dressing, Wound Filler, Sterile, Per Gram   | Price by Report |                    |
| A6216 | Gauze, Non-Impregnated, Non-Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing   | \$ 0.05         | Purchase           |
| A6217 | Gauze, Non-Impregnated, Non-Sterile, Pad Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Without Adhesive Border, Each Dressing  | Price by Report |                    |
| A6218 | Gauze, Non-Impregnated, Non-Sterile, Pad Size More Than 48 Sq. In., Without Adhesive Border, Each Dressing   | Price by Report |                    |
| A6219 | Gauze, Non-Impregnated, Sterile, Pad Size 16 Sq. In. Or Less, With Any Size Adhesive Border, Each Dressing   | \$ 1.20         | Purchase           |
| A6220 | Gauze, Non-Impregnated, Sterile, Pad Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., With Any Size Adhesive Border, Each Dressing  | \$ 3.26         | Purchase           |
| A6221 | Gauze, Non-Impregnated, Sterile, Pad Size More Than 48 Sq. In., With Any Size  | Price by Report |                    |

| Code  | Description  | Fee             | Purchase or Rental |
|-------|--|-----------------|--------------------|
| A6222 | Gauze, Impregnated With Other Than Water, Normal Saline, Or Hydrogel, Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing   | \$ 2.68         | Purchase           |
| A6223 | Gauze, Impregnated With Other Than Water, Normal Saline, Or Hydrogel, Sterile, Pad Size More Than 16 Sq. In., But Less Than Or Equal To 48 Sq. In., Without Adhesive Border, Each Dressing | \$ 3.05         | Purchase           |
| A6224 | Gauze, Impregnated With Other Than Water, Normal Saline, Or Hydrogel, Sterile, Pad Size More Than 48 Sq. In., Without Adhesive Border, Each Dressing                                       | \$ 4.53         | Purchase           |
| A6228 | Gauze, Impregnated, Water Or Normal Saline, Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing   | Price by Report |                    |
| A6229 | Gauze, Impregnated, Water Or Normal Saline, Sterile, Pad Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Without Adhesive Border, Each Dressing                            | \$ 4.53         | Purchase           |
| A6230 | Gauze, Impregnated, Water Or Normal Saline, Sterile, Pad Size More Than 48 Sq. In., Without Adhesive Border, Each Dressing   | Price by Report |                    |
| A6231 | Gauze, Impregnated, Hydrogel, For Direct Wound Contact, Sterile, Pad Size 16 Sq. In. Or Less, Each Dressing  | \$ 5.90         | Purchase           |
| A6232 | Gauze, Impregnated, Hydrogel, For Direct Wound Contact, Sterile, Pad Size Greater Than 16 Sq. In., But Less Than Or Equal To 48 Sq. In., Each Dressing                                     | \$ 8.63         | Purchase           |
| A6233 | Gauze, Impregnated, Hydrogel, For Direct Wound Contact, Sterile, Pad Size More Than 48 Sq. In., Each Dressing  | \$ 24.11        | Purchase           |
| A6234 | Hydrocolloid Dressing, Wound Cover, Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing   | \$ 8.24         | Purchase           |
| A6235 | Hydrocolloid Dressing, Wound Cover, Sterile, Pad Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Without Adhesive Border, Each Dressing                                    | \$ 21.15        | Purchase           |
| A6236 | Hydrocolloid Dressing, Wound Cover, Sterile, Pad Size More Than 48 Sq. In., Without Adhesive Border, Each Dressing   | \$ 34.26        | Purchase           |
| A6237 | Hydrocolloid Dressing, Wound Cover, Sterile, Pad Size 16 Sq. In. Or Less, With Any Size Adhesive Border, Each Dressing   | \$ 9.95         | Purchase           |
| A6238 | Hydrocolloid Dressing, Wound Cover, Sterile, Pad Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., With Any Size Adhesive Border, Each Dressing                              | \$ 28.67        | Purchase           |
| A6239 | Hydrocolloid Dressing, Wound Cover, Sterile, Pad Size More Than 48 Sq. In., With Any Size Adhesive Border, Each Dressing   | Price by Report |                    |
| A6240 | Hydrocolloid Dressing, Wound Filler, Paste, Sterile, Per Ounce   | \$ 15.40        | Purchase           |
| A6241 | Hydrocolloid Dressing, Wound Filler, Dry Form, Sterile, Per Gram   | \$ 3.23         | Purchase           |
| A6242 | Hydrogel Dressing, Wound Cover, Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing   | \$ 7.61         | Purchase           |
| A6243 | Hydrogel Dressing, Wound Cover, Sterile, Pad Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Without Adhesive Border, Each Dressing  | \$ 15.50        | Purchase           |
| A6244 | Hydrogel Dressing, Wound Cover, Sterile, Pad Size More Than 48 Sq. In., Without Adhesive Border, Each Dressing   | \$ 49.40        | Purchase           |
| A6245 | Hydrogel Dressing, Wound Cover, Sterile, Pad Size 16 Sq. In. Or Less, With Any Size Adhesive Border, Each Dressing   | \$ 9.14         | Purchase           |
| A6246 | Hydrogel Dressing, Wound Cover, Sterile, Pad Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., With Any Size Adhesive Border, Each Dressing                                  | \$ 12.49        | Purchase           |
| A6247 | Hydrogel Dressing, Wound Cover, Sterile, Pad Size More Than 48 Sq. In., With Any Size Adhesive Border, Each Dressing   | \$ 29.91        | Purchase           |
| A6248 | Hydrogel Dressing, Wound Filler, Gel, Per Fluid Ounce  | \$ 20.43        | Purchase           |
| A6250 | Skin Sealants, Protectants, Moisturizers, Ointments, Any Type, Any Size  | \$ 8.10         | Purchase           |
| A6251 | Specialty Absorptive Dressing, Wound Cover, Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing   | \$ 2.50         | Purchase           |
| A6252 | Specialty Absorptive Dressing, Wound Cover, Sterile, Pad Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Without Adhesive Border, Each Dressing                            | \$ 4.10         | Purchase           |
| A6253 | Specialty Absorptive Dressing, Wound Cover, Sterile, Pad Size More Than 48 Sq. In., Without Adhesive Border, Each Dressing   | \$ 7.97         | Purchase           |
| A6254 | Specialty Absorptive Dressing, Wound Cover, Sterile, Pad Size 16 Sq. In. Or Less, With Any Size Adhesive Border, Each Dressing   | \$ 1.50         | Purchase           |

| Code  | Description   | Fee             | Purchase or Rental |
|-------|---|-----------------|--------------------|
| A6255 | Specialty Absorptive Dressing, Wound Cover, Sterile, Pad Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., With Any Size Adhesive Border, Each Dressing   | \$ 3.83         | Purchase           |
| A6256 | Specialty Absorptive Dressing, Wound Cover, Sterile, Pad Size More Than 48 Sq. In., With Any Size Adhesive Border, Each Dressing  | Price by Report |                    |
| A6257 | Transparent Film, Sterile, 16 Sq. In. Or Less, Each Dressing  | \$ 1.93         | Purchase           |
| A6258 | Transparent Film, Sterile, More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Each Dressing   | \$ 5.42         | Purchase           |
| A6259 | Transparent Film, Sterile, More Than 48 Sq. In., Each Dressing  | \$ 13.75        | Purchase           |
| A6260 | Wound Cleansers, Any Type, Any Size   | Price by Report |                    |
| A6261 | Wound Filler, Gel/Paste, Per Fluid Ounce, Not Otherwise Specified   | \$ 46.16        | Purchase           |
| A6262 | Wound Filler, Dry Form, Per Gram, Not Otherwise Specified   | Price by Report |                    |
| A6266 | Gauze, Impregnated, Other Than Water, Normal Saline, Or Zinc Paste, Sterile, Any Width, Per Linear Yard   | \$ 2.40         | Purchase           |
| A6402 | Gauze, Non-Impregnated, Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing  | \$ 0.14         | Purchase           |
| A6403 | Gauze, Non-Impregnated, Sterile, Pad Size More Than 16 Sq. In. Less Than Or Equal To 48 Sq. In., Without Adhesive Border, Each Dressing   | \$ 0.51         | Purchase           |
| A6404 | Gauze, Non-Impregnated, Sterile, Pad Size More Than 48 Sq. In., Without Adhesive Border, Each Dressing  | \$ 0.70         | Purchase           |
| A6407 | Packing Strips, Non-Impregnated, Sterile, Up To 2 Inches In Width, Per Linear Yard  | \$ 2.35         | Purchase           |
| A6410 | Eye Pad, Sterile, Each  | \$ 0.47         | Purchase           |
| A6411 | Eye Pad, Non-Sterile, Each  | \$ 5.27         | Purchase           |
| A6412 | Eye Patch, Occlusive, Each  | \$ 3.35         | Purchase           |
| A6413 | Adhesive Bandage, First-Aid Type, Any Size, Each  | Price by Report |                    |
| A6441 | Padding Bandage, Non-Elastic, Non-Woven/Non-Knitted, Width Greater Than Or Equal To Three Inches And Less Than Five Inches, Per Yard  | \$ 0.86         | Purchase           |
| A6442 | Conforming Bandage, Non-Elastic, Knitted/Woven, Non-Sterile, Width Less Than Three Inches, Per Yard   | \$ 0.21         | Purchase           |
| A6443 | Conforming Bandage, Non-Elastic, Knitted/Woven, Non-Sterile, Width Greater Than Or Equal To Three Inches And Less Than Five Inches, Per Yard  | \$ 0.35         | Purchase           |
| A6444 | Conforming Bandage, Non-Elastic, Knitted/Woven, Non-Sterile, Width Greater Than Or Equal To 5 Inches, Per Yard  | \$ 0.70         | Purchase           |
| A6445 | Conforming Bandage, Non-Elastic, Knitted/Woven, Sterile, Width Less Than Three Inches, Per Yard   | \$ 0.40         | Purchase           |
| A6446 | Conforming Bandage, Non-Elastic, Knitted/Woven, Sterile, Width Greater Than Or Equal To Three Inches And Less Than Five Inches, Per Yard  | \$ 0.49         | Purchase           |
| A6447 | Conforming Bandage, Non-Elastic, Knitted/Woven, Sterile, Width Greater Than Or Equal To Five Inches, Per Yard   | \$ 0.86         | Purchase           |
| A6448 | Light Compression Bandage, Elastic, Knitted/Woven, Width Less Than Three Inches, Per Yard   | \$ 1.45         | Purchase           |
| A6449 | Light Compression Bandage, Elastic, Knitted/Woven, Width Greater Than Or Equal To Three Inches And Less Than Five Inches, Per Yard  | \$ 2.21         | Purchase           |
| A6450 | Light Compression Bandage, Elastic, Knitted/Woven, Width Greater Than Or Equal To Five Inches, Per Yard   | \$ 2.21         | Purchase           |
| A6451 | Moderate Compression Bandage, Elastic, Knitted/Woven, Load Resistance Of 1.25 To 1.34 Foot Pounds At 50% Maximum Stretch, Width Greater Than Or Equal To Three Inches And Less Than Five Inches, Per Yard           | \$ 2.21         | Purchase           |
| A6452 | High Compression Bandage, Elastic, Knitted/Woven, Load Resistance Greater Than Or Equal To 1.35 Foot Pounds At 50% Maximum Stretch, Width Greater Than Or Equal To Three Inches And Less Than Five Inches, Per Yard | \$ 7.42         | Purchase           |
| A6453 | Self-Adherent Bandage, Elastic, Non-Knitted/Non-Woven, Width Less Than Three Inches, Per Yard   | \$ 0.79         | Purchase           |
| A6454 | Self-Adherent Bandage, Elastic, Non-Knitted/Non-Woven, Width Greater Than Or Equal To Three Inches And Less Than Five Inches, Per Yard  | \$ 0.99         | Purchase           |
| A6455 | Self-Adherent Bandage, Elastic, Non-Knitted/Non-Woven, Width Greater Than Or Equal To Five Inches, Per Yard   | \$ 1.76         | Purchase           |
| A6456 | Zinc Paste Impregnated Bandage, Non-Elastic, Knitted/Woven, Width Greater Than Or Equal To Three Inches And Less Than Five Inches, Per Yard   | \$ 1.58         | Purchase           |

| Code  | Description  | Fee             | Purchase or Rental |
|-------|--|-----------------|--------------------|
| A6457 | Tubular Dressing With Or Without Elastic, Any Width, Per Linear Yard   | \$ 1.43         | Purchase           |
| A6460 | Synthetic Resorbable Wound Dressing, Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing  | Price by Report |                    |
| A6461 | Synthetic Resorbable Wound Dressing, Sterile, Pad Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Without Adhesive Border, Each Dressing | Price by Report |                    |
| A6501 | Compression Burn Garment, Bodysuit (Head To Foot), Custom Fabricated   | Price by Report |                    |
| A6502 | Compression Burn Garment, Chin Strap, Custom Fabricated  | Price by Report |                    |
| A6503 | Compression Burn Garment, Facial Hood, Custom Fabricated   | Price by Report |                    |
| A6504 | Compression Burn Garment, Glove To Wrist, Custom Fabricated  | Price by Report |                    |
| A6505 | Compression Burn Garment, Glove To Elbow, Custom Fabricated  | Price by Report |                    |
| A6506 | Compression Burn Garment, Glove To Axilla, Custom Fabricated   | Price by Report |                    |
| A6507 | Compression Burn Garment, Foot To Knee Length, Custom Fabricated   | Price by Report |                    |
| A6508 | Compression Burn Garment, Foot To Thigh Length, Custom Fabricated  | Price by Report |                    |
| A6509 | Compression Burn Garment, Upper Trunk To Waist Including Arm Openings (Vest), Custom Fabricated  | Price by Report |                    |
| A6510 | Compression Burn Garment, Trunk, Including Arms Down To Leg Openings (Leotard), Custom Fabricated  | Price by Report |                    |
| A6511 | Compression Burn Garment, Lower Trunk Including Leg Openings (Panty), Custom Fabricated  | Price by Report |                    |
| A6512 | Compression Burn Garment, Not Otherwise Classified   | Price by Report |                    |
| A6513 | Compression Burn Mask, Face And/Or Neck, Plastic Or Equal, Custom Fabricated   | Price by Report |                    |
| A6515 | Gradient Compression Wrap With Adjustable Straps, Full Leg, Each, Custom   | Price by Report |                    |
| A6516 | Gradient Compression Wrap With Adjustable Straps, Foot, Each, Custom   | Price by Report |                    |
| A6517 | Gradient Compression Wrap With Adjustable Straps, Below Knee, Each, Custom   | Price by Report |                    |
| A6518 | Gradient Compression Wrap With Adjustable Straps, Arm, Each, Custom  | Price by Report |                    |
| A6519 | Gradient Compression Garment, Not Otherwise Specified, For Nighttime Use, Each   | Price by Report |                    |
| A6520 | Gradient Compression Garment, Glove, Padded, For Nighttime Use, Each   | \$ 110.82       | Purchase           |
| A6521 | Gradient Compression Garment, Glove, Padded, For Nighttime Use, Custom, Each   | \$ 439.70       | Purchase           |
| A6522 | Gradient Compression Garment, Arm, Padded, For Nighttime Use, Each   | \$ 269.26       | Purchase           |
| A6523 | Gradient Compression Garment, Arm, Padded, For Nighttime Use, Custom, Each   | \$ 638.87       | Purchase           |
| A6524 | Gradient Compression Garment, Lower Leg And Foot, Padded, For Nighttime Use, Each  |                 | Purchase           |
| A6525 | Gradient Compression Garment, Lower Leg And Foot, Padded, For Nighttime Use, Custom, Each  | \$ 678.20       | Purchase           |
| A6526 | Gradient Compression Garment, Full Leg And Foot, Padded, For Nighttime Use, Each   | \$ 607.36       | Purchase           |
| A6527 | Gradient Compression Garment, Full Leg And Foot, Padded, For Nighttime Use, Custom, Each   | \$ 1,116.85     | Purchase           |
| A6528 | Gradient Compression Garment, Bra, For Nighttime Use, Each   | \$ 584.01       | Purchase           |
| A6529 | Gradient Compression Garment, Bra, For Nighttime Use, Custom, Each   | \$ 922.83       | Purchase           |
| A6530 | Gradient Compression Stocking, Below Knee, 18-30 Mmhg, Each  | \$ 34.24        | Purchase           |
| A6531 | Gradient Compression Stocking, Below Knee, 30-40 Mmhg, Used As A Surgical Dressing, Each   | \$ 54.41        | Purchase           |
| A6532 | Gradient Compression Stocking, Below Knee, 40-50 Mmhg, Used As A Surgical Dressing, Each   | \$ 76.66        | Purchase           |
| A6533 | Gradient Compression Stocking, Thigh Length, 18-30 Mmhg, Each  | \$ 48.08        | Purchase           |
| A6534 | Gradient Compression Stocking, Thigh Length, 30-40 Mmhg, Each  | \$ 54.90        | Purchase           |
| A6535 | Gradient Compression Stocking, Thigh Length, 40-50 Mmhg, Each  | \$ 63.21        | Purchase           |
| A6536 | Gradient Compression Stocking, Full Length/Chap Style, 18-30 Mmhg, Each  | \$ 64.81        | Purchase           |
| A6537 | Gradient Compression Stocking, Full Length/Chap Style, 30-40 Mmhg, Each  | \$ 76.83        | Purchase           |
| A6538 | Gradient Compression Stocking, Full Length/Chap Style, 40-50 Mmhg, Each  | \$ 89.96        | Purchase           |
| A6539 | Gradient Compression Stocking, Waist Length, 18-30 Mmhg, Each  | \$ 85.76        | Purchase           |
| A6540 | Gradient Compression Stocking, Waist Length, 30-40 Mmhg, Each  | \$ 102.25       | Purchase           |
| A6541 | Gradient Compression Stocking, Waist Length, 40-50 Mmhg, Each  | \$ 121.12       | Purchase           |
| A6544 | Gradient Compression Stocking, Garter Belt   | \$ 58.24        | Purchase           |

| Code  | Description   | Fee     |          | Purchase or Rental |
|-------|---|---------|----------|--------------------|
| A6545 | Gradient Compression Wrap, Non-Elastic, Below Knee, 30-50 Mmhg, Used As A Surgical Dressing, Each   | \$      | 107.13   | Purchase           |
| A6549 | Gradient Compression Garment, Not Otherwise Specified, For Daytime Use, Each  | Price b | y Report |                    |
| A6550 | Wound Care Set, For Negative Pressure Wound Therapy Electrical Pump, Includes All Supplies And Accessories                                      | \$      | 29.74    | Purchase           |
| A6552 | Gradient Compression Stocking, Below Knee, 30-40 Mmhg, Each   | \$      | 50.81    | Purchase           |
| A6553 | Gradient Compression Stocking, Below Knee, 30-40 Mmhg, Custom, Each   | \$      | 198.39   | Purchase           |
| A6554 | Gradient Compression Stocking, Below Knee, 40 Mmhg Or Greater, Each   | \$      | 69.86    | Purchase           |
| A6555 | Gradient Compression Stocking, Below Knee, 40 Mmhg Or Greater, Custom, Each   | \$      | 198.39   | Purchase           |
| A6556 | Gradient Compression Stocking, Thigh Length, 18-30 Mmhg, Custom, Each   | \$      | 271.88   | Purchase           |
| A6557 | Gradient Compression Stocking, Thigh Length, 30-40 Mmhg, Custom, Each   | \$      | 271.88   | Purchase           |
| A6558 | Gradient Compression Stocking, Thigh Length, 40 Mmhg Or Greater, Custom, Each   | \$      | 280.58   | Purchase           |
| A6559 | Gradient Compression Stocking, Full Length/Chap Style, 18-30 Mmhg, Custom, Each   | Price b | y Report |                    |
| A6560 | Gradient Compression Stocking, Full Length/Chap Style, 30-40 Mmhg, Custom, Each   | Price b | y Report |                    |
| A6561 | Gradient Compression Stocking, Full Length/Chap Style, 40 Mmhg Or Greater, Custom, Each   | Price b | y Report |                    |
| A6562 | Gradient Compression Stocking, Waist Length, 18-30 Mmhg, Custom, Each   | \$      | 889.81   | Purchase           |
| A6563 | Gradient Compression Stocking, Waist Length, 30-40 Mmhg, Custom, Each   | \$      | 889.81   | Purchase           |
| A6564 | Gradient Compression Stocking, Waist Length, 40 Mmhg Or Greater, Custom, Each   | \$      | 958.52   | Purchase           |
| A6565 | Gradient Compression Gauntlet, Custom, Each   | \$      | 153.76   | Purchase           |
| A6566 | Gradient Compression Garment, Neck/Head, Each   | \$      | 223.25   | Purchase           |
| A6567 | Gradient Compression Garment, Neck/Head, Custom, Each   | \$      | 701.44   | Purchase           |
| A6568 | Gradient Compression Garment, Torso And Shoulder, Each  | \$      | 145.70   | Purchase           |
| A6569 | Gradient Compression Garment, Torso/Shoulder, Custom, Each  | \$      | 829.67   | Purchase           |
| A6570 | Gradient Compression Garment, Genital Region, Each  | \$      | 99.27    | Purchase           |
| A6571 | Gradient Compression Garment, Genital Region, Custom, Each  | \$      | 596.65   | Purchase           |
| A6572 | Gradient Compression Garment, Toe Caps, Each  | \$      | 92.12    | Purchase           |
| A6573 | Gradient Compression Garment, Toe Caps, Custom, Each  | \$      | 218.58   | Purchase           |
| A6574 | Gradient Compression Arm Sleeve And Glove Combination, Custom, Each   | \$      | 278.67   | Purchase           |
| A6575 | Gradient Compression Arm Sleeve And Glove Combination, Each   | \$      | 90.31    | Purchase           |
| A6576 | Gradient Compression Arm Sleeve, Custom, Medium Weight, Each  | \$      | 171.03   | Purchase           |
| A6577 | Gradient Compression Arm Sleeve, Custom, Heavy Weight, Each   | \$      | 141.55   |                    |
| A6578 | Gradient Compression Arm Sleeve, Each   | \$      | 69.71    | Purchase           |
| A6579 | Gradient Compression Glove, Custom, Medium Weight, Each   | \$      | 274.52   | Purchase           |
| A6580 | Gradient Compression Glove, Custom, Heavy Weight, Each  | \$      | 272.50   | Purchase           |
| A6581 | Gradient Compression Glove, Each  | \$      | 63.96    | Purchase           |
| A6582 | Gradient Compression Gauntlet, Each   | \$      | 42.66    | Purchase           |
| A6583 | Gradient Compression Wrap With Adjustable Straps, Below Knee, Each  | \$      | 140.33   | Purchase           |
| A6584 | Gradient Compression Wrap With Adjustable Straps, Not Otherwise Specified   |         | y Report |                    |
| A6585 | Gradient Compression Wrap With Adjustable Straps, Above Knee, Each  | \$      | 166.16   | Purchase           |
| A6586 | Gradient Compression Wrap With Adjustable Straps, Full Leg, Each  | \$      | 489.51   | Purchase           |
| A6587 | Gradient Compression Wrap With Adjustable Straps, Foot, Each  | \$      | 64.13    | Purchase           |
| A6588 | Gradient Compression Wrap With Adjustable Straps, Arm, Each   | \$      | 213.71   | Purchase           |
| A6589 | Gradient Pressure Wrap With Adjustable Straps, Bra, Each  | \$      | 84.37    | Purchase           |
| A6590 | Vacuum Drainage Collection Unit And Tubing Kit, Including All Supplies Needed For Collection Unit Change, For Use With Implanted Catheter, Each | \$      | 393.66   | Purchase           |
| A6591 | Vacuum Drainage Collection Unit And Tubing Kit, Including All Supplies Needed For Collection Unit Change, For Use With Implanted Catheter, Each | \$      | 79.97    | Purchase           |
| A6593 | Accessory For Gradient Compression Garment Or Wrap With Adjustable Straps, Non-Otherwise Specified  | Price b | y Report |                    |
| A6594 | Gradient Compression Bandaging Supply, Bandage Liner, Lower Extremity, Any Size Or Length, Each   | \$      | 30.72    | Purchase           |

| Code           | Description  | Fee                 | Purchase or Rental |
|----------------|--|---------------------|--------------------|
| A6595          | Gradient Compression Bandaging Supply, Bandage Liner, Upper Extremity, Any Size Or Length, Each  | \$ 30.21            | Purchase           |
| A6596          | Gradient Compression Bandaging Supply, Conforming Gauze, Per Linear Yard, Any Width, Each  | \$ 0.16             | Purchase           |
| A6597          | Gradient Compression Bandage Roll, Elastic Long Stretch, Linear Yard, Any Width, Each  | \$ 1.36             | Purchase           |
| A6598          | Gradient Compression Bandage Roll, Elastic Medium Stretch, Per Linear Yard, Any Width, Each  | \$ 0.66             | Purchase           |
| A6599          | Gradient Compression Bandage Roll, Inelastic Short Stretch, Per Linear Yard, Any Width, Each   | \$ 1.49             | Purchase           |
| A6600          | Gradient Compression Bandaging Supply, High Density Foam Sheet, Per 250 Square Centimeters, Each   | \$ 2.69             | Purchase           |
| A6601          | Gradient Compression Bandaging Supply, High Density Foam Pad, Any Size Or Shape, Each  | \$ 3.02             | Purchase           |
| A6602          | Gradient Compression Bandaging Supply, High Density Foam Roll For Bandage, Per Linear Yard, Any Width, Each  | \$ 4.41             | Purchase           |
| A6603          | Gradient Compression Bandaging Supply, Low Density Channel Foam Sheet, Per 250 Square Centimeters, Each  | \$ 2.07             | Purchase           |
| A6604          | Gradient Compression Bandaging Supply, Low Density Flat Foam Sheet, Per 250 Square Centimeters, Each   | \$ 1.21             | Purchase           |
| A6605          | Gradient Compression Bandaging Supply, Padded Foam, Per Linear Yard, Any Width, Each   | \$ 1.38             | Purchase           |
| A6606          | Gradient Compression Bandaging Supply, Padded Textile, Per Linear Yard, Any Width, Each  | \$ 4.10             | Purchase           |
| A6607          | Gradient Compression Bandaging Supply, Tubular Protective Absorption Layer, Per Linear Yard, Any Width, Each   | \$ 1.10             | Purchase           |
| 46608          | Gradient Compression Bandaging Supply, Tubular Protective Absorption Padded Layer,<br>Per Linear Yard, Any Width, Each   | \$ 4.56             | Purchase           |
| A6609          | Gradient Compression Bandaging Supply, Not Otherwise Specified   | Price by Report     |                    |
| A6610          | Gradient Compression Stocking, Below Knee, 18-30 Mmhg, Custom, Each  | \$ 198.39           | Purchase           |
| A6611          | Gradient Compression Wrap With Adjustable Straps, Above Knee, Each, Custom   | Price by Report     |                    |
| A7000          | Canister, Disposable, Used With Suction Pump, Each   | \$ 10.19            | Purchase           |
| 47001          | Canister, Non-Disposable, Used With Suction Pump, Each   | \$ 41.59            | Purchase           |
| A7002          | Tubing, Used With Suction Pump, Each   | \$ 4.82             | Purchase           |
| 47003          | Administration Set, With Small Volume Nonfiltered Pneumatic Nebulizer, Disposable  | \$ 2.64             |                    |
| 47004          | Small Volume Nonfiltered Pneumatic Nebulizer, Disposable   | \$ 1.89             | Purchase           |
| 47005          | Administration Set, With Small Volume Nonfiltered Pneumatic Nebulizer, Non-Disposable  | \$ 26.53            | Purchase           |
| 47006          | Administration Set, With Small Volume Filtered Pneumatic Nebulizer   | \$ 10.35            | Purchase           |
| ۹7007          | Large Volume Nebulizer, Disposable, Unfilled, Used With Aerosol Compressor   | \$ 4.82             | Purchase           |
| 17008          | Large Volume Nebulizer, Disposable, Prefilled, Used With Aerosol Compressor  | \$ 13.82            |                    |
| 7009           | Reservoir Bottle, Non-Disposable, Used With Large Volume Ultrasonic Nebulizer  | \$ 52.88            |                    |
| 7010           | Corrugated Tubing, Disposable, Used With Large Volume Nebulizer, 100 Feet  | \$ 24.10            |                    |
| 7012           | Water Collection Device, Used With Large Volume Nebulizer  | \$ 4.07             |                    |
| 7013           | Filter, Disposable, Used With Aerosol Compressor Or Ultrasonic Generator   | \$ 0.86             |                    |
| 7014           | Filter, Nondisposable, Used With Aerosol Compressor Or Ultrasonic Generator  | \$ 4.78             |                    |
| 7015           | Aerosol Mask, Used With Dme Nebulizer  | \$ 1.94             |                    |
| A7017          | Nebulizer, Durable, Glass Or Autoclavable Plastic, Bottle Type, Not Used With Oxygen   | \$ 12.87            |                    |
|                |  |                     |                    |
| 47018<br>47020 | Water, Distilled, Used With Large Volume Nebulizer, 1000 MI Interface For Cough Stimulating Device, Includes All Components, Replacement Only                          | \$ 0.43<br>\$ 18.20 |                    |
| A7021          | Supplies And Accessories For Lung Expansion Airway Clearance, Continuous High Frequency Oscillation, And Nebulization Device (E.G., Handset, Nebulizer Kit, Biofilter) | Price by Report     |                    |
| A7025          | High Frequency Chest Wall Oscillation System Vest, Replacement For Use With Patient Owned Equipment, Each  | \$ 546.93           | Purchase           |

| Code  | Description   | Fee     |          | Purchase or Rental |
|-------|---|---------|----------|--------------------|
| A7026 | High Frequency Chest Wall Oscillation System Hose, Replacement For Use With Patient   | \$      | 36.14    | Purchase           |
|       | Owned Equipment, Each   | Ť       |          |                    |
| A7027 | Combination Oral/Nasal Mask, Used With Continuous Positive Airway Pressure Device, Each   | \$      | 190.16   | Purchase           |
| A7028 | Oral Cushion For Combination Oral/Nasal Mask, Replacement Only, Each  | \$      | 51.61    | Purchase           |
| A7029 | Nasal Pillows For Combination Oral/Nasal Mask, Replacement Only, Pair   | \$      | 22.10    | Purchase           |
| A7030 | Full Face Mask Used With Positive Airway Pressure Device, Each  | \$      | 156.56   | Purchase           |
| A7031 | Face Mask Interface, Replacement For Full Face Mask, Each   | \$      | 58.46    | Purchase           |
| A7032 | Cushion For Use On Nasal Mask Interface, Replacement Only, Each   | \$      | 33.52    | Purchase           |
| A7033 | Pillow For Use On Nasal Cannula Type Interface, Replacement Only, Pair  | \$      | 24.86    | Purchase           |
| A7034 | Nasal Interface (Mask Or Cannula Type) Used With Positive Airway Pressure Device, With Or Without Head Strap                                    | \$      | 97.73    | Purchase           |
| A7035 | Headgear Used With Positive Airway Pressure Device  | \$      | 32.78    | Purchase           |
| A7036 | Chinstrap Used With Positive Airway Pressure Device   | \$      | 16.30    | Purchase           |
| A7037 | Tubing Used With Positive Airway Pressure Device  | \$      | 29.52    | Purchase           |
| A7038 | Filter, Disposable, Used With Positive Airway Pressure Device   | \$      | 4.21     | Purchase           |
| A7039 | Filter, Non Disposable, Used With Positive Airway Pressure Device   | \$      | 12.01    | Purchase           |
| A7040 | One Way Chest Drain Valve   | \$      | 51.53    | Purchase           |
| A7041 | Water Seal Drainage Container And Tubing For Use With Implanted Chest Tube  | \$      | 96.80    | Purchase           |
| A7044 | Oral Interface Used With Positive Airway Pressure Device, Each  | \$      | 116.06   | Purchase           |
|       | Exhalation Port With Or Without Swivel Used With Accessories For Positive Airway  |         | 110.00   | i uicilase         |
| A7045 | Devices, Replacement Only   | \$      | 17.90    | Purchase           |
| A7046 | Water Chamber For Humidifier, Used With Positive Airway Pressure Device, Replacement, Each  | \$      | 18.68    | Purchase           |
| 47047 | Oral Interface Used With Respiratory Suction Pump, Each   | \$      | 152.04   | Purchase           |
| A7048 | Vacuum Drainage Collection Unit And Tubing Kit, Including All Supplies Needed For Collection Unit Change, For Use With Implanted Catheter, Each | \$      | 53.87    | Purchase           |
| A7501 | Tracheostoma Valve, Including Diaphragm, Each   | \$      | 132.06   | Purchase           |
| A7502 | Replacement Diaphragm/Faceplate For Tracheostoma Valve, Each  | \$      | 62.78    | Purchase           |
| A7503 | Filter Holder Or Filter Cap, Reusable, For Use In A Tracheostoma Heat And Moisture Exchange System, Each  | \$      | 14.27    | Purchase           |
| A7504 | Filter For Use In A Tracheostoma Heat And Moisture Exchange System, Each  | \$      | 0.86     | Purchase           |
|       | Housing, Reusable Without Adhesive, For Use In A Heat And Moisture Exchange   |         |          |                    |
| A7505 | System And/Or With A Tracheostoma Valve, Each   | \$      | 5.90     | Purchase           |
| A7506 | Adhesive Disc For Use In A Heat And Moisture Exchange System And/Or With Tracheostoma Valve, Any Type Each                                      | \$      | 0.41     | Purchase           |
| A7507 | Filter Holder And Integrated Filter Without Adhesive, For Use In A Tracheostoma Heat And Moisture Exchange System, Each                         | \$      | 3.14     | Purchase           |
| A7508 | Housing And Integrated Adhesive, For Use In A Tracheostoma Heat And Moisture Exchange System And/Or With A Tracheostoma Valve, Each             | \$      | 3.61     | Purchase           |
| A7509 | Filter Holder And Integrated Filter Housing, And Adhesive, For Use As A Tracheostoma Heat And Moisture Exchange System, Each                    | \$      | 1.77     | Purchase           |
| A7520 | Tracheostomy/Laryngectomy Tube, Non-Cuffed, Polyvinylchloride (Pvc), Silicone Or Equal, Each  | \$      | 59.70    | Purchase           |
| A7521 | Tracheostomy/Laryngectomy Tube, Cuffed, Polyvinylchloride (Pvc), Silicone Or Equal, Each  | \$      | 59.16    | Purchase           |
| A7522 | Tracheostomy/Laryngectomy Tube, Stainless Steel Or Equal (Sterilizable And Reusable), Each  | \$      | 56.79    | Purchase           |
| A7523 | Tracheostomy Shower Protector, Each   | Price b | y Report |                    |
| 47524 | Tracheostoma Stent/Stud/Button, Each  | \$      | 97.35    | Purchase           |
| 47525 | Tracheostomy Mask, Each   | \$      | 2.59     | Purchase           |
| A7526 | Tracheostomy Tube Collar/Holder, Each   | \$      | 4.27     | Purchase           |
| A7527 | Tracheostomy/Laryngectomy Tube Plug/Stop, Each  | \$      | 4.50     | Purchase           |
| A8000 | Helmet, Protective, Soft, Prefabricated, Includes All Components And Accessories  | \$      | 192.85   | Purchase           |
| A8001 | Helmet, Protective, Hard, Prefabricated, Includes All Components And Accessories  | \$      | 192.85   | Purchase           |
| A8002 | Helmet, Protective, Soft, Custom Fabricated, Includes All Components And Accessories  | \$      | 531.92   | Purchase           |

| Code           | Description   | Fee           |          | Purchase or Rental |
|----------------|---|---------------|----------|--------------------|
| A8003          | Helmet, Protective, Hard, Custom Fabricated, Includes All Components And Accessories  | \$            | 531.92   | Purchase           |
| A8004          | Soft Interface For Helmet, Replacement Only   | Price b       | y Report |                    |
| A9154          | Artificial Saliva, 1 MI   | Price b       | y Report |                    |
| A9180          | Pediculosis (Lice Infestation) Treatment, Topical, For Administration By Patient/Caretaker                                    | Price b       | y Report |                    |
| A9272          | Wound Suction, Disposable, Includes Dressing, All Accessories And Components, Any Type, Each                                  | Price b       | y Report |                    |
| A9274          | External Ambulatory Insulin Delivery System, Disposable, Each, Includes All Supplies And Accessories                          | Price b       | y Report |                    |
| A9275          | Home Glucose Disposable Monitor, Includes Test Strips   | Price h       | y Report |                    |
|                | Monitoring Feature/Device, Stand-Alone Or Integrated, Any Type, Includes All  |               |          | 5 .                |
| A9279<br>A9283 | Accessories, Components And Electronics, Not Otherwise Classified Foot Pressure Off Loading/Supportive Device, Any Type, Each | \$<br>Price h | 359.52   | Purchase           |
| A9283<br>A9284 |   |               | y Report |                    |
|                | Spirometer, Non-Electronic, Includes All Accessories  |               | y Report |                    |
| A9285          | Inversion/Eversion Correction Device  |               | y Report |                    |
| A9999          | Miscellaneous Dme Supply Or Accessory, Not Otherwise Specified  |               | y Report | Durahasa           |
| E0100          | Cane, Includes Canes Of All Materials, Adjustable Or Fixed, With Tip  | \$            | 23.99    | Purchase           |
| E0105          | Cane, Quad Or Three Prong, Includes Canes Of All Materials, Adjustable Or Fixed, With Tips                                    | \$            | 58.01    | Purchase           |
| E0110          | Crutches, Forearm, Includes Crutches Of Various Materials, Adjustable Or Fixed, Pair, Complete With Tips And Handgrips        | \$            | 97.57    | Purchase           |
| E0111          | Crutch Forearm, Includes Crutches Of Various Materials, Adjustable Or Fixed, Each, With Tip And Handgrips                     | \$            | 62.01    | Purchase           |
| E0112          | Crutches Underarm, Wood, Adjustable Or Fixed, Pair, With Pads, Tips And Handgrips   | \$            | 45.41    | Purchase           |
| E0113          | Crutch Underarm, Wood, Adjustable Or Fixed, Each, With Pad, Tip And Handgrip  | \$            | 26.59    | Purchase           |
| E0114          | Crutches Underarm, Other Than Wood, Adjustable Or Fixed, Pair, With Pads, Tips And Handgrips                                  | \$            | 59.35    | Purchase           |
| E0116          | Crutch, Underarm, Other Than Wood, Adjustable Or Fixed, With Pad, Tip, Handgrip, With Or Without Shock Absorber, Each         | \$            | 34.89    | Purchase           |
| E0117          | Crutch, Underarm, Articulating, Spring Assisted, Each   | \$            | 242.19   | Purchase           |
| E0118          | Crutch Substitute, Lower Leg Platform, With Or Without Wheels, Each   | Price b       | y Report |                    |
| E0130          | Walker, Rigid (Pickup), Adjustable Or Fixed Height  | \$            | 65.27    | Purchase           |
| E0135          | Walker, Folding (Pickup), Adjustable Or Fixed Height  | \$            | 71.82    | Purchase           |
| E0140          | Walker, With Trunk Support, Adjustable Or Fixed Height, Any Type  | \$            | 30.27    | Capped Rental      |
| E0141          | Walker, Rigid, Wheeled, Adjustable Or Fixed Height  | \$            | 90.88    | Purchase           |
| E0143          | Walker, Folding, Wheeled, Adjustable Or Fixed Height  | \$            | 93.56    | Purchase           |
| E0144          | Walker, Enclosed, Four Sided Framed, Rigid Or Folding, Wheeled With Posterior Seat  | \$            | 323.19   | Purchase           |
| E0147          | Walker, Heavy Duty, Multiple Braking System, Variable Wheel Resistance  | \$            | 555.60   | Purchase           |
| E0148          | Walker, Heavy Duty, Without Wheels, Rigid Or Folding, Any Type, Each  | \$            | 118.33   | Purchase           |
| E0149          | Walker, Heavy Duty, Wheeled, Rigid Or Folding, Any Type   | \$            | 191.16   | Purchase           |
| E0153          | Platform Attachment, Forearm Crutch, Each   | \$            | 74.82    | Purchase           |
| E0153<br>E0154 | Platform Attachment, Walker, Each   | \$            |          |                    |
|                |   |               | 67.25    | Purchase           |
| E0155          | Wheel Attachment, Rigid Pick-Up Walker, Per Pair  | \$            | 29.59    | Purchase           |
| E0156          | Seat Attachment, Walker   | \$            | 21.59    | Purchase           |
| E0157          | Crutch Attachment, Walker, Each   | \$            | 77.94    | Purchase           |
| E0158          | Leg Extensions For Walker, Per Set Of Four (4)  | \$            | 29.69    | Purchase           |
| E0159          | Brake Attachment For Wheeled Walker, Replacement, Each  | \$            | 18.46    | Purchase           |
| E0160          | Sitz Type Bath, Portable, Fits Over Commode Seat  | \$            | 38.06    | Purchase           |
| E0161          | Sitz Type Bath, Portable, Fits Over Commode Seat, With Faucet Attachments   | \$            | 28.03    | Purchase           |
| E0163          | Commode Chair, Mobile Or Stationary, With Fixed Arms  | \$            | 96.34    | Purchase           |
| E0165          | Commode Chair, Mobile Or Stationary, With Detachable Arms   | \$            | 190.08   | Purchase           |
| E0167          | Pail Or Pan For Use With Commode Chair, Replacement Only  | \$            | 14.03    | Purchase           |
| E0168          | Commode Chair, Extra Wide And/Or Heavy Duty, Stationary Or Mobile, With Or Without Arms, Any Type, Each                       | \$            | 164.94   | Purchase           |
| E0170          | Commode Chair With Integrated Seat Lift Mechanism, Electric, Any Type   | \$            | 165.64   | Capped Rental      |
| E0171          | Commode Chair With Integrated Seat Lift Mechanism, Non-Electric, Any Type   | \$            | 30.31    | Capped Rental      |

| Code  | Description  | Fee           | F    | Purchase or Rental |
|-------|--|---------------|------|--------------------|
| E0172 | Seat Lift Mechanism Placed Over Or On Top Of Toilet, Any Type  | Price by Repo | ort  |                    |
| E0175 | Foot Rest, For Use With Commode Chair, Each  |               | 3.29 | Purchase           |
| E0181 | Powered Pressure Reducing Mattress Overlay/Pad, Alternating, With Pump, Includes Heavy Duty                  | \$ 2          | 1.41 | Capped Rental      |
| E0182 | Pump For Alternating Pressure Pad, For Replacement Only  | \$ 24         | 4.10 | Capped Rental      |
| E0183 | Powered Pressure Reducing Underlay/Pad, Alternating, With Pump, Includes Heavy Duty                          | \$ 2          | 1.41 | Capped Rental      |
| E0184 | Dry Pressure Mattress  | \$ 200        | 0.36 | Purchase           |
| E0185 | Gel Or Gel-Like Pressure Pad For Mattress, Standard Mattress Length And Width                                | \$ 272        | 2.38 | Purchase           |
| E0186 | Air Pressure Mattress Decubitus Ulcers   | \$ 239        | 9.58 | Purchase           |
| E0187 | Water Pressure Mattress  | \$ 273        | 3.33 | Purchase           |
| E0188 | Synthetic Sheepskin Pad  | \$ 28         | 8.25 | Purchase           |
| E0189 | Lambswool Sheepskin Pad, Any Size  | \$ 55         | 5.55 | Purchase           |
| E0190 | Positioning Cushion/Pillow/Wedge, Any Shape Or Size, Includes All Components And Accessories                 | Price by Repo | ort  |                    |
| E0191 | Heel Or Elbow Protector, Each  | \$ 12         | 2.56 | Purchase           |
| E0193 | Powered Air Flotation Bed (Low Air Loss Therapy), Per Day  | \$ 754        | 4.28 | Capped Rental      |
| E0194 | Air Fluidized Bed  | \$ 3,410      | 0.20 | Capped Rental      |
| E0196 | Gel Pressure Mattress  | \$ 393        | 3.93 | Purchase           |
| E0197 | Air Pressure Pad For Mattress, Standard Mattress Length And Width  | \$ 278        | 8.46 | Purchase           |
| E0198 | Water Pressure Pad For Mattress, Standard Mattress Length And Width  | \$ 278        | 8.73 | Purchase           |
| E0199 | Dry Pressure Pad For Mattress, Standard Mattress Length And Width  |               | 8.39 | Purchase           |
| E0200 | Heat Lamp, Without Stand (Table Model), Includes Bulb, Or Infrared Element                                   | \$ 84         | 4.74 | Purchase           |
| E0202 | Phototherapy (Bilirubin) Light With Photometer, Rental Per Day   |               | 9.74 | Continuous Rental  |
| E0203 | Therapeutic Lightbox, Minimum 10,000 Lux, Table Top Model  | Price by Repo | ort  |                    |
| E0205 | Heat Lamp, With Stand, Includes Bulb, Or Infrared Element  |               | 2.37 | Capped Rental      |
| E0235 | Paraffin Bath Unit, Portable (See Medical Supply Code A4265 For Paraffin)                                    |               | 5.37 | Capped Rental      |
| E0240 | Bath/Shower Chair, With Or Without Wheels, Any Size  |               | 7.31 | Purchase           |
| E0244 | Raised Toilet Seat   |               | 8.76 | Purchase           |
| E0245 | Tub Stool Or Bench   |               | 7.37 | Purchase           |
| E0247 | Transfer Bench For Tub Or Toilet With Or Without Commode Opening   | Price by Repo |      |                    |
| E0248 | Transfer Bench, Heavy Duty, For Tub Or Toilet With Or Without Commode Opening                                | Price by Repo | ort  |                    |
| E0249 | Pad For Water Circulating Heat Unit, For Replacement Only  | \$ 125        | 5.24 | Purchase           |
| E0250 | Hospital Bed, Fixed Height, With Any Type Side Rails, With Mattress  |               | 7.85 | Capped Rental      |
| E0251 | Hospital Bed, Fixed Height, With Any Type Side Rails, Without Mattress                                       |               | 1.97 | Capped Rental      |
| E0255 | Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, With Mattress                                |               | 1.59 | Capped Rental      |
| E0256 | Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, Without Mattress                             |               | 7.31 | Capped Rental      |
| E0260 | Hospital Bed, Seimi-Electric (Head And Foot Adjustment), With Any Type Side Rails, With Mattress             |               | 4.01 | Capped Rental      |
| E0261 | Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type Side Rails, Without Mattress           | \$ 92         | 2.39 | Capped Rental      |
| E0265 | Hospital Bed, Total Electric (Head, Foot And Height Adjustments), With Any Type Side Rails, With Mattress    | \$ 157        | 7.46 | Capped Rental      |
| E0266 | Hospital Bed, Total Electric (Head, Foot And Height Adjustments), With Any Type Side Rails, Without Mattress | \$ 138        | 8.66 | Capped Rental      |
| E0270 | Hospital Bed, Institutional Type Includes: Oscillating, Circulating And Stryker Frame, With Mattress         | Price by Repo | ort  |                    |
| E0271 | Mattress, Innerspring  |               | 4.35 | Purchase           |
| E0272 | Mattress, Foam Rubber  | \$ 193        | 3.64 | Purchase           |
| E0273 | Bed Board  | Price by Repo | ort  |                    |
| E0275 | Bed Pan, Standard, Metal Or Plastic  | \$ 17         | 7.98 | Purchase           |
| E0276 | Bed Pan, Fracture, Metal Or Plastic  | \$ 15         | 5.55 | Purchase           |
| E0277 | Powered Pressure-Reducing Air Mattress   |               | 3.72 | Capped Rental      |
| E0290 | Hospital Bed, Fixed Height, Without Side Rails, With Mattress  |               | 2.20 | Capped Rental      |
| E0291 | Hospital Bed, Fixed Height, Without Side Rails, Without Mattress   |               | 6.66 | Capped Rental      |
| E0292 | Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, With Mattress                                      |               | 7.97 | Capped Rental      |
| E0293 | Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, Without Mattress                                   |               | 0.34 | Capped Rental      |

| Code  | Description   | Fee             |           | Purchase or Rental |
|-------|---|-----------------|-----------|--------------------|
| E0294 | Hospital Bed, Semi-Electric (Head And Foot Adjustment), Without Side Rails, With Mattress   | \$              | 89.57     | Capped Rental      |
| E0295 | Hospital Bed,Semi-Electric (Head And Foot Adjustment), Without Side Rails, Without Mattress   | \$              | 88.05     | Capped Rental      |
| E0296 | Hospital Bed, Total Electric (Head, Foot And Height Adjustments). Without Side Rails, With Mattress   | \$              | 126.57    | Capped Rental      |
| E0297 | Hospital Bed, Total Electric (Head, Foot And Height Adjustments), Without Side Rails, Without Mattress  | \$              | 109.79    | Capped Rental      |
| E0300 | Pediatric Crib, Hospital Grade, Fully Enclosed, With Or Without Top Enclosure   | \$              | 245.00    | Capped Rental      |
| E0301 | Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, Without Mattress  | \$              | 200.15    | Capped Rental      |
| E0302 | Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, Without Mattress  | \$              | 557.81    | Capped Rental      |
| E0303 | Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, With Mattress   | \$              | 216.27    | Capped Rental      |
| E0304 | Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, With Mattress   | \$              | 589.20    | Capped Rental      |
| E0305 | Bed Side Rails, Half Length   | \$              | 12.83     | Capped Rental      |
| E0310 | Bed Side Rails, Full Length   | \$              | 15.86     | Capped Rental      |
| E0316 | Safety Enclosure Frame/Canopy For Use With Hospital Bed, Any Type   | \$              | 2,183.49  | Purchase           |
| E0325 | Urinal; Male, Jug-Type, Any Material  | \$              | 10.82     | Purchase           |
| E0326 | Urinal; Female, Jug-Type, Any Material  | \$              | 12.45     | Purchase           |
| E0328 | Hospital Bed, Pediatric, Manual, 360 Degree Side Enclosures, Top Of Headboard, Footboard And Side Rails Up To 24 Inches Above The Spring, Includes Mattress   | Price           | by Report |                    |
| E0329 | Hospital Bed, Pediatric, Electric Or Semi-Electric, 360 Degree Side Enclosures, Top Of Headboard, Footboard And Side Rails Up To 24 Inches Above The Spring, Includes Mattress  | Price by Report |           |                    |
| E0350 | Control Unit For Electronic Bowel Irrigation/Evacuation System  | Price by Report |           |                    |
| E0352 | Disposable Pack (Water Reservoir Bag, Speculum, Valving Mechanism And Collection Bag/Box) For Use With The Electronic Bowel Irrigation/Evacuation System  | Price           | by Report |                    |
| E0370 | Air Pressure Elevator For Heel  | Price           | by Report |                    |
| E0371 | Nonpowered Advanced Pressure Reducing Overlay For Mattress, Standard Mattress<br>Length And Width   | \$              | 292.78    | Capped Rental      |
| E0372 | Powered Air Overlay For Mattress, Standard Mattress Length And Width  | \$              | 334.90    | Capped Rental      |
| E0373 | Nonpowered Advanced Pressure Reducing Mattress  | \$              | 369.65    | Capped Rental      |
| E0424 | Stationary Compressed Gaseous Oxygen System, Rental; Includes Container, Contents, Regulator, Flowmeter, Humidifier, Nebulizer, Cannula Or Mask, And Tubing   | \$              | 155.99    | Continuous Rental  |
| E0425 | Stationary Compressed Gas System, Purchase; Includes Regulator, Flowmeter, Humidifier, Nebulizer, Cannula Or Mask, And Tubing   | Price           | by Report |                    |
| E0430 | Portable Gaseous Oxygen System, Purchase; Includes Regulator, Flowmeter, Humidifier, Cannula Or Mask, And Tubing  | \$              | 394.37    | Purchase           |
| E0431 | Portable Gaseous Oxygen System, Rental; Includes Portable Container, Regulator, Flowmeter, Humidifier, Cannula Or Mask, And Tubing  | \$              | 27.85     | Continuous Rental  |
| E0433 | Portable Liquid Oxygen System, Rental; Home Liquefier Used To Fill Portable Liquid Oxygen Containers, Includes Portable Containers, Regulator, Flowmeter, Humidifier, Cannula Or Mask And Tubing, With Or Without Supply Reservoir And Contents Gauge | \$              | 46.47     | Continuous Rental  |
| E0434 | Portable Liquid Oxygen System, Rental; Includes Portable Container, Supply Reservoir, Humidifier, Flowmeter, Refill Adaptor, Contents Gauge, Cannula Or Mask, And Tubing  | \$              | 46.47     | Continuous Rental  |
| E0435 | Portable Liquid Oxygen System, Purchase; Includes Portable Container, Supply Reservoir, Flowmeter, Humidifier, Contents Gauge, Cannula Or Mask, Tubing And Refill Adaptor   | \$              | 2,406.25  | Purchase           |
| E0439 | Stationary Liquid Oxygen System, Rental; Includes Container, Contents, Regulator, Flowmeter, Humidifier, Nebulizer, Cannula Or Mask, & Tubing   | \$              | 155.99    | Continuous Rental  |

| Code  | Description   | Fee             |           | Purchase or Rental |
|-------|---|-----------------|-----------|--------------------|
| E0440 | Stationary Liquid Oxygen System, Purchase; Includes Use Of Reservoir, Contents Indicator, Regulator, Flowmeter, Humidifier, Nebulizer, Cannula Or Mask, And Tubing  | \$              | 4,382.98  | Purchase           |
| E0441 | Stationary Oxygen Contents, Gaseous, 1 Month'S Supply = 1 Unit  | \$              | 67.38     | Purchase           |
| E0442 | Stationary Oxygen Contents, Liquid, 1 Month'S Supply = 1 Unit   | \$              | 67.38     | Purchase           |
| E0443 | Portable Oxygen Contents, Gaseous, 1 Month'S Supply = 1 Unit  | \$              | 64.38     | Purchase           |
| E0444 | Portable Oxygen Contents, Liquid, 1 Month'S Supply = 1 Unit   | \$              | 64.38     | Purchase           |
| E0445 | Oximeter Device For Measuring Blood Oxygen Levels Non-Invasively  | \$              | 252.90    | Capped Rental      |
| E0446 | Topical Oxygen Delivery System, Not Otherwise Specified, Includes All Supplies And Accessories  | Price           | by Report |                    |
| E0447 | Portable Oxygen Contents, Liquid, 1 Month'S Supply = 1 Unit, Prescribed Amount At Rest Or Nighttime Exceeds 4 Liters Per Minute (Lpm)   | \$              | 97.74     | Purchase           |
| E0455 | Oxygen Tent, Excluding Croup Or Pediatric Tents   | Price           | by Report |                    |
| E0465 | Home Ventilator, Any Type, Used With Invasive Interface, (E.G., Tracheostomy Tube)  | \$              | 1,200.29  | Continuous Rental  |
| E0466 | Home Ventilator, Any Type, Used With Non-Invasive Interface, (E.G., Mask, Chest Shell)  | \$              | 1,200.29  | Continuous Rental  |
| E0467 | Home Ventilator, Multi-Function Respiratory Device, Also Performs Any Or All Of The Additional Functions Of Oxygen Concentration, Drug Nebulization, Aspiration, And Cough Stimulation, Includes All Accessories, Components And Supplies For All Functions | \$              | 1,410.30  | Continuous Rental  |
| E0468 | Home Ventilator, Dual-Function Respiratory Device, Also Performs Additional Function Of Cough Stimulation, Includes All Accessories, Components And Supplies For All Functions  | \$              | 1,288.68  | Continuous Rental  |
| E0469 | Lung Expansion Airway Clearance, Continuous High Frequency Oscillation, And Nebulization Device   | Price           | by Report |                    |
| E0470 | Respiratory Assist Device, Bi-Level Pressure Capability, Without Backup Rate Feature, Used With Noninvasive Interface, E.G., Nasal Or Facial Mask (Intermittent Assist Device With Continuous Positive Airway Pressure Device)                              | \$              | 170.29    | Capped Rental      |
| E0471 | Respiratory Assist Device, Bi-Level Pressure Capability, With Back-Up Rate Feature, Used With Noninvasive Interface, E.G., Nasal Or Facial Mask (Intermittent Assist Device With Continuous Positive Airway Pressure Device)                                | \$              | 381.67    | Capped Rental      |
| E0472 | Respiratory Assist Device, Bi-Level Pressure Capability, With Backup Rate Feature, Used With Invasive Interface, E.G., Tracheostomy Tube (Intermittent Assist Device With Continuous Positive Airway Pressure Device)                                       | \$              | 448.82    | Capped Rental      |
| E0480 | Percussor, Electric Or Pneumatic, Home Model  | \$              | 46.06     | Capped Rental      |
| E0481 | Intrapulmonary Percussive Ventilation System And Related Accessories  | Price           | by Report |                    |
| E0482 | Cough Stimulating Device, Alternating Positive And Negative Airway Pressure   | \$              | 441.93    | Capped Rental      |
| E0483 | High Frequency Chest Wall Oscillation System, Includes All Accessories And Supplies, Each   | \$              | 1,114.06  | Capped Rental      |
| E0484 | Oscillatory Positive Expiratory Pressure Device, Non-Electric, Any Type, Each   | \$              | 46.45     | Purchase           |
| E0485 | Oral Device/Appliance Used To Reduce Upper Airway Collapsibility, Adjustable Or Non-Adjustable, Prefabricated, Includes Fitting And Adjustment  | Price           | by Report |                    |
| E0486 | Oral Device/Appliance Used To Reduce Upper Airway Collapsibility, Adjustable Or Non-Adjustable, Custom Fabricated, Includes Fitting And Adjustment  | Price by Report |           |                    |
| E0487 | Spirometer, Electronic, Includes All Accessories  | Price by Report |           |                    |
| E0500 | Ippb Machine, All Types, With Built-In Nebulization; Manual Or Automatic Valves; Internal Or External Power Source  | \$              | 138.02    | Capped Rental      |
| E0530 | Electronic Positional Obstructive Sleep Apnea Treatment, With Sensor, Includes All Components And Accessories, Any Type   | \$              | 27.29     | Capped Rental      |
| E0550 | Humidifier, Durable For Extensive Supplemental Humidification During Ippb Treatments Or Oxygen Delivery   | \$              | 52.54     | Capped Rental      |
| E0555 | Humidifier, Durable, Glass Or Autoclavable Plastic Bottle Type, For Use With Regulator Or Flowmeter   | \$              | 46.03     | Purchase           |
| E0560 | Humidifier, Durable For Supplemental Humidification During Ippb Treatment Or Oxygen Delivery  | \$              | 185.88    | Purchase           |
| E0561 | Humidifier, Non-Heated, Used With Positive Airway Pressure Device   | \$              | 101.70    | Purchase           |

|                                    | Description   | Fee   |           | Purchase or Rental |
|------------------------------------|---|-------|-----------|--------------------|
|                                    | Humidifier, Heated, Used With Positive Airway Pressure Device   | \$    | 20.56     | Capped Rental      |
| トリカカカ                              | Compressor, Air Power Source For Equipment Which Is Not Self- Contained Or Cylinder Driven  | \$    | 53.06     | Capped Rental      |
| E0570                              | Nebulizer, With Compressor  | \$    | 135.90    | Purchase           |
| E0572                              | Aerosol Compressor, Adjustable Pressure, Light Duty For Intermittent Use  | \$    | 34.10     | Capped Rental      |
| E0574                              | Ultrasonic/Electronic Aerosol Generator With Small Volume Nebulizer   | \$    | 41.59     | Capped Rental      |
|                                    | Nebulizer, Ultrasonic, Large Volume   | \$    | 107.71    | Capped Rental      |
| HUSKU I                            | Nebulizer, Durable, Glass Or Autoclavable Plastic, Bottle Type, For Use With Regulator Or Flowmeter                                     | \$    | 12.11     | Capped Rental      |
| E0585                              | Nebulizer, With Compressor And Heater   | \$    | 29.82     | Capped Rental      |
|                                    | Respiratory Suction Pump, Home Model, Portable Or Stationary, Electric  | \$    | 47.05     | Capped Rental      |
|                                    | Continuous Positive Airway Pressure (Cpap) Device   | \$    | 71.20     | Capped Rental      |
|                                    | Breast Pump, Manual   | \$    | 37.12     | Purchase           |
|                                    | Breast Pump, Electric (Ac And/Or Dc), Any Type  | \$    | 140.85    | Purchase           |
|                                    | Breast Pump, Hospital Grade, Electric (Ac And / Or Dc), Any Type After 1 Month Must Have A Prior Authorization                          | \$    | 65.98     | Capped Rental      |
|                                    | Vaporizer, Room Type  | \$    | 28.23     | Purchase           |
|                                    | Home Blood Glucose Monitor  | \$    | 84.02     | Purchase           |
|                                    | Implantable Cardiac Event Recorder With Memory, Activator And Programmer  | Price | by Report |                    |
|                                    | External Defibrillator With Integrated Electrocardiogram Analysis   | \$    | 318.60    | Capped Rental      |
|                                    | Apnea Monitor, Without Recording Feature  | \$    | 278.94    | Capped Rental      |
|                                    | Apnea Monitor, With Recording Feature   | \$    | 331.69    | Capped Rental      |
|                                    | Skin Piercing Device For Collection Of Capillary Blood, Laser, Each   | \$    | 1,099.35  | Purchase           |
|                                    | Sling Or Seat, Patient Lift, Canvas Or Nylon  | \$    | 101.38    | Purchase           |
|                                    | Patient Lift, Bathroom Or Toilet, Not Otherwise Classified  | \$    | 1,136.99  | Purchase           |
|                                    | Seat Lift Mechanism, Electric, Any Type   | \$    | 30.78     | Capped Rental      |
| E0629                              | Seat Lift Mechanism, Non-Electric, Any Type   | \$    | 363.36    | Purchase           |
| E0630                              | Patient Lift, Hydraulic Or Mechanical, Includes Any Seat, Sling, Strap(S) Or Pad(S)   | \$    | 82.71     | Capped Rental      |
| E0635                              | Patient Lift, Electric With Seat Or Sling   | \$    | 122.66    | Capped Rental      |
|                                    | Multipositional Patient Support System, With Integrated Lift, Patient Accessible Controls   | \$    | 1,045.37  | Capped Rental      |
| E0637                              | Combination Sit To Stand System, Any Size Including Pediatric, With Seatlift Feature, With Or Without Wheels                            | Price | by Report |                    |
| E0038                              | Standing Frame/Table System, One Position (E.G. Upright, Supine Or Prone Stander), Any Size Including Pediatric, With Or Without Wheels | Price | by Report |                    |
| 1FU0.39                            | Patient Lift, Moveable From Room To Room With Disassembly And Reassembly, Includes All Components/Accessories                           | \$    | 116.90    | Capped Rental      |
|                                    | Patient Lift, Fixed System, Includes All Components/Accessories   | \$    | 116.90    | Capped Rental      |
| HUD41                              | Standing Frame/Table System, Multi-Position (E.G. Three-Way Stander), Any Size Including Pediatric, With Or Without Wheels              | Price | by Report |                    |
| E0642                              | Standing Frame/Table System, Mobile (Dynamic Stander), Any Size Including Pediatric   | Price | by Report |                    |
| E0650                              | Pneumatic Compressor, Non-Segmental Home Model  | \$    | 93.14     | Capped Rental      |
| 1 <b>-</b> 0 <b>-</b> 0 <b>-</b> 0 | Pneumatic Compressor, Segmental Home Model Without Calibrated D Gradient Pressure   | \$    | 98.32     | Capped Rental      |
|                                    | Pneumatic Compressor, Segmental Home Model With Calibrated Gradient Pressure  | \$    | 505.75    | Capped Rental      |
| E0655                              | Non-Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Half Arm   | \$    | 135.72    | Purchase           |
| E0656                              | Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Trunk  | \$    | 726.66    | Purchase           |
|                                    | Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Chest  | \$    | 682.65    | Purchase           |
|                                    | Non-Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Full Leg   | \$    | 200.88    | Purchase           |
| E0665                              | Non-Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Full Arm   | \$    | 172.28    | Purchase           |
| E0666                              | Non-Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Half Leg   | \$    | 166.16    | Purchase           |
| E0667                              | Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Full Leg   | \$    | 346.06    | Purchase           |

| Code  | Description  | Fee   |           | Purchase or Rental |
|-------|--|-------|-----------|--------------------|
| E0668 | Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Full Arm  | \$    | 472.30    | Purchase           |
| E0669 | Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Half Leg  | \$    | 230.52    | Purchase           |
| E0670 | Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Integrated, 2 Full Legs And Trunk   | \$    | 1,343.60  | Purchase           |
| E0671 | Segmental Gradient Pressure Pneumatic Appliance, Full Leg  | \$    | 522.30    | Purchase           |
| E0672 | Segmental Gradient Pressure Pneumatic Appliance, Full Arm  | \$    | 405.81    | Purchase           |
| E0673 | Segmental Gradient Pressure Pneumatic Appliance, Half Leg  | \$    | 337.20    | Purchase           |
| E0675 | Pneumatic Compression Device, High Pressure, Rapid Inflation/Deflation Cycle, For Arterial Insufficiency (Unilateral Or Bilateral System)  | \$    | 402.96    | Capped Rental      |
| E0676 | Intermittent Limb Compression Device (Includes All Accessories), Not Otherwise Specified   | Price | by Report |                    |
| E0677 | Non-pneumatic sequential compression garment, trunk  | \$    | 60.56     | Capped Rental      |
| E0678 | Non-Pneumatic Sequential Compression Garment, Full Leg   | \$    | 28.84     | Capped Rental      |
| E0679 | Non-Pneumatic Sequential Compression Garment, Half Leg   | \$    | 19.21     | Capped Rental      |
|       | · · · · · · · · · · · · · · · · · · ·  |       |           |                    |
| E0680 | Non-Pneumatic Compression Controller With Sequential Calibrated Gradient Pressure  | \$    | 505.79    | Capped Rental      |
| E0681 | Non-Pneumatic Compression Controller Without Calibrated Gradient Pressure  | \$    | 96.24     | Capped Rental      |
| E0682 | Non-Pneumatic Sequential Compression Garment, Full Arm   | \$    | 39.36     | Capped Rental      |
| E0683 | Non-Pneumatic, Non-Sequential, Peristaltic Wave Compression Pump   | Price | by Report |                    |
| E0691 | Ultraviolet Light Therapy System, Includes Bulbs/Lamps, Timer And Eye Protection; Treatment Area 2 Square Feet Or Less   | \$    | 94.16     | Capped Rental      |
| E0692 | Ultraviolet Light Therapy System Panel, Includes Bulbs/Lamps, Timer And Eye Protection, 4 Foot Panel   | \$    | 118.22    | Capped Rental      |
| E0693 | Ultraviolet Light Therapy System Panel, Includes Bulbs/Lamps, Timer And Eye Protection, 6 Foot Panel   | \$    | 145.77    | Capped Rental      |
| E0694 | Ultraviolet Multidirectional Light Therapy System In 6 Foot Cabinet, Includes Bulbs/Lamps, Timer And Eye Protection  | \$    | 463.94    | Capped Rental      |
| E0705 | Transfer Device, Any Type, Each  | \$    | 57.13     | Purchase           |
| E0720 | Transcutaneous Electrical Nerve Stimulation (Tens) Device, Two Lead, Localized Stimulation   | \$    | 22.60     | Capped Rental      |
| E0730 | Transcutaneous Electrical Nerve Stimulation (Tens) Device, Four Or More Leads, For Multiple Nerve Stimulation  | \$    | 22.79     | Capped Rental      |
| E0733 | Transcutaneous Electrical Nerve Stimulator For Electrical Stimulation Of The Trigeminal Nerve  | \$    | 38.52     | Capped Rental      |
| E0734 | External Upper Limb Tremor Stimulator Of The Peripheral Nerves Of The Wrist  | \$    | 329.66    | Capped Rental      |
| E0735 | Non-Invasive Vagus Nerve Stimulator  | \$    | 38.52     | Capped Rental      |
| E0736 | Transcutaneous Tibial Nerve Stimulator   | \$    | 462.24    | Purchase           |
| E0740 | Non-Implanted Pelvic Floor Electrical Stimulator, Complete System  | \$    | 657.54    | Purchase           |
| E0743 | External Lower Extremity Nerve Stimulator For Restless Legs Syndrome, Each   |       | by Report |                    |
| E0744 | Neuromuscular Stimulator For Scoliosis   | \$    | 95.96     | Capped Rental      |
| E0745 | Neuromuscular Stimulator, Electronic Shock Unit, Non-Clinical Model  | \$    | 79.74     | Capped Rental      |
| E0747 | Osteogenesis Stimulator, Electrical, Non-Invasive, Other Than Spinal Applications  | \$    | 4,924.36  | Purchase           |
| E0748 | Osteogenic Stimulator, Noninvasive, Spinal Applications  | \$    | 4,892.47  | Purchase           |
| E0760 | Ostogenesis Stimulator, Low Intensity Ultrasound, Non-Invasive   | \$    | 338.80    | Capped Rental      |
|       | Non-Thermal Pulsed High Frequency Radiowaves, High Peak Power Electromagnetic  |       |           | Сарреа Кепа        |
| E0761 | Energy Treatment Device  | Price | by Report |                    |
| E0762 | Transcutaneous Electrical Joint Stimulation Device System, Includes All Accessories  | \$    | 1,382.67  | Purchase           |
| E0764 | Functional Neuromuscular Stimulation, Transcutaneous Stimulation Of Sequential Muscle Groups Of Ambulation With Computer Control, Used For Walking By Spinal Cord Injured, Entire System, After Completion Of Training Program | \$    | 13,915.98 | Purchase           |
| E0765 | Fda Approved Nerve Stimulator, With Replaceable Batteries, For Treatment Of Nausea And Vomiting  | \$    | 105.79    | Purchase           |
| E0766 | Electrical Stimulation Device Used For Cancer Treatment, Includes All Accessories, Any Type  | \$    | 14,457.11 | Capped Rental      |

| Code  | Description  | Fee             |           | Purchase or Rental |
|-------|--|-----------------|-----------|--------------------|
| E0767 | Intrabuccal, Systemic Delivery Of Amplitude-Modulated, Radiofrequency Electromagnetic Field Device, For Cancer Treatment, Includes All Accessories | Price           | by Report |                    |
| E0769 | Electrical Stimulation Or Electromagnetic Wound Treatment Device, Not Otherwise Classified   | Price           | by Report |                    |
| E0770 | Functional Electrical Stimulator, Transcutaneous Stimulation Of Nerve And/Or Muscle Groups, Any Type, Complete System, Not Otherwise Specified     | Price           | by Report |                    |
| E0776 | Iv Pole  | \$              | 15.02     | Capped Rental      |
| E0779 | Ambulatory Infusion Pump, Mechanical, Reusable, For Infusion 8 Hours Or Greater  | \$              | 17.30     | Capped Rental      |
| E0780 | Ambulatory Infusion Pump, Mechanical, Reusable, For Infusion Less Than 8 Hours   | \$              | 13.04     | Purchase           |
| E0781 | Ambulatory Infusion Pump, Single Or Multiple Channels, Electric Or Battery Operated, With Administrative Equipment, Worn By Patient                | \$              | 249.05    | Capped Rental      |
| E0782 | Infusion Pump, Implantable, Non-Programmable (Includes All Components, E.G., Pump, Catheter, Connectors, Etc.)                                     | \$              | 4,589.05  | Purchase           |
| E0783 | Infusion Pump System, Implantable, Programmable (Includes All Components, E.G., Pump, Catheter, Connectors, Etc.)                                  | \$              | 729.23    | Capped Rental      |
| E0784 | External Ambulatory Infusion Pump, Insulin   | \$              | 5,068.80  | Purchase           |
| E0785 | Implantable Intraspinal (Epidural/Intrathecal) Catheter Used With Implantable Infusion Pump, Replacement   | \$              | 594.17    | Purchase           |
| E0786 | Implantable Programmable Infusion Pump, Replacement (Excludes Implantable Intraspinal Catheter)  | \$              | 10,041.96 | Purchase           |
| E0787 | External Ambulatory Infusion Pump, Insulin, Dosage Rate Adjustment Using Therapeutic Continuous Glucose Sensing                                    | Price by Report |           |                    |
| E0791 | Parenteral Infusion Pump, Stationary, Single Or Multi-Channel  | \$              | 275.00    | Capped Rental      |
| E0830 | Ambulatory Traction Device, All Types, Each  | Price           | by Report | 11                 |
| E0840 | Traction Frame, Attached To Headboard, Cervical Traction   | \$              | 14.54     | Capped Rental      |
| E0849 | Traction Equipment, Cervical, Free-Standing Stand/Frame, Pneumatic, Applying Traction Force To Other Than Mandible                                 | \$              | 54.01     | Capped Rental      |
| E0850 | Traction Stand, Free Standing, Cervical Traction   | \$              | 12.86     | Capped Rental      |
| E0855 | Cervical Traction Equipment Not Requiring Additional Stand Or Frame  | \$              | 51.80     | Capped Rental      |
| E0856 | Cervical Traction Device, With Inflatable Air Bladder(S)   | \$              | 193.50    | Purchase           |
| E0860 | Traction Equipment, Overdoor, Cervical   | \$              | 48.46     | Purchase           |
| E0870 | Traction Frame, Attached To Footboard, Extremity Traction, (E.G. Buck'S)   | \$              | 11.95     | Capped Rental      |
| E0880 | Traction Stand, Free Standing, Extremity Traction  | \$              | 17.56     | Capped Rental      |
| E0890 | Traction Frame, Attached To Footboard, Pelvic Traction   | \$              | 29.25     | Capped Rental      |
| E0900 | Traction Stand, Free Standing, Pelvic Traction, (E.G., Buck'S)   | \$              | 24.61     | Capped Rental      |
| E0910 | Trapeze Bars, A/K/A Patient Helper, Attached To Bed, With Grab Bar   | \$              | 14.06     | Capped Rental      |
| E0911 | Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Attached To Bed, With Grab Bar                                       | \$              | 522.00    | Purchase           |
| E0912 | Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Free Standing, Complete With Grab Bar                                | \$              | 1,109.25  | Purchase           |
| E0920 | Fracture Frame, Attached To Bed, Includes Weights  | \$              | 48.37     | Capped Rental      |
| E0930 | Fracture Frame, Free Standing, Includes Weights  | \$              | 45.21     | Capped Rental      |
| E0935 | Continuous Passive Motion Exercise Device For Use On Knee Only   | \$              | 28.60     | Continuous Rental  |
| E0936 | Continuous Passive Motion Exercise Device For Use Other Than Knee  | \$              | 26.41     | Purchase           |
| E0940 | Trapeze Bar, Free Standing, Complete With Grab Bar   | \$              | 26.18     | Capped Rental      |
| E0941 | Gravity Assisted Traction Device, Any Type   | \$              | 45.48     | Capped Rental      |
| E0942 | Cervical Head Harness/Halter   | \$              | 23.27     | Purchase           |
| E0944 | Pelvic Belt/Harness/Boot   | \$              | 57.68     | Purchase           |
| E0945 | Extremity Belt/Harness   | \$              | 55.73     | Purchase           |
| E0946 | Fracture, Frame, Dual With Cross Bars, Attached To Bed, (E.G. Balken, 4 Poster)  | \$              | 62.00     | Capped Rental      |
| E0947 | Fracture Frame, Attachments For Complex Pelvic Traction  | \$              | 65.89     | Capped Rental      |
| E0948 | Fracture Frame, Attachments For Complex Cervical Traction  | \$              | 61.45     | Capped Rental      |
| E0950 | Wheelchair Accessory, Tray, Each   | \$              | 101.22    | Purchase           |
| E0951 | Heel Loop/Holder, Any Type, With Or Without Ankle Strap, Each  | \$              | 18.03     | Purchase           |
| _0001 | Toe Loop/Holder, Any Type, With Of Without Affice Strap, Lacif   | \$              | 19.30     | Purchase           |

| Code  | Description   | Fee             |           | Purchase or Rental |
|-------|---|-----------------|-----------|--------------------|
| E0953 | Wheelchair Accessory, Lateral Thigh Or Knee Support, Any Type Including Fixed Mounting Hardware, Each                                   | \$              | 98.49     | Purchase           |
| E0954 | Wheelchair Accessory, Foot Box, Any Type, Includes Attachment And Mounting Hardware, Each Foot  | \$              | 63.17     | Purchase           |
| E0955 | Wheelchair Accessory, Headrest, Cushioned, Any Type, Including Fixed Mounting Hardware, Each  | \$              | 195.12    | Purchase           |
| E0956 | Wheelchair Accessory, Lateral Trunk Or Hip Support, Any Type, Including Fixed Mounting Hardware, Each                                   | \$              | 98.49     | Purchase           |
| E0957 | Wheelchair Accessory, Medial Thigh Support, Any Type, Including Fixed Mounting Hardware, Each   | \$              | 145.65    | Purchase           |
| E0958 | Manual Wheelchair Accessory, One-Arm Drive Attachment, Each   | \$              | 495.90    | Purchase           |
| E0959 | Manual Wheelchair Accessory, Adapter For Amputee, Each  | \$              | 52.69     | Purchase           |
| E0960 | Wheelchair Accessory, Shoulder Harness/Straps Or Chest Strap, Including Any Type Mounting Hardware                                      | \$              | 92.03     | Purchase           |
| E0961 | Manual Wheelchair Accessory, Wheel Lock Brake Extension (Handle), Each  | \$              | 30.77     | Purchase           |
| E0966 | Manual Wheelchair Accessory, Headrest Extension, Each   | \$              | 81.40     | Purchase           |
| E0967 | Manual Wheelchair Accessory, Hand Rim With Projections, Any Type, Replacement Only, Each  | \$              | 6.77      | Capped Rental      |
| E0968 | Commode Seat, Wheelchair  | \$              | 225.36    | Purchase           |
| E0969 | Narrowing Device, Wheelchair  | \$              | 15.23     | Capped Rental      |
| E0970 | No.2 Footplates, Except For Elevating Leg Rest  | \$              | 48.12     | Purchase           |
| E0971 | Manual Wheelchair Accessory, Anti-Tipping Device, Each  | \$              | 45.10     | Purchase           |
| E0973 | Wheelchair Accessory, Adjustable Height, Detachable Armrest, Complete Assembly, Each  | \$              | 89.93     | Purchase           |
| E0974 | Manual Wheelchair Accessory, Anti-Rollback Device, Each   | \$              | 83.81     | Purchase           |
| E0978 | Wheelchair Accessory, Positioning Belt/Safety Belt/Pelvic Strap, Each   | \$              | 37.57     | Purchase           |
| E0980 | Safety Vest, Wheelchair   | \$              | 41.56     | Purchase           |
| E0981 | Wheelchair Accessory, Seat Upholstery, Replacement Only, Each   | \$              | 48.33     | Purchase           |
| E0982 | Wheelchair Accessory, Back Upholstery, Replacement Only, Each   | \$              | 53.14     | Purchase           |
| E0985 | Wheelchair Accessory, Seat Lift Mechanism   | \$              | 254.61    | Purchase           |
| E0986 | Manual Wheelchair Accessory, Push-Rim Activated Power Assist System   | \$              | 6,116.85  | Purchase           |
| E0988 | Manual Wheelchair Accessory, Lever-Activated, Wheel Drive, Pair   | \$              | 313.69    | Capped Rental      |
| E0990 | Wheelchair Accessory, Elevating Leg Rest, Complete Assembly, Each   | \$              | 9.42      | Capped Rental      |
| E0992 | Solid Seat Insert   | \$              | 106.98    | Purchase           |
| E0994 | Arm Rest, Each  | \$              | 18.85     | Purchase           |
| E0995 | Wheelchair Accessory, Calf Rest/Pad, Replacement Only, Each   | \$              | 31.10     | Purchase           |
| E1002 | Wheelchair Accessory, Power Seating System, Tilt Only   | \$              | 4,227.03  | Purchase           |
| E1003 | Wheelchair Accessory, Power Seating System, Recline Only, Without Shear Reduction   | \$              | 4,756.50  | Purchase           |
| E1004 | Wheelchair Accessory, Power Seating System, Recline Only, With Mechanical Shear Reduction   | \$              | 5,250.96  | Purchase           |
| E1005 | Wheelchair Accessory, Power Seating System, Recline Only, With Power Shear Reduction  | \$              | 5,712.03  | Purchase           |
| E1006 | Wheelchair Accessory, Power Seating System, Combination Tilt And Recline, Without Shear Reduction                                       | \$              | 6,996.60  | Purchase           |
| E1007 | Wheelchair Accessory, Power Seating System, Combination Tilt And Recline, With Mechanical Shear Reduction                               | \$              | 9,110.88  | Purchase           |
| E1008 | Wheelchair Accessory, Power Seating System, Combination Tilt And Recline, With Power Shear Reduction                                    | \$              | 9,223.74  | Purchase           |
| E1009 | Wheelchair Accessory, Addition To Power Seating System, Mechanically Linked Leg Elevation System, Including Pushrod And Leg Rest, Each  | Price           | by Report |                    |
| E1010 | Wheelchair Accessory, Addition To Power Seating System, Power Leg Elevation System, Including Leg Rest, Pair                            | \$              | 1,229.58  | Purchase           |
| E1011 | Modification To Pediatric Size Wheelchair, Width Adjustment Package (Not To Be Dispensed With Initial Chair)                            | Price by Report |           |                    |
| E1012 | Wheelchair Accessory, Addition To Power Seating System, Center Mount Power Elevating Leg Rest/Platform, Complete System, Any Type, Each | \$              | 1,229.58  | Purchase           |
| E1014 | Reclining Back, Addition To Pediatric Size Wheelchair   | \$              | 459.36    | Purchase           |
| E1015 | Shock Absorber For Manual Wheelchair, Each  | \$              | 142.32    | Purchase           |

| Code  | Description   | Fee   |           | Purchase or Rental |
|-------|---|-------|-----------|--------------------|
| E1016 | Shock Absorber For Power Wheelchair, Each   | \$    | 137.05    | Purchase           |
| E1017 | Heavy Duty Shock Absorber For Heavy Duty Or Extra Heavy Duty Manual Wheelchair, Each  | Price | by Report |                    |
| E1018 | Heavy Duty Shock Absorber For Heavy Duty Or Extra Heavy Duty Power Wheelchair, Each   | Price | by Report |                    |
| E1020 | Residual Limb Support System For Wheelchair, Any Type   | \$    | 237.69    | Purchase           |
| E1022 | Wheelchair Transportation Securement System, Any Type Includes All Components And Accessories   | Price | by Report |                    |
| E1023 | Wheelchair Transit Securement System, Includes All Components And Accessories   | Price | by Report |                    |
| E1028 | Wheelchair Accessory, Manual Swingaway, Retractable Or Removable Mounting Hardware, Other   | \$    | 191.16    | Purchase           |
| E1029 | Wheelchair Accessory, Ventilator Tray, Fixed  | \$    | 400.41    | Purchase           |
| E1030 | Wheelchair Accessory, Ventilator Tray, Gimbaled   | \$    | 1,262.97  | Purchase           |
| E1032 | Wheelchair Accessory, Manual Swingaway, Retractable Or Removable Mounting Hardware Used With Joystick Or Other Drive Control Interface          | Price | by Report | Capped Rental      |
| E1033 | Wheelchair Accessory, Manual Swingaway, Retractable Or Removable Mounting Hardware For Headrest, Cushioned, Any Type                            | Price | by Report | Capped Rental      |
| E1034 | Wheelchair Accessory, Manual Swingaway, Retractable Or Removable Mounting Hardware For Lateral Trunk Or Hip Support, Any Type                   | Price | by Report | Capped Rental      |
| E1035 | Multi-Positional Patient Transfer System, With Integrated Seat, Operated By Care Giver, Patient Weight Capacity Up To And Including 300 Lbs     | \$    | 611.18    | Capped Rental      |
| E1036 | Multi-Positional Patient Transfer System, Extra-Wide, With Integrated Seat, Operated By Caregiver, Patient Weight Capacity Greater Than 300 Lbs | \$    | 872.18    | Capped Rental      |
| E1050 | Fully-Reclining Wheelchair, Fixed Full Length Arms, Swing Away Detachable Elevating Leg Rests   | \$    | 1,280.79  | Purchase           |
| E1060 | Fully-Reclining Wheelchair, Detachable Arms, Desk Or Full Length, Swing Away Detachable Elevating Legrests                                      | \$    | 1,585.17  | Purchase           |
| E1070 | Fully-Reclining Wheelchair, Detachable Arms (Desk Or Full Length) Swing Away Detachable Footrest  | \$    | 1,377.45  | Purchase           |
| E1083 | Hemi-Wheelchair, Fixed Full Length Arms, Swing Away Detach Able Elevating Leg Rest  | \$    | 990.09    | Purchase           |
| E1084 | Hemi-Wheelchair, Detachable Arms Desk Or Full Length Arms, Swing Away Detachable Elevating Leg Rests  | \$    | 1,208.16  | Purchase           |
| E1087 | High Strength Lightweight Wheelchair, Fixed Full Length Arms, Swing Away Detachable Elevating Leg Rests   | \$    | 1,591.11  | Purchase           |
| E1088 | High Strength Lightweight Wheelchair, Detachable Arms Desk Or Full Length, Swing Away Detachable Elevating Leg Rests                            | \$    | 1,895.94  | Purchase           |
| E1089 | High Strength Lightweight Wheelchair, Fixed Length Arms, Swing Away Detachable Footrest   | \$    | 1,173.87  | Purchase           |
| E1092 | Wide Heavy Duty Wheel Chair, Detachable Arms Desk Of Full Length, Swing Away Detachable Elevating Leg Rests                                     | \$    | 1,553.58  | Purchase           |
| E1093 | Wide Heavy Duty Wheelchair, Detachable Arms Desk Or Full Length Arms, Swing Away Detachable Footrests   | \$    | 1,389.78  | Purchase           |
| E1100 | Semi-Reclining Wheelchair, Fixed Full Length Arms, Swing Away Detachable Elevating Leg Rests  | \$    | 1,305.27  | Purchase           |
| E1110 | Semi-Reclining Wheelchair, Detachable Arms (Desk Or Full Length) Elevating Leg Rest   | \$    | 1,278.18  | Purchase           |
| E1160 | Wheelchair, Fixed Full Length Arms, Swing Away Detachable Elevating Legrests  | \$    | 786.06    | Purchase           |
| E1161 | Manual Adult Size Wheelchair, Includes Tilt In Space  | \$    | 2,975.22  | Purchase           |
| E1170 | Amputee Wheelchair, Fixed Full Length Arms, Swing Away Detachable Elevating Legrests  | \$    | 1,123.29  | Purchase           |
| E1171 | Amputee Wheelchair, Fixed Full Length Arms, Without Footrests Or Legrest  | \$    | 1,007.82  | Purchase           |
| E1172 | Amputee Wheelchair, Detachable Arms (Desk Or Full Length) Without Footrests Or Legrest  | \$    | 1,047.33  | Purchase           |
| E1180 | Amputee Wheelchair, Detachable Arms (Desk Or Full Length) Swing Away Detachable Footrests   | \$    | 1,124.19  | Purchase           |
| E1190 | Amputee Wheelchair, Detachable Arms (Desk Or Full Length) Swing Away Detachable Elevating Legrests  | \$    | 1,472.13  | Purchase           |

| Code  | Description   | Fee   |           | Purchase or Rental |
|-------|---|-------|-----------|--------------------|
| E1195 | Heavy Duty Wheelchair, Fixed Full Length Arms, Swing Away Detachable Elevating Legrests   | \$    | 1,579.59  | Purchase           |
| E1200 | Amputee Wheelchair, Fixed Full Length Arms, Swing Away Detach- Able Footrest  | \$    | 1,094.13  | Purchase           |
| E1220 | Wheelchair; Specially Sized Or Constructed, (Indicate Brand Name, Model Number, If Any) And Justification                               | Price | by Report |                    |
| E1221 | Wheelchair With Fixed Arm, Footrests  | \$    | 49.79     | Capped Rental      |
| E1222 | Wheelchair With Fixed Arm, Elevating Legrests   | \$    | 71.02     | Capped Rental      |
| E1223 | Wheelchair With Detachable Arms, Footrests  | \$    | 77.56     | Capped Rental      |
| E1224 | Wheelchair With Detachable Arms, Elevating Legrests   | \$    | 85.04     | Capped Rental      |
| E1225 | Wheelchair Accessory, Manual Semi-Reclining Back, (Recline Greater Than 15 Degrees, But Less Than 80 Degrees), Each                     | \$    | 506.61    | Purchase           |
| E1226 | Wheelchair Accessory, Manual Fully Reclining Back, (Recline Greater Than 80 Degrees), Each  | \$    | 514.87    | Purchase           |
| E1227 | Special Height Arms For Wheelchair  | \$    | 296.61    | Purchase           |
| E1228 | Special Back Height For Wheelchair  | \$    | 352.44    | Purchase           |
| E1229 | Wheelchair, Pediatric Size, Not Otherwise Specified   | Price | by Report |                    |
| E1231 | Wheelchair, Pediatric Size, Tilt-In-Space, Rigid, Adjustable, With Seating System   |       | by Report |                    |
| E1232 | Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adjustable, With Seating System   | \$    | 2,689.20  | Purchase           |
| E1233 | Wheelchair, Pediatric Size, Tilt-In-Space, Rigid, Adjustable, Without Seating System  | \$    | 2,786.13  | Purchase           |
| E1234 | Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adjustable, Without Seating System  | \$    | 2,425.68  | Purchase           |
| E1235 | Wheelchair, Pediatric Size, Rigid, Adjustable, With Seating System  | \$    | 2,335.77  | Purchase           |
| E1236 | Wheelchair, Pediatric Size, Folding, Adjustable, With Seating System  | \$    | 2,060.73  | Purchase           |
| E1237 | Wheelchair, Pediatric Size, Rigid, Adjustable, Without Seating System   | \$    | 2,078.55  | Purchase           |
| E1238 | Wheelchair, Pediatric Size, Folding, Adjustable, Without Seating System   | \$    | 2,060.73  | Purchase           |
| E1239 | Power Wheelchair, Pediatric Size, Not Otherwise Specified   | Price | by Report |                    |
| E1240 | Lightweight Wheelchair, Detachable Arms, (Desk Or Full Length) Swing Away Detachable, Elevating Legrest                                 | \$    | 1,194.39  | Purchase           |
| E1270 | Lightweight Wheelchair, Fixed Full Length Arms, Swing Away Detachable Elevating Legrests  | \$    | 992.70    | Purchase           |
| E1280 | Heavy Duty Wheelchair, Detachable Arms (Desk Or Full Length) Elevating Legrests   | \$    | 1,650.51  | Purchase           |
| E1285 | Heavy Duty Wheelchair, Fixed Full Length Arms, Swing Away Detachable Footrest   | \$    | 1,171.42  | Purchase           |
| E1295 | Heavy Duty Wheelchair, Fixed Full Length Arms, Elevating Legrest  | \$    | 1,527.39  | Purchase           |
| E1296 | Special Wheelchair Seat Height From Floor   | \$    | 618.24    | Purchase           |
| E1297 | Special Wheelchair Seat Depth, By Upholstery  | \$    | 131.54    | Purchase           |
| E1298 | Special Wheelchair Seat Depth And/Or Width, By Construction   | \$    | 452.83    | Purchase           |
| E1301 | Whirlpool Tub, Walk-In, Portable  |       | by Report |                    |
| E1310 | Whirlpool, Non-Portable (Built-In Type)   | \$    | 2,700.32  | Purchase           |
| E1352 | Oxygen Accessory, Flow Regulator Capable Of Positive Inspiratory Pressure   |       | by Report |                    |
| E1353 | Regulator   | \$    | 35.61     | Purchase           |
| E1354 | Oxygen Accessory, Wheeled Cart For Portable Cylinder Or Portable Concentrator, Any Type, Replacement Only, Each                         | Price | by Report |                    |
| E1355 | Stand/Rack  | \$    | 26.84     | Purchase           |
| E1356 | Oxygen Accessory, Battery Pack/Cartridge For Portable Concentrator, Any Type, Replacement Only, Each                                    | Price | by Report |                    |
| E1357 | Oxygen Accessory, Battery Charger For Portable Concentrator, Any Type, Replacement Only, Each   | Price | by Report |                    |
| E1358 | Oxygen Accessory, Dc Power Adapter For Portable Concentrator, Any Type, Replacement Only, Each  | Price | by Report |                    |
| E1372 | Immersion External Heater For Nebulizer   | \$    | 16.73     | Capped Rental      |
| E1390 | Oxygen Concentrator, Single Delivery Port, Capable Of Delivering 85 Percent Or Greater Oxygen Concentration At The Prescribed Flow Rate | \$    | 155.99    | Continuous Rental  |

| Code  | Description  | Fee   |           | Purchase or Rental |
|-------|--|-------|-----------|--------------------|
| E1391 | Oxygen Concentrator, Dual Delivery Port, Capable Of Delivering 85 Percent Or Greater Oxygen Concentration At The Prescribed Flow Rate, Each  | \$    | 155.99    | Capped Rental      |
| E1392 | Portable Oxygen Concentrator, Rental   | \$    | 46.47     | Continuous Rental  |
| E1399 | Durable Medical Equipment, Miscellaneous   | _     | by Report | Continuous ixentai |
| E1405 | Oxygen And Water Vapor Enriching System With Heated Delivery   | \$    | 191.77    | Capped Rental      |
| E1406 | Oxygen And Water Vapor Enriching System With Heated Delivery  Oxygen And Water Vapor Enriching System Without Heated Delivery  | \$    | 169.58    | Capped Rental      |
|       |  |       |           | Capped Rental      |
| E1500 | Centrifuge, For Dialysis Kidney, Dialysate Delivery Syst Kidney Machine, Pump Recirculating, Air Removal Syst,   | Price | by Report |                    |
| E1510 | Flowrate Meter, Power Off, Heater And Temperature Control With Alarm, I.V. Poles, Pressure Gauge, Concentrate Container  | Price | by Report |                    |
| E1520 | Heparin Infusion Pump For Hemodialysis   | Price | by Report |                    |
| E1530 | Air Bubble Detector For Hemodialysis, Each, Replacement  |       | by Report |                    |
| E1540 | Pressure Alarm For Hemodialysis, Each, Replacement   |       | by Report |                    |
| E1550 | Bath Conductivity Meter For Hemodialysis, Each   |       | by Report |                    |
| E1560 | Blood Leak Detector For Hemodialysis, Each, Replacement  |       | by Report |                    |
| E1570 | Adjustable Chair, For Esrd Patients  |       | by Report |                    |
| E1570 | Unipuncture Control System For Hemodialysis  |       | by Report |                    |
| E1590 | Hemodialysis Machine   |       |           |                    |
|       |  |       | by Report |                    |
| E1592 | Automatic Intermittent Peritoneal Dialysis System  |       | by Report |                    |
| E1594 | Cycler Dialysis Machine For Peritoneal Dialysis  |       | by Report |                    |
| E1600 | Delivery And/Or Installation Charges For Hemodialysis Equipment  |       | by Report |                    |
| E1610 | Reverse Osmosis Water Purification System, For Hemodialysis  |       | by Report |                    |
| E1615 | Deionizer Water Purification System, For Hemodialysis  |       | by Report |                    |
| E1620 | Blood Pump For Hemodialysis, Replacement   |       | by Report |                    |
| E1625 | Water Softening System, For Hemodialysis   | Price | by Report |                    |
| E1629 | Tablo Hemodialysis System For The Billable Dialysis Service  | Price | by Report |                    |
| E1630 | Reciprocating Peritoneal Dialysis System   | Price | by Report |                    |
| E1632 | Wearable Artificial Kidney, Each   | Price | by Report |                    |
| E1634 | Peritoneal Dialysis Clamps, Each   | Price | by Report |                    |
| E1635 | Compact (Portable) Travel Hemodialyzer System  | Price | by Report |                    |
| E1636 | Sorbent Cartridges, For Hemodialysis, Per 10   | Price | by Report |                    |
| E1637 | Hemostats, Each  | Price | by Report |                    |
| E1699 | Dialysis Equipment, Not Otherwise Specified  | Price | by Report |                    |
| E1700 | Jaw Motion Rehabilitation System   | \$    | 433.71    | Purchase           |
| E1701 | Replacement Cushions For Jaw Motion Rehabilitation System, Pkg. Of 6   | \$    | 13.33     | Purchase           |
| E1702 | Replacement Measuring Scales For Jaw Motion Rehabilitation System, Pkg. Of 200   | \$    | 28.37     | Purchase           |
| E1800 | Dynamic Adjustable Elbow Extension And Flexion Device, Includes Soft Interface Material  | \$    | 128.37    | Capped Rental      |
| E1801 | Static Progressive Stretch/Patient Actualized Serial Stretch Elbow Device, Extension And/Or Flexion, With Or Without Range Of Motion Adjustment, Includes All Components And Accessories | \$    | 132.62    | Capped Rental      |
| E1802 | Dynamic Adjustable Forearm Pronation/Supination Device, Includes Soft Interface Material   | \$    | 342.47    | Capped Rental      |
| E1803 | Dynamic Adjustable Elbow Extension Only Device, Includes Soft Interface Material   | \$    | 128.37    | Capped Rental      |
| E1804 | Dynamic Adjustable Elbow Flexion Only Device, Includes Soft Interface Material   | \$    | 128.37    | Capped Rental      |
| E1805 | Dynamic Adjustable Wrist Extension And Flexion Device, Includes Soft Interface Material  | \$    | 132.41    | Capped Rental      |
| E1806 | Static Progressive Stretch Wrist Device, Flexion And/Or Extension, With Or Without Range Of Motion Adjustment, Includes All Components And Accessories                                   | \$    | 108.83    | Capped Rental      |
| E1807 | Dynamic Adjustable Wrist Extension Only Device, Includes Soft Interface Material   | \$    | 132.41    | Capped Rental      |
| E1808 | Dynamic Adjustable Wrist Flexion Only Device, Includes Soft Interface Material   | \$    | 132.41    | Capped Rental      |
| E1810 | Dynamic Adjustable Knee Extension And Flexion Device, Includes Soft Interface Material   | \$    | 130.56    | Capped Rental      |
|       |  |       |           |                    |

| Code  | Description  | Fee     |          | Purchase or Rental |
|-------|--|---------|----------|--------------------|
| E1811 | Static Progressive Stretch/Patient Actualized Serial Stretch Knee Device, Extension And/Or Flexion, With Or Without Range Of Motion Adjustment, Includes All Components And Accessories  | \$      | 137.86   | Capped Rental      |
| E1812 | Dynamic Knee, Extension/Flexion Device With Active Resistance Control  | \$      | 90.11    | Capped Rental      |
| E1813 | Dynamic Adjustable Knee Extension Only Device, Includes Soft Interface Material  | \$      | 130.56   | Capped Rental      |
| E1814 | Dynamic Adjustable Knee Flexion Only Device, Includes Soft Interface Material  | \$      | 130.56   | Capped Rental      |
| E1815 | Dynamic Adjustable Ankle Extension And Flexion Device, Includes Soft Interface Material  | \$      | 132.41   | Capped Rental      |
| E1816 | Static Progressive Stretch/Patient Actualized Serial Stretch Ankle Device, Flexion And/Or Extension, With Or Without Range Of Motion Adjustment, Includes All Components And Accessories | \$      | 139.99   | Capped Rental      |
| E1818 | Static Progressive Stretch/Patient Actualized Serial Stretch Forearm Pronation / Supination Device, With Or Without Range Of Motion Adjustment, Includes All Components And Accessories  | \$      | 142.94   | Capped Rental      |
| E1820 | Replacement Soft Interface Material, Dynamic Adjustable Extension/Flexion Device   | \$      | 96.98    | Purchase           |
| E1821 | Replacement Soft Interface Material/Cuffs For Bi-Directional Static Progressive Stretch Device   | \$      | 132.34   | Purchase           |
| E1822 | Dynamic Adjustable Ankle Extension Only Device, Includes Soft Interface Material   | \$      | 132.41   | Capped Rental      |
| E1823 | Dynamic Adjustable Ankle Flexion Only Device, Includes Soft Interface Material   | \$      | 132.41   | Capped Rental      |
| E1825 | Dynamic Adjustable Finger Extension And Flexion Device, Includes Soft Interface Material   | \$      | 132.41   | Capped Rental      |
| E1826 | Dynamic Adjustable Finger Extension Only Device, Includes Soft Interface Material  | \$      | 132.41   | Capped Rental      |
| E1827 | Dynamic Adjustable Finger Flexion Only Device, Includes Soft Interface Material  | \$      | 132.41   | Capped Rental      |
| E1828 | Dynamic Adjustable Toe Extension Only Device, Includes Soft Interface Material   | \$      | 132.41   | Capped Rental      |
| E1829 | Dynamic Adjustable Toe Flexion Only Device, Includes Soft Interface Material   | \$      | 132.41   | Capped Rental      |
| E1830 | Dynamic Adjustable Toe Extension And Flexion Device, Includes Soft Interface Material  | \$      | 132.41   | Capped Rental      |
| E1831 | Static Progressive Stretch Toe Device, Extension And/Or Flexion, With Or Without Range Of Motion Adjustment, Includes All Components And Accessories                                     | \$      | 69.23    | Capped Rental      |
| E1832 | Static Progressive Stretch Finger Device, Extension And/Or Flexion, With Or Without Range Of Motion Adjustment, Includes All Components And Accessories                                  | Price b | y Report | Capped Rental      |
| E1840 | Dynamic Adjustable Shoulder Flexion / Abduction / Rotation Device, Includes Soft Interface Material  | \$      | 401.05   | Capped Rental      |
| E1841 | Static Progressive Stretch/Patient Actualized Serial Stretch Shoulder Device, With Or Without Range Of Motion Adjustment, Includes All Components And Accessories                        | \$      | 474.68   | Capped Rental      |
| E1902 | Communication Board, Non-Electronic Augmentative Or Alternative Communication Device   | Price b | y Report |                    |
| E2000 | Gastric Suction Pump, Home Model, Portable Or Stationary, Electric   | \$      | 53.25    | Capped Rental      |
| E2001 | Suction Pump, Home Model, Portable Or Stationary, Electric, Any Type, For Use With External Urine Management System  | \$      | 47.05    | Capped Rental      |
| E2100 | Blood Glucose Monitor With Integrated Voice Synthesizer  | \$      | 808.78   | Purchase           |
| E2101 | Blood Glucose Monitor With Integrated Lancing/Blood Sample   | \$      | 237.10   | Purchase           |
| E2102 | Adjunctive Continuous Glucose Monitor Or Receiver  | \$      | 211.08   | Purchase           |
| E2103 | Non-adju cgm receiver/mon  | \$      | 265.82   | Purchase           |
| E2104 | Home Blood Glucose Monitor For Use With Integrated Lancing/Blood Sample Testing Cartridge  | \$      | 48.11    | Purchase           |
| E2120 | Pulse Generator System For Tympanic Treatment Of Inner Ear Endolymphatic Fluid   | \$      | 297.10   | Capped Rental      |
| E2201 | Manual Wheelchair Accessory, Nonstandard Seat Frame, Width Greater Than Or Equal To 20 Inches And Less Than 24 Inches  | \$      | 415.13   | Purchase           |
| E2202 | Manual Wheelchair Accessory, Nonstandard Seat Frame Width, 24-27 Inches  | \$      | 46.76    | Capped Rental      |
| E2203 | Manual Wheelchair Accessory, Nonstandard Seat Frame Depth, 20 To Less Than 22 Inches   | \$      | 547.25   | Purchase           |

| Code  | Description  | Fee   |           | Purchase or Rental |
|-------|--|-------|-----------|--------------------|
| E2204 | Manual Wheelchair Accessory, Nonstandard Seat Frame Depth, 22 To 25 Inches   | \$    | 942.00    | Purchase           |
| E2205 | Manual Wheelchair Accessory, Handrim Without Projections (Includes Ergonomic Or Contoured), Any Type, Replacement Only, Each   | \$    | 40.39     | Purchase           |
| E2206 | Manual Wheelchair Accessory, Wheel Lock Assembly, Complete, Replacement Only, Each   | \$    | 47.48     | Purchase           |
| E2207 | Wheelchair Accessory, Crutch And Cane Holder, Each   | \$    | 53.51     | Purchase           |
| E2208 | Wheelchair Accessory, Cylinder Tank Carrier, Each  | \$    | 108.13    | Purchase           |
| E2209 | Arm Trough, With Or Without Hand Support, Each   | \$    | 106.03    | Purchase           |
| E2210 | Wheelchair Accessory, Bearings, Any Type, Replacement Only, Each   | \$    | 6.68      | Purchase           |
| E2211 | Manual Wheelchair Accessory, Pneumatic Propulsion Tire, Any Size, Each   | \$    | 45.63     | Purchase           |
| E2212 | Manual Wheelchair Accessory, Tube For Pneumatic Propulsion Tire, Any Size, Each  | \$    | 7.26      | Purchase           |
| E2213 | Manual Wheelchair Accessory, Insert For Pneumatic Propulsion Tire (Removable), Any Type, Any Size, Each  | \$    | 36.20     | Purchase           |
| E2214 | Manual Wheelchair Accessory, Pneumatic Caster Tire, Any Size, Each   | \$    | 41.78     | Purchase           |
| E2215 | Manual Wheelchair Accessory, Tube For Pneumatic Caster Tire, Any Size, Each  | \$    | 11.87     | Purchase           |
| E2216 | Manual Wheelchair Accessory, Foam Filled Propulsion Tire, Any Size, Each   | \$    | 51.45     | Purchase           |
| E2217 | Manual Wheelchair Accessory, Foam Filled Caster Tire, Any Size, Each   | \$    | 45.53     | Purchase           |
| E2218 | Manual Wheelchair Accessory, Foam Propulsion Tire, Any Size, Each  | \$    | 51.45     | Purchase           |
| E2219 | Manual Wheelchair Accessory, Foam Caster Tire, Any Size, Each  | \$    | 45.53     | Purchase           |
| E2220 | Manual Wheelchair Accessory, Solid (Rubber/Plastic) Propulsion Tire, Any Size, Replacement Only, Each  | \$    | 32.50     | Purchase           |
| E2221 | Manual Wheelchair Accessory, Solid (Rubber/Plastic) Caster Tire (Removable), Any Size, Replacement Only, Each  | \$    | 31.35     | Purchase           |
| E2222 | Manual Wheelchair Accessory, Solid (Rubber/Plastic) Caster Tire With Integrated Wheel, Any Size, Replacement Only, Each  | \$    | 26.24     | Purchase           |
| E2224 | Manual Wheelchair Accessory, Propulsion Wheel Excludes Tire, Any Size, Replacement Only, Each  | \$    | 116.88    | Purchase           |
| E2225 | Manual Wheelchair Accessory, Caster Wheel Excludes Tire, Any Size, Replacement Only, Each  | \$    | 21.89     | Purchase           |
| E2226 | Manual Wheelchair Accessory, Caster Fork, Any Size, Replacement Only, Each   | \$    | 46.84     | Purchase           |
| E2227 | Manual Wheelchair Accessory, Gear Reduction Drive Wheel, Each  | \$    | 2,352.51  | Purchase           |
| E2228 | Manual Wheelchair Accessory, Wheel Braking System And Lock, Complete, Each   | \$    | 1,145.07  | Purchase           |
| E2231 | Manual Wheelchair Accessory, Solid Seat Support Base (Replaces Sling Seat), Includes Any Type Mounting Hardware  | \$    | 177.92    | Purchase           |
| E2291 | Back, Planar, For Pediatric Size Wheelchair Including Fixed Attaching Hardware   | Price | by Report |                    |
| E2292 | Seat, Planar, For Pediatric Size Wheelchair Including Fixed Attaching Hardware   |       | by Report |                    |
| E2293 | Back, Contoured, For Pediatric Size Wheelchair Including Fixed Attaching Hardware  |       | by Report |                    |
| E2294 | Seat, Contoured, For Pediatric Size Wheelchair Including Fixed Attaching Hardware  | Price | by Report |                    |
| E2295 | Manual Wheelchair Accessory, For Pediatric Size Wheelchair, Dynamic Seating Frame, Allows Coordinated Movement Of Multiple Positioning Features  | Price | by Report |                    |
| E2298 | Complex Rehabilitative Power Wheelchair Accessory, Power Seat Elevation System, Any Type   | \$    | 154.67    | Capped Rental      |
| E2310 | Power Wheelchair Accessory, Electronic Connection Between Wheelchair Controller And One Power Seating System Motor, Including All Related Electronics, Indicator Feature, Mechanical Function Selection Switch, And Fixed Mounting Hardware          | \$    | 1,228.68  | Purchase           |
| E2311 | Power Wheelchair Accessory, Electronic Connection Between Wheelchair Controller And Two Or More Power Seating System Motors, Including All Related Electronics, Indicator Feature, Mechanical Function Selection Switch, And Fixed Mounting Hardware | \$    | 2,483.82  | Purchase           |
| E2312 | Power Wheelchair Accessory, Hand Or Chin Control Interface, Mini-Proportional Remote Joystick, Proportional, Including Fixed Mounting Hardware   | \$    | 2,535.75  | Purchase           |
| E2313 | Power Wheelchair Accessory, Harness For Upgrade To Expandable Controller, Including All Fasteners, Connectors And Mounting Hardware, Each  | \$    | 402.93    | Purchase           |

| Code  | Description   | Fee   |           | Purchase or Rental |
|-------|---|-------|-----------|--------------------|
| E2321 | Power Wheelchair Accessory, Hand Control Interface, Remote Joystick,<br>Nonproportional, Including All Related Electronics, Mechanical Stop Switch, And Fixed<br>Mounting Hardware  | \$    | 1,669.14  | Purchase           |
| E2322 | Power Wheelchair Accessory, Hand Control Interface, Multiple Mechanical Switches, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, And Fixed Mounting Hardware   | \$    | 1,527.48  | Purchase           |
| E2323 | Power Wheelchair Accessory, Specialty Joystick Handle For Hand Control Interface, Prefabricated   | \$    | 74.69     | Purchase           |
| E2324 | Power Wheelchair Accessory, Chin Cup For Chin Control Interface   | \$    | 47.49     | Purchase           |
| E2325 | Power Wheelchair Accessory, Sip And Puff Interface, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, And Manual Swingaway Mounting Hardware  | \$    | 1,459.44  | Purchase           |
| E2326 | Power Wheelchair Accessory, Breath Tube Kit For Sip And Puff Interface  | \$    | 376.38    | Purchase           |
|       | Power Wheelchair Accessory, Head Control Interface, Mechanical, Proportional,   |       |           |                    |
| E2327 | Including All Related Electronics, Mechanical Direction Change Switch, And Fixed Mounting Hardware  | \$    | 2,831.22  | Purchase           |
| E2328 | Power Wheelchair Accessory, Head Control Or Extremity Control Interface, Electronic, Proportional, Including All Related Electronics And Fixed Mounting Hardware  | \$    | 5,370.57  | Purchase           |
| E2329 | Power Wheelchair Accessory, Head Control Interface, Contact Switch Mechanism, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, Mechanical Direction Change Switch, Head Array, And Fixed Mounting Hardware   | \$    | 1,914.12  | Purchase           |
| E2330 | Power Wheelchair Accessory, Head Control Interface, Proximity Switch Mechanism, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, Mechanical Direction Change Switch, Head Array, And Fixed Mounting Hardware | \$    | 3,708.81  | Purchase           |
| E2331 | Power Wheelchair Accessory, Attendant Control, Proportional, Including All Related Electronics And Fixed Mounting Hardware  | Price | by Report |                    |
| E2340 | Power Wheelchair Accessory, Nonstandard Seat Frame Width, 20-23 Inches  | \$    | 450.61    | Purchase           |
| E2341 | Power Wheelchair Accessory, Nonstandard Seat Frame Width, 24-27 Inches  | \$    | 675.99    | Purchase           |
| E2342 | Power Wheelchair Accessory, Nonstandard Seat Frame Depth, 20 Or 21 Inches   | \$    | 563.34    | Purchase           |
| E2343 | Power Wheelchair Accessory, Nonstandard Seat Frame Depth, 22-25 Inches  | \$    | 901.34    | Purchase           |
| E2351 | Power Wheelchair Accessory, Electronic Interface To Operate Speech Generating Device Using Power Wheelchair Control Interface   | \$    | 757.46    | Purchase           |
| E2358 | Power Wheelchair Accessory, Group 34 Non-Sealed Lead Acid Battery, Each   | Price | by Report |                    |
| E2359 | Power Wheelchair Accessory, Group 34 Sealed Lead Acid Battery, Each (E.G. Gel Cell, Absorbed Glassmat)  | \$    | 207.42    | Purchase           |
| E2360 | Power Wheelchair Accessory, 22 Nf Non-Sealed Lead Acid Battery, Each  | \$    | 141.27    | Purchase           |
| E2361 | Power Wheelchair Accessory, 22Nf Sealed Lead Acid Battery, Each, (E.G. Gel Cell, Absorbed Glassmat)   | \$    | 141.87    | Purchase           |
| E2362 | Power Wheelchair Accessory, Group 24 Non-Sealed Lead Acid Battery, Each   | \$    | 113.73    | Purchase           |
| E2363 | Power Wheelchair Accessory, Group 24 Sealed Lead Acid Battery, Each (E.G. Gel Cell, Absorbed Glassmat)  | \$    | 184.49    | Purchase           |
| E2364 | Power Wheelchair Accessory, U-1 Non-Sealed Lead Acid Battery, Each  | \$    | 137.68    | Purchase           |
| E2365 | Power Wheelchair Accessory, U-1 Sealed Lead Acid Battery, Each (E.G. Gel Cell, Absorbed Glassmat)   | \$    | 104.80    | Purchase           |
| E2366 | Power Wheelchair Accessory, Battery Charger, Single Mode, For Use With Only One Battery Type, Sealed Or Non-Sealed, Each  | \$    | 234.69    | Purchase           |
| E2367 | Power Wheelchair Accessory, Battery Charger, Dual Mode, For Use With Either Battery Type, Sealed Or Non-Sealed, Each  | \$    | 447.96    | Purchase           |
| E2368 | Power Wheelchair Component, Drive Wheel Motor, Replacement Only   | \$    | 519.75    | Purchase           |
| E2369 | Power Wheelchair Component, Drive Wheel Gear Box, Replacement Only  | \$    | 470.97    | Purchase           |
| E2370 | Power Wheelchair Component, Integrated Drive Wheel Motor And Gear Box Combination, Replacement Only   | \$    | 746.10    | Purchase           |
| E2371 | Power Wheelchair Accessory, Group 27 Sealed Lead Acid Battery, (E.G. Gel Cell, Absorbed Glassmat), Each   | \$    | 163.38    | Purchase           |
| E2372 | Power Wheelchair Accessory, Group 27 Non-Sealed Lead Acid Battery, Each   | Price | by Report |                    |
| E2373 | Power Wheelchair Accessory, Hand Or Chin Control Interface, Compact Remote Joystick, Proportional, Including Fixed Mounting Hardware  | \$    | 875.07    | Purchase           |

| Code  | Description  | Fee   |           | Purchase or Rental |
|-------|--|-------|-----------|--------------------|
| E2374 | Power Wheelchair Accessory, Hand Or Chin Control Interface, Standard Remote Joystick (Not Including Controller), Proportional, Including All Related Electronics And Fixed Mounting Hardware, Replacement Only | \$    | 563.49    | Purchase           |
| E2375 | Power Wheelchair Accessory, Non-Expandable Controller, Including All Related Electronics And Mounting Hardware, Replacement Only   | \$    | 860.22    | Purchase           |
| E2376 | Power Wheelchair Accessory, Expandable Controller, Including All Related Electronics And Mounting Hardware, Replacement Only   | \$    | 1,408.05  | Purchase           |
| E2377 | Power Wheelchair Accessory, Expandable Controller, Including All Related Electronics And Mounting Hardware, Upgrade Provided At Initial Issue  | \$    | 515.34    | Purchase           |
| E2378 | Power Wheelchair Component, Actuator, Replacement Only   | \$    | 640.89    | Purchase           |
| E2381 | Power Wheelchair Accessory, Pneumatic Drive Wheel Tire, Any Size, Replacement Only, Each   | \$    | 76.29     | Purchase           |
| E2382 | Power Wheelchair Accessory, Tube For Pneumatic Drive Wheel Tire, Any Size, Replacement Only, Each  | \$    | 21.04     | Purchase           |
| E2383 | Power Wheelchair Accessory, Insert For Pneumatic Drive Wheel Tire (Removable), Any Type, Any Size, Replacement Only, Each  | \$    | 155.85    | Purchase           |
| E2384 | Power Wheelchair Accessory, Pneumatic Caster Tire, Any Size, Replacement Only, Each  | \$    | 79.14     | Purchase           |
| E2385 | Power Wheelchair Accessory, Tube For Pneumatic Caster Tire, Any Size, Replacement Only, Each   | \$    | 50.35     | Purchase           |
| E2386 | Power Wheelchair Accessory, Foam Filled Drive Wheel Tire, Any Size, Replacement Only, Each   | \$    | 140.27    | Purchase           |
| E2387 | Power Wheelchair Accessory, Foam Filled Caster Tire, Any Size, Replacement Only, Each  | \$    | 63.43     | Purchase           |
| E2388 | Power Wheelchair Accessory, Foam Drive Wheel Tire, Any Size, Replacement Only, Each  | \$    | 53.38     | Purchase           |
| E2389 | Power Wheelchair Accessory, Foam Caster Tire, Any Size, Replacement Only, Each   | \$    | 29.40     | Purchase           |
| E2390 | Power Wheelchair Accessory, Solid (Rubber/Plastic) Drive Wheel Tire, Any Size, Replacement Only, Each  | \$    | 45.76     | Purchase           |
| E2391 | Power Wheelchair Accessory, Solid (Rubber/Plastic) Caster Tire (Removable), Any Size, Replacement Only, Each   | \$    | 21.45     | Purchase           |
| E2392 | Power Wheelchair Accessory, Solid (Rubber/Plastic) Caster Tire With Integrated Wheel, Any Size, Replacement Only, Each   | \$    | 53.94     | Purchase           |
| E2394 | Power Wheelchair Accessory, Drive Wheel Excludes Tire, Any Size, Replacement Only, Each  | \$    | 75.72     | Purchase           |
| E2395 | Power Wheelchair Accessory, Caster Wheel Excludes Tire, Any Size, Replacement Only, Each   | \$    | 55.11     | Purchase           |
| E2396 | Power Wheelchair Accessory, Caster Fork, Any Size, Replacement Only, Each  | \$    | 61.92     | Purchase           |
| E2397 | Power Wheelchair Accessory, Lithium-Based Battery, Each  | \$    | 520.76    | Purchase           |
| E2398 | Wheelchair Accessory, Dynamic Positioning Hardware For Back  | \$    | 144.25    | Purchase           |
| E2402 | Negative Pressure Wound Therapy Electrical Pump, Stationary Or Portable  | \$    | 1,103.93  | Capped Rental      |
| E2500 | Speech Generating Device, Digitized Speech, Using Pre-Recorded Messages, Less Than Or Equal To 8 Minutes Recording Time  Speech Generating Device, Digitized Speech, Using Pre-Recorded Messages, Greater      | \$    | 491.73    | Purchase           |
| E2502 | Than 8 Minutes But Less Than Or Equal To 20 Minutes Recording Time   | \$    | 1,503.68  | Purchase           |
| E2504 | Speech Generating Device, Digitized Speech, Using Pre-Recorded Messages, Greater Than 20 Minutes But Less Than Or Equal To 40 Minutes Recording Time   | \$    | 1,983.57  | Purchase           |
| E2506 | Speech Generating Device, Digitized Speech, Using Pre-Recorded Messages, Greater Than 40 Minutes Recording Time  | \$    | 2,908.48  | Purchase           |
| E2508 | Speech Generating Device, Synthesized Speech, Requiring Message Formulation By Spelling And Access By Physical Contact With The Device   | \$    | 4,497.49  | Purchase           |
| E2510 | Speech Generating Device, Synthesized Speech, Permitting Multiple Methods Of Message Formulation And Multiple Methods Of Device Access   | \$    | 8,510.90  | Purchase           |
| E2511 | Speech Generating Software Program, For Personal Computer Or Personal Digital Assistant  | \$    | 33.73     | Purchase           |
| E2512 | Accessory For Speech Generating Device, Mounting System  | Price | by Report |                    |
| E2513 | Accessory For Speech Generating Device, Electromyographic Sensor   | Price | by Report |                    |
| E2599 | Accessory For Speech Generating Device, Not Otherwise Classified   | Price | by Report |                    |

| Code  | Description  | Fee   |           | Purchase or Rental |
|-------|--|-------|-----------|--------------------|
| E2601 | General Use Wheelchair Seat Cushion, Width Less Than 22 Inches, Any Depth  | \$    | 55.98     | Purchase           |
| E2602 | General Use Wheelchair Seat Cushion, Width 22 Inches Or Greater, Any Depth   | \$    | 113.96    | Purchase           |
| E2603 | Skin Protection Wheelchair Seat Cushion, Width Less Than 22 Inches, Any Depth  | \$    | 142.52    | Purchase           |
| E2604 | Skin Protection Wheelchair Seat Cushion, Width 22 Inches Or Greater, Any Depth   | \$    | 187.61    | Purchase           |
| E2605 | Positioning Wheelchair Seat Cushion, Width Less Than 22 Inches, Any Depth  | \$    | 269.08    | Purchase           |
| E2606 | Positioning Wheelchair Seat Cushion, Width 22 Inches Or Greater, Any Depth   | \$    | 425.13    | Purchase           |
| E2607 | Skin Protection And Positioning Wheelchair Seat Cushion, Width Less Than 22 Inches, Any Depth  | \$    | 276.36    | Purchase           |
| E2608 | Skin Protection And Positioning Wheelchair Seat Cushion, Width 22 Inches Or Greater, Any Depth   | \$    | 338.92    | Purchase           |
| E2609 | Custom Fabricated Wheelchair Seat Cushion, Any Size  | Price | by Report |                    |
| E2610 | Wheelchair Seat Cushion, Powered   | Price | by Report |                    |
| E2611 | General Use Wheelchair Back Cushion, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware   | \$    | 261.08    | Purchase           |
| E2612 | General Use Wheelchair Back Cushion, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware  | \$    | 408.17    | Purchase           |
| E2613 | Positioning Wheelchair Back Cushion, Posterior, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware  | \$    | 394.33    | Purchase           |
| E2614 | Positioning Wheelchair Back Cushion, Posterior, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware   | \$    | 562.32    | Purchase           |
| E2615 | Positioning Wheelchair Back Cushion, Posterior-Lateral, Width Less Than 22 Inches,<br>Any Height, Including Any Type Mounting Hardware                                 | \$    | 451.96    | Purchase           |
| E2616 | Positioning Wheelchair Back Cushion, Posterior-Lateral, Width 22 Inches Or Greater,<br>Any Height, Including Any Type Mounting Hardware                                | \$    | 608.40    | Purchase           |
| E2617 | Custom Fabricated Wheelchair Back Cushion, Any Size, Including Any Type Mounting Hardware  | Price | by Report |                    |
| E2619 | Replacement Cover For Wheelchair Seat Cushion Or Back Cushion, Each  | \$    | 54.66     | Purchase           |
| E2620 | Positioning Wheelchair Back Cushion, Planar Back With Lateral Supports, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware                    | \$    | 518.51    | Purchase           |
| E2621 | Positioning Wheelchair Back Cushion, Planar Back With Lateral Supports, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware                   | \$    | 574.08    | Purchase           |
| E2622 | Skin Protection Wheelchair Seat Cushion, Adjustable, Width Less Than 22 Inches, Any Depth  | \$    | 349.96    | Purchase           |
| E2623 | Skin Protection Wheelchair Seat Cushion, Adjustable, Width 22 Inches Or Greater Any Depth  | \$    | 443.97    | Purchase           |
| E2624 | Skin Protection And Positioning Wheelchair Seat Cushion, Adjustable, Width Less Than 22 Inches, Any Depth  | \$    | 354.20    | Purchase           |
| E2625 | Skin Protection And Positioning Wheelchair Seat Cushion, Adjustable, Width 22 Or Greater, Any Depth  | \$    | 443.48    | Purchase           |
| E2626 | Wheelchair Accessory, Shoulder Elbow, Mobile Arm Support Attached To Wheelchair, Balanced, Adjustable  | \$    | 663.89    | Purchase           |
| E2627 | Wheelchair Accessory, Shoulder Elbow, Mobile Arm Support Attached To Wheelchair, Balanced, Adjustable Rancho Type  | \$    | 1,059.35  | Purchase           |
| E2628 | Wheelchair Accessory, Shoulder Elbow, Mobile Arm Support Attached To Wheelchair, Balanced, Reclining   | \$    | 798.05    | Purchase           |
| E2629 | Wheelchair Accessory, Shoulder Elbow, Mobile Arm Support Attached To Wheelchair, Balanced, Friction Arm Support (Friction Dampening To Proximal And Distal Joints)     | \$    | 1,009.92  | Purchase           |
| E2630 | Wheelchair Accessory, Shoulder Elbow, Mobile Arm Support, Monosuspension Arm And Hand Support, Overhead Elbow Forearm Hand Sling Support, Yoke Type Suspension Support | \$    | 706.23    | Purchase           |
| E2631 | Wheelchair Accessory, Addition To Mobile Arm Support, Elevating Proximal Arm   | \$    | 282.50    | Purchase           |
| E2632 | Wheelchair Accessory, Addition To Mobile Arm Support, Offset Or Lateral Rocker Arm With Elastic Balance Control  | \$    | 179.63    | Purchase           |
| E2633 | Wheelchair Accessory, Addition To Mobile Arm Support, Supinator  | \$    | 152.36    | Purchase           |
| E3000 | Speech Volume Modulation System, Any Type, Including All Components And Accessories  | \$    | 180.03    | Capped Rental      |

| Code  | Description  | Fee             | Purchase or Rental |
|-------|--|-----------------|--------------------|
| E8000 | Gait Trainer, Pediatric Size, Posterior Support, Includes All Accessories And Components   | Price by Report |                    |
| E8001 | Gait Trainer, Pediatric Size, Upright Support, Includes All Accessories And Components   | Price by Report |                    |
| E8002 | Gait Trainer, Pediatric Size, Anterior Support, Includes All Accessories And Components  | Price by Report |                    |
| K0001 | Standard Wheelchair  | \$ 39.36        | Capped Rental      |
| K0002 | Standard Hemi (Low Seat) Wheelchair  | \$ 62.64        | Capped Rental      |
| K0003 | Lightweight Wheelchair   | \$ 64.12        | Capped Rental      |
| K0004 | High Strength, Lightweight Wheelchair  | \$ 91.18        | Capped Rental      |
| K0005 | Ultralightweight Wheelchair  | \$ 2,285.88     | Purchase           |
| K0006 | Heavy Duty Wheelchair  | \$ 97.12        | Capped Rental      |
| K0007 | Extra Heavy Duty Wheelchair  | \$ 135.53       | Capped Rental      |
| K0008 | Custom Manual Wheelchair/Base  | Price by Report |                    |
| K0009 | Other Manual Wheelchair/Base   | \$ 77.90        | Capped Rental      |
| K0010 | Standard - Weight Frame Motorized/Power Wheelchair   | \$ 446.39       | Capped Rental      |
| K0011 | Standard - Weight Frame Motorized/Power Wheelchair With Programmable Control Parameters For Speed Adjustment, Tremor Dampening, Acceleration Control And Braking | \$ 536.78       | Capped Rental      |
| K0012 | Lightweight Portable Motorized/Power Wheelchair  | \$ 333.92       | Capped Rental      |
| K0013 | Custom Motorized/Power Wheelchair Base   | Price by Report | 1.                 |
| K0014 | Other Motorized/Power Wheelchair Base  | Price by Report |                    |
| K0015 | Detachable, Non-Adjustable Height Armrest, Replacement Only, Each  | \$ 180.09       | Purchase           |
| K0017 | Detachable, Adjustable Height Armrest, Base, Replacement Only, Each  | \$ 53.08        | Purchase           |
| K0017 | Detachable, Adjustable Height Armrest, Upper Portion, Replacement Only, Each   | \$ 29.84        | Purchase           |
| K0019 | Arm Pad, Replacement Only, Each  | \$ 17.15        | Purchase           |
| K0010 | Fixed, Adjustable Height Armrest, Pair   | \$ 49.51        | Purchase           |
| K0020 | High Mount Flip-Up Footrest, Each  | \$ 44.93        | Purchase           |
| K0037 |  | \$ 25.85        | Purchase           |
|       | Leg Strap, Each  |                 |                    |
| K0039 | Leg Strap, H Style, Each   | \$ 56.46        | Purchase           |
| K0040 | Adjustable Angle Footplate, Each   | \$ 70.59        | Purchase           |
| K0041 | Large Size Footplate, Each   | \$ 54.73        | Purchase           |
| K0042 | Standard Size Footplate, Replacement Only, Each  | \$ 33.57        | Purchase           |
| K0043 | Footrest, Lower Extension Tube, Replacement Only, Each   | \$ 20.81        | Purchase           |
| K0044 | Footrest, Upper Hanger Bracket, Replacement Only, Each   | \$ 17.74        | Purchase           |
| K0045 | Footrest, Complete Assembly, Replacement Only, Each  | \$ 52.16        | Purchase           |
| K0046 | Elevating Legrest, Lower Extension Tube, Replacement Only, Each  | \$ 20.81        | Purchase           |
| K0047 | Elevating Legrest, Upper Hanger Bracket, Replacement Only, Each  | \$ 78.13        |                    |
| K0050 | Ratchet Assembly, Replacement Only   | \$ 34.63        | Purchase           |
| K0051 | Cam Release Assembly, Footrest Or Legrest, Replacement Only, Each  | \$ 55.47        | Purchase           |
| K0052 | Swingaway, Detachable Footrests, Replacement Only, Each  | \$ 90.96        | Purchase           |
| K0053 | Elevating Footrests, Articulating (Telescoping), Each  | \$ 104.01       | Purchase           |
| K0056 | Seat Height Less Than 17" Or Equal To Or Greater Than 21" For A High Strength, Lightweight, Or Ultralightweight Wheelchair                                       | \$ 114.14       | Purchase           |
| K0065 | Spoke Protectors, Each   | \$ 54.97        | Purchase           |
| K0069 | Rear Wheel Assembly, Complete, With Solid Tire, Spokes Or Molded, Replacement Only, Each   | \$ 117.39       | Purchase           |
| K0070 | Rear Wheel Assembly, Complete, With Pneumatic Tire, Spokes Or Molded, Replacement Only, Each   | \$ 191.16       | Purchase           |
| K0071 | Front Caster Assembly, Complete, With Pneumatic Tire, Replacement Only, Each   | \$ 131.69       | Purchase           |
| K0072 | Front Caster Assembly, Complete, With Semi-Pneumatic Tire, Replacement Only, Each  | \$ 76.41        | Purchase           |
| K0073 | Caster Pin Lock,Each   | \$ 41.38        | Purchase           |
| K0077 | Front Caster Assembly, Complete, With Solid Tire, Replacement Only, Each   | \$ 67.91        | Purchase           |
| K0098 | Drive Belt For Power Wheelchair, Replacement Only  | \$ 28.13        | Purchase           |
| K0105 | Iv Hanger, Each  | \$ 119.99       | Purchase           |
| K0108 | Other Accessories  | Price by Report |                    |

| Code  | Description   | Fee   |           | Purchase or Rental |
|-------|---|-------|-----------|--------------------|
| K0195 | Elevationg Leg Rests, Pair (Foruse With Capped Rental Wheelchair Base)  | \$    | 14.87     | Capped Rental      |
| K0455 | Infusion Pump Used For Uninterrupted Parenteral Administration Of Medication, (E.G., Epoprostenol Or Treprostinol)  | \$    | 326.63    | Continuous Rental  |
| K0462 | Temporary Replacement For Patient Owned Quipment Being Repaired, Any Type   | Price | by Report |                    |
| K0552 | Supplies For External Non-Insulin Drug Infusion Pump, Syringe Type Cartridge, Sterile, Each   | \$    | 3.16      | Purchase           |
| K0601 | Replacement Battery For External Infusion Pump Owned By Patient, Silver Oxide, 1.5 Volt, Each   | \$    | 1.39      | Purchase           |
| K0602 | Replacement Battery For External Infusion Pump Owned By Patient, Silver Oxide, 3 Volt, Each   | \$    | 7.88      | Purchase           |
| K0603 | Replacement Battery For External Infusion Pump Owned By Patient, Alkaline, 1.5 Volt, Each   | \$    | 0.70      | Purchase           |
| K0604 | Replacement Battery For External Infusion Pump Owned By Patient, Lithium, 3.6 Volt, Each  | \$    | 7.57      | Purchase           |
| K0605 | Replacement Battery For External Infusion Pump Owned By Patient, Lithium, 4.5 Volt, Each  | \$    | 18.14     | Purchase           |
| K0606 | Automatic External Defibrillator, With Integrated Electrocardiogram Analysis, Garment Type  | \$    | 2,638.90  | Capped Rental      |
| K0607 | Replacement Battery For Automated External Defibrillator, Garment Type Only, Each   | \$    | 244.35    | Purchase           |
| K0608 | Replacement Garment For Use With Automated External Defibrillator, Each   | \$    | 152.42    | Purchase           |
| K0609 | Replacement Electrodes For Use With Automated External Defibrillator, Garment Type Only, Each   | \$    | 1,013.63  | Purchase           |
| K0669 | Wheelchair Accessory, Wheelchair Seat Or Back Cushion, Does Not Meet Specific Code Criteria Or No Written Coding Verification From Dme Pdac   | Price | by Report |                    |
| K0672 | Addition To Lower Extremity Orthosis, Removable Soft Interface, All Components, Replacement Only, Each  | \$    | 92.97     | Purchase           |
| K0730 | Controlled Dose Inhalation Drug Delivery System   | \$    | 2,167.83  | Purchase           |
| K0733 | Power Wheelchair Accessory, 12 To 24 Amp Hour Sealed Lead Acid Battery, Each (E.G., Gel Cell, Absorbed Glassmat)  | \$    | 32.74     | Purchase           |
| K0738 | Portable Gaseous Oxygen System, Rental; Home Compressor Used To Fill Portable Oxygen Cylinders; Includes Portable Containers, Regulator, Flowmeter, Humidifier, Cannula Or Mask, And Tubing | \$    | 46.47     | Continuous Rental  |
| K0739 | Repair Or Nonroutine Service For Durable Medical Equipment Other Than Oxygen Requiring The Skill Of A Technician, Labor Component, Per 15 Minutes   | \$    | 17.67     | Purchase           |
| K0740 | Repair Or Nonroutine Service For Oxygen Equipment Requiring The Skill Of A Technician, Labor Componet, Per 15 Minutes   | \$    | 18.65     | Purchase           |
| K0743 | Suction Pump, Home Model, Portable, For Use On Wounds   | Price | by Report |                    |
| K0744 | Absorptive Wound Dressing For Use With Suction Pump, Home Model, Portable, Pad Size 16 Square Inches Or Less  | Price | by Report |                    |
| K0745 | Absorptive Wound Dressing For Use With Suction Pump, Home Model, Portable, Pad Size More Than 16 Square Inches But Less Than Or Equal To 48 Square Inches                                   | Price | by Report |                    |
| K0746 | Absorptive Wound Dressing For Use With Suction Pump, Home Model, Portable, Pad Size Greater Than 48 Square Inches   | Price | by Report |                    |
| K0813 | Power Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds   | \$    | 2,346.42  | Purchase           |
| K0814 | Power Wheelchair, Group 1 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds  | \$    | 2,748.18  | Purchase           |
| K0815 | Power Wheelchair, Group 1 Standard, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds   | \$    | 3,091.32  | Purchase           |
| K0816 | Power Wheelchair, Group 1 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds  | \$    | 2,924.52  | Purchase           |
| K0820 | Power Wheelchair, Group 2 Standard, Portable, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds   | \$    | 2,463.84  | Purchase           |
| K0821 | Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds  | \$    | 2,894.04  | Purchase           |
| K0822 | Power Wheelchair, Group 2 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds   | \$    | 3,350.94  | Purchase           |

| Code  | Description  | Fee |           | Purchase or Rental |
|-------|--|-----|-----------|--------------------|
| K0823 | Power Wheelchair, Group 2 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds                               | \$  | 3,282.96  | Purchase           |
| K0824 | Power Wheelchair, Group 2 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds                                   | \$  | 4,323.36  | Purchase           |
| K0825 | Power Wheelchair, Group 2 Heavy Duty, Captains Chair, Patient Weight Capacity 301 To 450 Pounds  | \$  | 3,976.74  | Purchase           |
| K0826 | Power Wheelchair, Group 2 Very Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds                              | \$  | 6,274.26  | Purchase           |
| K0827 | Power Wheelchair, Group 2 Very Heavy Duty, Captains Chair, Patient Weight Capacity 451 To 600 Pounds                                     | \$  | 5,402.40  | Purchase           |
| K0828 | Power Wheelchair, Group 2 Extra Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 601 Pounds Or More                            | \$  | 7,308.90  | Purchase           |
| K0829 | Power Wheelchair, Group 2 Extra Heavy Duty, Captains Chair, Patient Weight 601 Pounds Or More  | \$  | 6,875.52  | Purchase           |
| K0830 | Power Wheelchair, Group 2 Standard, Seat Elevator, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds         | \$  | 4,800.12  | Purchase           |
| K0831 | Power Wheelchair, Group 2 Standard, Seat Elevator, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds                | \$  | 4,800.12  | Purchase           |
| K0835 | Power Wheelchair, Group 2 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds   | \$  | 3,511.32  | Purchase           |
| K0836 | Power Wheelchair, Group 2 Standard, Single Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds          | \$  | 3,641.64  | Purchase           |
| K0837 | Power Wheelchair, Group 2 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds              | \$  | 4,307.82  | Purchase           |
| K0838 | Power Wheelchair, Group 2 Heavy Duty, Single Power Option, Captains Chair, Patient Weight Capacity 301 To 450 Pounds                     | \$  | 3,839.82  | Purchase           |
| K0839 | Power Wheelchair, Group 2 Very Heavy Duty, Single Power Option Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds          | \$  | 5,633.88  | Purchase           |
| K0840 | Power Wheelchair, Group 2 Extra Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 601 Pounds Or More       | \$  | 8,580.60  | Purchase           |
| K0841 | Power Wheelchair, Group 2 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds | \$  | 3,819.54  | Purchase           |
| K0842 | Power Wheelchair, Group 2 Standard, Multiple Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds        | \$  | 3,817.38  | Purchase           |
| K0843 | Power Wheelchair, Group 2 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds            | \$  | 4,571.16  | Purchase           |
| K0848 | Power Wheelchair, Group 3 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds                        | \$  | 5,727.42  | Purchase           |
| K0849 | Power Wheelchair, Group 3 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds                               | \$  | 5,506.50  | Purchase           |
| K0850 | Power Wheelchair, Group 3 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds                                   | \$  | 6,643.44  | Purchase           |
| K0851 | Power Wheelchair, Group 3 Heavy Duty, Captains Chair, Patient Weight Capacity 301 To 450 Pounds  | \$  | 6,387.78  | Purchase           |
| K0852 | Power Wheelchair, Group 3 Very Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds                              | \$  | 7,676.10  | Purchase           |
| K0853 | Power Wheelchair, Group 3 Very Heavy Duty, Captains Chair, Patient Weight Capacity 451 To 600 Pounds                                     | \$  | 7,885.38  | Purchase           |
| K0854 | Power Wheelchair, Group 3 Extra Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 601 Pounds Or More                            | \$  | 10,446.42 | Purchase           |
| K0855 | Power Wheelchair, Group 3 Extra Heavy Duty, Captains Chair, Patient Weight Capacity 601 Pounds Or More                                   | \$  | 9,868.14  | Purchase           |
| K0856 | Power Wheelchair, Group 3 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds   | \$  | 6,147.60  | Purchase           |
| K0857 | Power Wheelchair, Group 3 Standard, Single Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds          | \$  | 6,270.90  | Purchase           |
| K0858 | Power Wheelchair, Group 3 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight 301 To 450 Pounds                       | \$  | 7,627.44  | Purchase           |
| K0859 | Power Wheelchair, Group 3 Heavy Duty, Single Power Option, Captains Chair, Patient Weight Capacity 301 To 450 Pounds                     | \$  | 7,274.28  | Purchase           |

| Code   | Description  | Fee             | Purchase or Rental |
|--------|--|-----------------|--------------------|
| K0860  | Power Wheelchair, Group 3 Very Heavy Duty, Single Power Option, Sling/Solid  | \$ 10,896.84    | Purchase           |
| 110000 | Seat/Back, Patient Weight Capacity 451 To 600 Pounds   | Ψ 10,030.04     | i dichase          |
| K0861  | Power Wheelchair, Group 3 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds   | \$ 6,157.50     | Purchase           |
| K0862  | Power Wheelchair, Group 3 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds  | \$ 7,627.44     | Purchase           |
| K0863  | Power Wheelchair, Group 3 Very Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds   | \$ 10,896.84    | Purchase           |
| K0864  | Power Wheelchair, Group 3 Extra Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 601 Pounds Or More   | \$ 12,967.20    | Purchase           |
| K0868  | Power Wheelchair, Group 4 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds  | Price by Report |                    |
| K0869  | Power Wheelchair, Group 4 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds   | Price by Report |                    |
| K0870  | Power Wheelchair, Group 4 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds   | \$ 1,042.19     | Purchase           |
| K0871  | Power Wheelchair, Group 4 Very Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds  | Price by Report |                    |
| K0877  | Power Wheelchair, Group 4 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds   | Price by Report |                    |
| K0878  | Power Wheelchair, Group 4 Standard, Single Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds  | Price by Report |                    |
| K0879  | Power Wheelchair, Group 4 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds  | Price by Report |                    |
| K0880  | Power Wheelchair, Group 4 Very Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight 451 To 600 Pounds  | Price by Report |                    |
| K0884  | Power Wheelchair, Group 4 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds   | Price by Report |                    |
| K0885  | Power Wheelchair, Group 4 Standard, Multiple Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds  | Price by Report |                    |
| K0886  | Power Wheelchair, Group 4 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds  | Price by Report |                    |
| K0890  | Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 125 Pounds  | Price by Report |                    |
| K0891  | Power Wheelchair, Group 5 Pediatric, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 125 Pounds  | Price by Report |                    |
| K0898  | Power Wheelchair, Not Otherwise Classified   | Price by Report |                    |
| K0900  | Customized Durable Medical Equipment, Other Than Wheelchair  | Price by Report |                    |
| K1007  | Bilateral Hip, Knee, Ankle, Foot Device, Powered, Includes Pelvic Component, Single Or Double Upright(S), Knee Joints Any Type, With Or Without Ankle Joints Any Type, Includes All Components And Accessories, Motors, Microprocessors, Sensors | \$ 83,895.03    | Purchase           |
| K1027  | Oral Device/Appliance Used To Reduce Upper Airway Collapsibility, Without Fixed Mechanical Hinge, Custom Fabricated, Includes Fitting And Adjustment   | Price by Report |                    |
| K1030  | External Recharging System For Battery (Internal) For Use With Implanted Cardiac Contractility Modulation Generator, Replacement Only  | Price by Report |                    |
| K1037  | Docking Station For Use With Oral Device/Appliance Used To Reduce Upper Airway Collapsibility  | Price by Report |                    |
| L0112  | Cranial Cervical Orthosis, Congenital Torticollis Type, With Or Without Soft Interface Material, Adjustable Range Of Motion Joint, Custom Fabricated   | \$ 1,534.35     | Purchase           |
| L0113  | Cranial Cervical Orthosis, Torticollis Type, With Or Without Joint, With Or Without Soft Interface Material, Prefabricated, Includes Fitting And Adjustment  | \$ 312.64       | Purchase           |
| L0120  | Cervical, Flexible, Non-Adjustable, Prefabricated, Off-The-Shelf (Foam Collar)   | \$ 26.91        | Purchase           |
| L0130  | Cervical, Flexible, Thermoplastic Collar, Molded To Patient  | \$ 165.42       | Purchase           |
| L0140  | Cervical, Semi-Rigid, Adjustable (Plastic Collar)  | \$ 73.29        | Purchase           |
| L0150  | Cervical, Semi-Rigid, Adjustable Molded Chin Cup (Plastic Collar With Mandibular/Occipital Piece)  | \$ 109.57       | Purchase           |
| L0160  | Cervical, Semi-Rigid, Wire Frame Occipital/Mandibular Support, Prefabricated, Off-The-Shelf  | \$ 158.81       | Purchase           |
| L0170  | Cervical, Collar, Molded To Patient Model  | \$ 653.90       | Purchase           |

| Code  | Description  | Fee             | Purchase or Rental |
|-------|--|-----------------|--------------------|
| L0172 | Cervical, Collar, Semi-Rigid Thermoplastic Foam, Two-Piece, Prefabricated, Off-The-Shelf   | \$ 133.72       | Purchase           |
| L0174 | Cervical, Collar, Semi-Rigid, Thermoplastic Foam, Two Piece With Thoracic Extension, Prefabricated, Off-The-Shelf  | \$ 325.78       | Purchase           |
| L0180 | Cervical, Multiple Post Collar, Occipital/Mandibular Supports, Adjustable  | \$ 375.69       | Purchase           |
| L0190 | Cervical, Multiple Post Collar, Occipital/Mandibular Supports, Adjustable Cervical Bars (Somi, Guilford, Taylor Types)   | \$ 521.51       | Purchase           |
| L0200 | Cervical, Multiple Post Collar, Occipital/Mandibular Supports, Adjustable Cervical Bars, And Thoracic Extension  | \$ 566.38       | Purchase           |
| L0220 | Thoracic, Rib Belt, Custom Fabricated  | \$ 124.18       | Purchase           |
| L0450 | Tlso, Flexible, Provides Trunk Support, Upper Thoracic Region, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Disks With Rigid Stays Or Panel(S), Includes Shoulder Straps And Closures, Prefabricated, Off-The-Shelf                            | \$ 151.69       | Purchase           |
| L0452 | Tlso, Flexible, Provides Trunk Support, Upper Thoracic Region, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Disks With Rigid Stays Or Panel(S), Includes Shoulder Straps And Closures, Custom Fabricated                                       | Price by Report |                    |
| L0454 | Tlso Flexible, Provides Trunk Support, Extends From Sacrococcygeal Junction To Above T-9 Vertebra, Restricts Gross Trunk Motion In The Sagittal Plane, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Disks With Rigid Stays Or Panel(S), Inc    | \$ 380.20       | Purchase           |
| L0455 | Tlso, Flexible, Provides Trunk Support, Extends From Sacrococcygeal Junction To Above T-9 Vertebra, Restricts Gross Trunk Motion In The Sagittal Plane, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Disks With Rigid Stays Or Panel(S), Inc   | \$ 308.13       | Purchase           |
| L0456 | Tlso, Flexible, Provides Trunk Support, Thoracic Region, Rigid Posterior Panel And Soft Anterior Apron, Extends From The Sacrococcygeal Junction And Terminates Just Inferior To The Scapular Spine, Restricts Gross Trunk Motion In The Sagittal Plane, Produces      | \$ 1,090.33     | Purchase           |
| L0457 | Tlso, Flexible, Provides Trunk Support, Thoracic Region, Rigid Posterior Panel And Soft Anterior Apron, Extends From The Sacrococcygeal Junction And Terminates Just Inferior To The Scapular Spine, Restricts Gross Trunk Motion In The Sagittal Plane, Produces      | \$ 883.63       | Purchase           |
| L0458 | Tlso, Triplanar Control, Modular Segmented Spinal System, Two Rigid Plastic Shells, Posterior Extends From The Sacrococcygeal Junction And Terminates Just Inferior To The Scapular Spine, Anterior Extends From The Symphysis Pubis To The Xiphoid, Soft Liner, Res   | \$ 977.70       | Purchase           |
| L0460 | Tlso, Triplanar Control, Modular Segmented Spinal System, Two Rigid Plastic Shells, Posterior Extends From The Sacrococcygeal Junction And Terminates Just Inferior To The Scapular Spine, Anterior Extends From The Symphysis Pubis To The Sternal Notch, Soft Line   | \$ 1,100.48     | Purchase           |
| L0462 | Tlso, Triplanar Control, Modular Segmented Spinal System, Three Rigid Plastic Shells, Posterior Extends From The Sacrococcygeal Junction And Terminates Just Inferior To The Scapular Spine, Anterior Extends From The Symphysis Pubis To The Sternal Notch, Soft Line | \$ 1,368.80     | Purchase           |
| L0464 | Tlso, Triplanar Control, Modular Segmented Spinal System, Four Rigid Plastic Shells, Posterior Extends From Sacrococcygeal Junction And Terminates Just Inferior To Scapular Spine, Anterior Extends From Symphysis Pubis To The Sternal Notch, Soft Liner, R          | \$ 1,629.53     | Purchase           |
| L0466 | Tlso, Sagittal Control, Rigid Posterior Frame And Flexible Soft Anterior Apron With Straps, Closures And Padding, Restricts Gross Trunk Motion In Sagittal Plane, Produces Intracavitary Pressure To Reduce Load On Intervertebral Disks, Prefabricated Item That Has  | \$ 395.80       | Purchase           |
| L0467 | Tlso, Sagittal Control, Rigid Posterior Frame And Flexible Soft Anterior Apron With Straps, Closures And Padding, Restricts Gross Trunk Motion In Sagittal Plane, Produces Intracavitary Pressure To Reduce Load On Intervertebral Disks, Prefabricated, Off-The-Shelf | \$ 330.27       | Purchase           |

| Code  | Description  | Fee |          | Purchase or Rental |
|-------|--|-----|----------|--------------------|
| L0468 | Tlso, Sagittal-Coronal Control, Rigid Posterior Frame And Flexible Soft Anterior Apron With Straps, Closures And Padding, Extends From Sacrococcygeal Junction Over Scapulae, Lateral Strength Provided By Pelvic, Thoracic, And Lateral Frame Pieces, Restri              | \$  | 464.77   | Purchase           |
| L0469 | Tlso, Sagittal-Coronal Control, Rigid Posterior Frame And Flexible Soft Anterior Apron With Straps, Closures And Padding, Extends From Sacrococcygeal Junction Over Scapulae, Lateral Strength Provided By Pelvic, Thoracic, And Lateral Frame Pieces, Restri              | \$  | 401.04   | Purchase           |
| L0470 | Tlso, Triplanar Control, Rigid Posterior Frame And Flexible Soft Anterior Apron With Straps, Closures And Padding, Extends From Sacrococcygeal Junction To Scapula, Lateral Strength Provided By Pelvic, Thoracic, And Lateral Frame Pieces, Rotational Strength           | \$  | 646.43   | Purchase           |
| L0472 | Tlso, Triplanar Control, Hyperextension, Rigid Anterior And Lateral Frame Extends From Symphysis Pubis To Sternal Notch With Two Anterior Components (One Pubic And One Sternal), Posterior And Lateral Pads With Straps And Closures, Limits Spinal Flexion, Restr        | \$  | 409.98   | Purchase           |
| L0480 | Tlso, Triplanar Control, One Piece Rigid Plastic Shell Without Interface Liner, With Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates Just Inferior To Scapular Spine, Anterior Extends From Symphysis Pubis To Sternal N       | \$  | 1,794.09 | Purchase           |
| L0482 | Tlso, Triplanar Control, One Piece Rigid Plastic Shell With Interface Liner, Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates Just Inferior To Scapular Spine, Anterior Extends From Symphysis Pubis To Sternal Notch, Ante     | \$  | 2,006.11 | Purchase           |
| L0484 | Tlso, Triplanar Control, Two Piece Rigid Plastic Shell Without Interface Liner, With Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates Just Inferior To Scapular Spine, Anterior Extends From Symphysis Pubis To Sternal N       | \$  | 2,165.16 | Purchase           |
| L0486 | Tlso, Triplanar Control, Two Piece Rigid Plastic Shell With Interface Liner, Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates Just Inferior To Scapular Spine, Anterior Extends From Symphysis Pubis To Sternal Notch, Late     | \$  | 2,193.77 | Purchase           |
| L0488 | Tlso, Triplanar Control, One Piece Rigid Plastic Shell With Interface Liner, Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates Just Inferior To Scapular Spine, Anterior Extends From Symphysis Pubis To Sternal Notch, Ante     | \$  | 1,100.48 | Purchase           |
| L0490 | Tlso, Sagittal-Coronal Control, One Piece Rigid Plastic Shell, With Overlapping Reinforced Anterior, With Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates At Or Before The T-9 Vertebra, Anterior Extends From Symphysis Pubis | \$  | 310.09   | Purchase           |
| L0491 | Tlso, Sagittal-Coronal Control, Modular Segmented Spinal System, Two Rigid Plastic Shells, Posterior Extends From The Sacrococcygeal Junction And Terminates Just Inferior To The Scapular Spine, Anterior Extends From The Symphysis Pubis To The Xipho                   | \$  | 841.95   | Purchase           |
| L0492 | Tiso, Sagittal-Coronal Control, Modular Segmented Spinal System, Three Rigid Plastic Shells, Posterior Extends From The Sacrococcygeal Junction And Terminates Just Inferior To The Scapular Spine, Anterior Extends From The Symphysis Pubis To The Xipho                 | \$  | 530.60   | Purchase           |
| L0621 | Sacroiliac Orthosis, Flexible, Provides Pelvic-Sacral Support, Reduces Motion About The Sacroiliac Joint, Includes Straps, Closures, May Include Pendulous Abdomen Design, Prefabricated, Off-The-Shelf  | \$  | 91.36    | Purchase           |
| L0622 | Sacroiliac Orthosis, Flexible, Provides Pelvic-Sacral Support, Reduces Motion About The Sacroiliac Joint, Includes Straps, Closures, May Include Pendulous Abdomen Design, Custom Fabricated   | \$  | 261.94   | Purchase           |
| L0623 | Sacroiliac Orthosis, Provides Pelvic-Sacral Support, With Rigid Or Semi-Rigid Panels<br>Over The Sacrum And Abdomen, Reduces Motion About The Sacroiliac Joint, Includes<br>Straps, Closures, May Include Pendulous Abdomen Design, Prefabricated, Off-The-Shelf           | \$  | 157.10   | Purchase           |

| Code  | Description   | Fee             | Purchase or Rental |
|-------|---|-----------------|--------------------|
| L0624 | Sacroiliac Orthosis, Provides Pelvic-Sacral Support, With Rigid Or Semi-Rigid Panels Placed Over The Sacrum And Abdomen, Reduces Motion About The Sacroiliac Joint, Includes Straps, Closures, May Include Pendulous Abdomen Design, Custom Fabricated                  | Price by Report |                    |
| L0625 | Lumbar Orthosis, Flexible, Provides Lumbar Support, Posterior Extends From L-1 To Below L-5 Vertebra, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Includes Straps, Closures, May Include Pendulous Abdomen Design, Shoulder Straps, Sta | \$ 49.01        | Purchase           |
| L0626 | Lumbar Orthosis, Sagittal Control, With Rigid Posterior Panel(S), Posterior Extends From L-1 To Below L-5 Vertebra, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Includes Straps, Closures, May Include Padding, Stays, Shoulder Str     | \$ 85.61        | Purchase           |
| L0627 | Lumbar Orthosis, Sagittal Control, With Rigid Anterior And Posterior Panels, Posterior Extends From L-1 To Below L-5 Vertebra, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Includes Straps, Closures, May Include Padding, Shoulde      | \$ 451.52       | Purchase           |
| L0628 | Lumbar-Sacral Orthosis, Flexible, Provides Lumbo-Sacral Support, Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Includes Straps, Closures, May Include Stays, Shoulder     | \$ 74.62        | Purchase           |
| L0629 | Lumbar-Sacral Orthosis, Flexible, Provides Lumbo-Sacral Support, Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Includes Straps, Closures, May Include Stays, Shoulder     | Price by Report |                    |
| L0630 | Lumbar-Sacral Orthosis, Sagittal Control, With Rigid Posterior Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Includes Straps, Closures, May Includ              | \$ 177.88       | Purchase           |
| L0631 | Lumbar-Sacral Orthosis, Sagittal Control, With Rigid Anterior And Posterior Panels, Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Includes Straps, Closures, M            | \$ 1,127.66     | Purchase           |
| L0632 | Lumbar-Sacral Orthosis, Sagittal Control, With Rigid Anterior And Posterior Panels, Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Includes Straps, Closures, M            | Price by Report |                    |
| L0633 | Lumbar-Sacral Orthosis, Sagittal-Coronal Control, With Rigid Posterior Frame/Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Lateral Strength Provided By Rigid Lateral Frame/Panels, Produces Intracavitary Pressure To Reduce Load On I     | \$ 314.98       | Purchase           |
| L0634 | Lumbar-Sacral Orthosis, Sagittal-Coronal Control, With Rigid Posterior Frame/Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Lateral Strength Provided By Rigid Lateral Frame/Panel(S), Produces Intracavitary Pressure To Re                 | Price by Report |                    |
| L0635 | Lumbar-Sacral Orthosis, Sagittal-Coronal Control, Lumbar Flexion, Rigid Posterior Frame/Panel(S), Lateral Articulating Design To Flex The Lumbar Spine, Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Lateral Strength Provided By Rigid L            | \$ 970.53       | Purchase           |
| L0636 | Lumbar Sacral Orthosis, Sagittal-Coronal Control, Lumbar Flexion, Rigid Posterior Frame/Panels, Lateral Articulating Design To Flex The Lumbar Spine, Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Lateral Strength Provided By Rigid L              | \$ 1,688.90     | Purchase           |
| L0637 | Lumbar-Sacral Orthosis, Sagittal-Coronal Control, With Rigid Anterior And Posterior Frame/Panels, Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Lateral Strength Provided By Rigid Lateral Frame/Panels, Produces Intracavitary Pressure To Re        | \$ 1,137.00     | Purchase           |
| L0638 | Lumbar-Sacral Orthosis, Sagittal-Coronal Control, With Rigid Anterior And Posterior Frame/Panels, Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Lateral Strength Provided By Rigid Lateral Frame/Panels, Produces Intracavitary Pressure To Re        | \$ 1,445.90     | Purchase           |

| Code  | Description  | Fee   |                | Purchase or Rental   |
|-------|--|-------|----------------|----------------------|
| L0639 | Lumbar-Sacral Orthosis, Sagittal-Coronal Control, Rigid Shell(S)/Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Anterior Extends From Symphysis Pubis To Xyphoid, Produces Intracavitary Pressure To Reduce Load On The Intervert         | \$    | 1,137.00       | Purchase             |
| L0640 | Lumbar-Sacral Orthosis, Sagittal-Coronal Control, Rigid Shell(S)/Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Anterior Extends From Symphysis Pubis To Xyphoid, Produces Intracavitary Pressure To Reduce Load On The Intervert         | \$    | 1,147.11       | Purchase             |
| L0641 | Lumbar Orthosis, Sagittal Control, With Rigid Posterior Panel(S), Posterior Extends From L-1 To Below L-5 Vertebra, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Includes Straps, Closures, May Include Padding, Stays, Shoulder Str  | \$    | 69.34          | Purchase             |
| L0642 | Lumbar Orthosis, Sagittal Control, With Rigid Anterior And Posterior Panels, Posterior Extends From L-1 To Below L-5 Vertebra, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Includes Straps, Closures, May Include Padding, Shoulde   | \$    | 365.68         | Purchase             |
| L0643 | Lumbar-Sacral Orthosis, Sagittal Control, With Rigid Posterior Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Includes Straps, Closures, May Includ           | \$    | 144.06         | Purchase             |
| L0648 | Lumbar-Sacral Orthosis, Sagittal Control, With Rigid Anterior And Posterior Panels, Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Includes Straps, Closures, M         | \$    | 913.26         | Purchase             |
| L0649 | Lumbar-Sacral Orthosis, Sagittal-Coronal Control, With Rigid Posterior Frame/Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Lateral Strength Provided By Rigid Lateral Frame/Panels, Produces Intracavitary Pressure To Reduce Load On I  | \$    | 255.11         | Purchase             |
| L0650 | Lumbar-Sacral Orthosis, Sagittal-Coronal Control, With Rigid Anterior And Posterior Frame/Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Lateral Strength Provided By Rigid Lateral Frame/Panel(S), Produces Intracavitary Pressure To Re | \$    | 972.82         | Purchase             |
| L0651 | Lumbar-Sacral Orthosis, Sagittal-Coronal Control, Rigid Shell(S)/Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Anterior Extends From Symphysis Pubis To Xyphoid, Produces Intracavitary Pressure To Reduce Load On The Intervert         | \$    | 972.82         | Purchase             |
| L0700 | Cervical-Thoracic-Lumbar-Sacral-Orthoses (Ctlso), Anterior-Posterior-Lateral Control, Molded To Patient Model, (Minerva Type)  | \$    | 2,073.72       | Purchase             |
| L0710 | Ctlso, Anterior-Posterior-Lateral-Control, Molded To Patient Model, With Interface Material, (Minerva Type)  | \$    | 2,419.88       | Purchase             |
| L0720 | Cervical-Thoracic-Lumbar-Sacral-Orthoses (Ctlso), Anterior-Posterior-Lateral Control, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise                           | Price | by Report      |                      |
| L0810 | Halo Procedure, Cervical Halo Incorporated Into Jacket Vest  | \$    | 2,732.32       | Purchase             |
| L0820 | Halo Procedures, Cervical Halo Incorporated Into Plaster Body Jacket   | \$    | 2,363.81       | Purchase             |
| L0830 | Halo Procedures, Cervical Halo Incorporated Into Milwaukee Type Orthosis   | \$    | 3,179.47       | Purchase             |
| L0859 | Addition To Halo Procedure, Magnetic Resonance Image Compatible Systems, Rings And Pins, Any Material  | \$    | 1,646.94       | Purchase             |
| L0861 | Addition To Halo Procedure, Replacement Liner/Interface Material   | \$    | 236.29         | Purchase             |
| L0970 | Tlso, Corset Front   | \$    | 154.51         | Purchase             |
| L0972 | Lso, Corset Front  | \$    | 112.24         | Purchase             |
| L0974 | TIso, Full Corset  | \$    | 181.53         | Purchase             |
| L0976 | Lso, Full Corset   | \$    | 205.70         | Purchase             |
| L0978 | Axillary Crutch Extension  | \$    | 195.17         | Purchase             |
| L0980 | Peroneal Straps, Prefabricated, Off-The-Shelf, Pair  Stocking Supporter Crine, Prefabricated, Off The Shelf, Set Of Four (4)   | \$    | 17.70          | Purchase             |
| L0982 | Stocking Supporter Grips, Prefabricated, Off-The-Shelf, Set Of Four (4)  | \$    | 16.52<br>67.56 | Purchase<br>Purchase |
| L0984 | Protective Body Sock, Prefabricated, Off-The-Shelf, Each   | \$    |                |                      |

| Code  | Description  | Fee   |           | Purchase or Rental |
|-------|--|-------|-----------|--------------------|
| L1000 | Cervical-Thoracic-Lumbar-Sacral (Ctlso) (Milwaukee), Inclusive Of Furnishing Initial   | \$    | 2,398.77  | Purchase           |
|       | Orthoses, Including Model  | ,     | ,         |                    |
| L1001 | Cervical Thoracic Lumbar Sacral Orthosis, Immobilizer, Infant Size, Prefabricated, Includes Fitting And Adjustment   | Price | by Report |                    |
| L1005 | Tension Based Scoliosis Orthosis And Accessory Pads, Includes Fitting And Adjustment   | \$    | 3,508.76  | Purchase           |
| L1006 | Scoliosis Orthosis, Sagittal-Coronal Control Provided By A Rigid Lateral Frame, Extends From Axilla To Trochanter, Includes All Accessory Pads, Straps And Interface, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Sp | Price | by Report |                    |
| L1010 | Additions To Cervical-Thoracic-Lumbar-Sacral Orthoses (Ctlso) Or Scoliosis Orthoses, Axilla Sling  | \$    | 68.05     | Purchase           |
| L1020 | Additions To Ctlso Or Scoliosis Orthoses, Kyphosis Pad   | \$    | 87.64     | Purchase           |
| L1025 | Addition To Ctlso Or Scoliosis Orthosis, Kyphosis Pad, Floating  | \$    | 126.44    | Purchase           |
| L1030 | Additions To Ctlso Or Scoliosis Orthoses, Lumbar Bolster Pad   | \$    | 64.50     | Purchase           |
| L1040 | Additions To Ctlso Or Scoliosis Orthoses, Lumbar Or Lumbar Rib Pad   | \$    | 79.10     | Purchase           |
| L1050 | Additions To Ctlso Or Scoliosis Orthoses, Sternal Pad  | \$    | 84.42     | Purchase           |
| L1060 | Additions To Ctlso Or Scoliosis Orthoses, Thoracic Pad   | \$    | 96.97     | Purchase           |
| L1070 | Additions To Ctlso Or Scoliosis Orthoses, Trapeze Sling  | \$    | 91.24     | Purchase           |
| L1080 | Additions To Ctlso Or Scoliosis Orthoses, Outrigger  | \$    | 72.09     | Purchase           |
| L1085 | Addition To Ctlso Or Scoliosis Orthosis, Outrigger, Bilateral With Vertical Extensions   | \$    | 156.07    | Purchase           |
| L1090 | Additions To Ctlso Or Scoliosis Orthoses, Lumbar Sling   | \$    | 100.39    | Purchase           |
| L1100 | Additions To Ctlso Or Scoliosis Orthoses, Ring Flange, Plastic Or Leather  | \$    | 161.24    | Purchase           |
| L1110 | Additions To Ctlso Or Scoliosis Orthoses, Ring Flange, Plastic Or Leather, Molded To Patient Model   | \$    | 258.96    | Purchase           |
| L1120 | Additions To Ctlso Or Sio, Scoliosis Orthoses, Covers For Upright, Each  | \$    | 43.54     | Purchase           |
| L1200 | Thoracic-Lumbar-Sacal-Orthoses (Tlso), Inclusive Of Furnishing Initial Orthosis Only   | \$    | 1,905.10  | Purchase           |
| L1210 | Additions To Tlso, (Low Profile) Lateral Thoracic Extension  | \$    | 353.74    | Purchase           |
| L1220 | Additions To Tlso, (Low Profile) Anterior Thoracic Extension   | \$    | 234.21    | Purchase           |
| L1230 | Additions To Tlso, (Low Profile) Milwaukee Type Superstructure   | \$    | 766.13    | Purchase           |
| L1240 | Addition To Tlso (Low Profile), Lumbar Derotation Pad  | \$    | 78.73     | Purchase           |
| L1250 | Addition To Tlso (Low Profile), Anterior Asis Pad  | \$    | 73.25     | Purchase           |
| L1260 | Addition To Tlso (Low Profile), Anterior Thoracic Derotation Pad   | \$    | 76.71     | Purchase           |
| L1270 | Addition To Tlso (Low Profile), Abdominal Pad  | \$    | 78.56     | Purchase           |
| L1280 | Addition To Tlso (Low Profile), Rib Gusset (Elastic), Each   | \$    | 87.47     | Purchase           |
| L1290 | Addition To Tlso (Low Profile), Lateral Trochanteric Pad   | \$    | 79.70     | Purchase           |
| L1300 | Other Scoliosis Procedures, Body Jacket Molded To Patient Model  | \$    | 2,104.82  | Purchase           |
| L1310 | Other Scoliosis Procedures, Post-Operative Body Jacket   | \$    | 2,228.86  | Purchase           |
| L1320 | Thoracic, Pectus Carinatum Orthosis, Sternal Compression, Rigid Circumferential Frame With Anterior And Posterior Rigid Pads, Custom Fabricated  | Price | by Report |                    |
| L1499 | Spinal Orthosis, Not Otherwise Specified   | Price | by Report |                    |
| L1600 | Hip Orthosis, Abduction Control Of Hip Joints, Flexible, Frejka Type With Cover, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Inidividual With Expertise                                       | \$    | 133.62    | Purchase           |
| L1610 | Hip Orthosis, Abduction Control Of Hip Joints, Flexible, (Frejka Cover Only), Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise   | \$    | 44.51     | Purchase           |
| L1620 | Hip Orthosis, Abduction Control Of Hip Joints, Flexible, (Pavlik Harness), Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise  | \$    | 135.85    | Purchase           |
| L1630 | Hip Orthosis, Abduction Control Of Hip Joints, Semi-Flexible (Von Rosen Type), Custom-Fabricated   | \$    | 171.81    | Purchase           |
| L1640 | Hip Orthosis, Abduction Control Of Hip Joints, Static, Pelvic Band Or Spreader Bar, Thigh Cuffs, Custom-Fabricated   | \$    | 574.03    | Purchase           |
| L1650 | Hip Orthosis, Abduction Control Of Hip Joints, Static, Adjustable, (Ilfled Type), Prefabricated, Includes Fitting And Adjustment   | \$    | 264.54    | Purchase           |

| Code  | Description   | Fee   |           | Purchase or Rental |
|-------|---|-------|-----------|--------------------|
| L1652 | Hip Orthosis, Bilateral Thigh Cuffs With Adjustable Abductor Spreader Bar, Adult Size,  | \$    | 390.79    | Purchase           |
|       | Prefabricated, Includes Fitting And Adjustment, Any Type  | *     |           |                    |
| L1653 | Hip Orthosis, Bilateral Thigh Cuffs With Adjustable Abductor Spreader Bar, Adult Size, Prefabricated, Off The Shelf   | Price | by Report |                    |
| L1660 | Hip Orthosis, Abduction Control Of Hip Joints, Static, Plastic, Prefabricated, Includes Fitting And Adjustment  | \$    | 173.52    | Purchase           |
| L1680 | Hip Orthosis, Abduction Control Of Hip Joints, Dynamic, Pelvic Control, Adjustable Hip Motion Control, Thigh Cuffs (Rancho Hip Action Type), Custom Fabricated  | \$    | 1,235.39  | Purchase           |
| L1681 | Hip Orthosis, Bilateral Hip Joints And Thigh Cuffs, Adjustable Flexion, Extension, Abduction Control Of Hip Joint, Postoperative Hip Abduction Type, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise | \$    | 2,084.90  | Purchase           |
| L1685 | Hip Orthosis, Abduction Control Of Hip Joint, Postoperative Hip Abduction Type, Custom Fabricated   | \$    | 1,206.05  | Purchase           |
| L1686 | Hip Orthosis, Abduction Control Of Hip Joint, Postoperative Hip Abduction Type, Prefabricated, Includes Fitting And Adjustment  | \$    | 1,042.45  | Purchase           |
| L1690 | Combination, Bilateral, Lumbo-Sacral, Hip, Femur Orthosis Providing Adduction And Internal Rotation Control, Prefabricated, Includes Fitting And Adjustment   | \$    | 2,119.89  | Purchase           |
| L1700 | Legg Perthes Orthosis, (Toronto Type), Custom-Fabricated  | \$    | 1,548.39  | Purchase           |
| L1710 | Legg Perthes Orthosis, (Newington Type), Custom Fabricated  | \$    | 1,812.56  | Purchase           |
| L1720 | Legg Perthes Orthosis, Trilateral, (Tachdijan Type), Custom-Fabricated  | \$    | 1,336.07  | Purchase           |
| L1730 | Legg Perthes Orthosis, (Scottish Rite Type), Custom-Fabricated  | \$    | 1,149.47  | Purchase           |
| L1755 | Legg Perthes Orthosis, (Patten Bottom Type), Custom-Fabricated  | \$    | 1,605.30  | Purchase           |
| L1810 | Knee Orthosis, Elastic With Joints, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise  | \$    | 102.38    | Purchase           |
| L1812 | Knee Orthosis, Elastic With Joints, Prefabricated, Off-The-Shelf  | \$    | 88.74     | Purchase           |
| L1820 | Knee Orthosis, Elastic With Condylar Pads And Joints, With Or Without Patellar Control, Prefabricated, Includes Fitting And Adjustment  | \$    | 143.78    | Purchase           |
| L1821 | Knee Orthosis, Elastic With Condylar Pads And Joints, With Or Without Patellar Control, Prefabricated, Off The Shelf  | Price | by Report |                    |
| L1830 | Knee Orthosis, Immobilizer, Canvas Longitudinal, Prefabricated, Off-The-Shelf   | \$    | 80.68     | Purchase           |
| L1831 | Knee Orthosis, Locking Knee Joint(S), Positional Orthosis, Prefabricated, Includes Fitting And Adjustment   | \$    | 322.65    | Purchase           |
| L1832 | Knee Orthosis, Adjustable Knee Joints (Unicentric Or Polycentric), Positional Orthosis, Rigid Support, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise   | \$    | 616.44    | Purchase           |
| L1833 | Knee Orthosis, Adjustable Knee Joints (Unicentric Or Polycentric), Positional Orthosis, Rigid Support, Prefabricated, Off-The Shelf   | \$    | 551.98    | Purchase           |
| L1834 | Knee Orthosis, Without Knee Joint, Rigid, Custom-Fabricated   | \$    | 831.42    | Purchase           |
| L1836 | Knee Orthosis, Rigid, Without Joint(S), Includes Soft Interface Material, Prefabricated, Off-The-Shelf  | \$    | 121.00    | Purchase           |
| L1840 | Knee Orthosis, Derotation, Medial-Lateral, Anterior Cruciate Ligament, Custom Fabricated  | \$    | 932.29    | Purchase           |
| L1843 | Knee Orthosis, Single Upright, Thigh And Calf, With Adjustable Flexion And Extension Joint (Unicentric Or Polycentric), Medial-Lateral And Rotation Control, With Or Without Varus/Valgus Adjustment, Prefabricated Item That Has Been Trimmed, Bent, Molded,   | \$    | 983.66    | Purchase           |
| L1844 | Knee Orthosis, Single Upright, Thigh And Calf, With Adjustable Flexion And Extension Joint (Unicentric Or Polycentric), Medial-Lateral And Rotation Control, With Or Without Varus/Valgus Adjustment, Custom Fabricated   | \$    | 1,819.98  | Purchase           |
| L1845 | Knee Orthosis, Double Upright, Thigh And Calf, With Adjustable Flexion And Extension Joint (Unicentric Or Polycentric), Medial-Lateral And Rotation Control, With Or Without Varus/Valgus Adjustment, Prefabricated Item That Has Been Trimmed, Bent, Molded,   | \$    | 855.94    | Purchase           |
| L1846 | Knee Orthosis, Double Upright, Thigh And Calf, With Adjustable Flexion And Extension Joint (Unicentric Or Polycentric), Medial-Lateral And Rotation Control, With Or Without Varus/Valgus Adjustment, Custom Fabricated   | \$    | 1,138.01  | Purchase           |

| Code  | Description   | Fee             | Purchase or Rental |
|-------|---|-----------------|--------------------|
| L1847 | Knee Orthosis, Double Upright With Adjustable Joint, With Inflatable Air Support Chamber(S), Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise         | \$ 630.53       | Purchase           |
| L1848 | Knee Orthosis, Double Upright With Adjustable Joint, With Inflatable Air Support Chamber(S), Prefabricated, Off-The-Shelf   | \$ 630.53       | Purchase           |
| L1850 | Knee Orthosis, Swedish Type, Prefabricated, Off-The-Shelf   | \$ 276.39       | Purchase           |
| L1851 | Knee Orthosis (Ko), Single Upright, Thigh And Calf, With Adjustable Flexion And Extension Joint (Unicentric Or Polycentric), Medial-Lateral And Rotation Control, With Or Without Varus/Valgus Adjustment, Prefabricated, Off-The-Shelf                   | \$ 813.56       | Purchase           |
| L1852 | Knee Orthosis (Ko), Double Upright, Thigh And Calf, With Adjustable Flexion And Extension Joint (Unicentric Or Polycentric), Medial-Lateral And Rotation Control, With Or Without Varus/Valgus Adjustment, Prefabricated, Off-The-Shelf                   | \$ 734.90       | Purchase           |
| L1860 | Knee Orthosis, Modification Of Supracondylar Prosthetic Socket, Custom-Fabricated (Sk)  | \$ 1,088.00     | Purchase           |
| L1900 | Ankle Foot Orthosis, Spring Wire, Dorsiflexion Assist Calf Band, Custom-Fabricated  | \$ 298.29       | Purchase           |
| L1902 | Ankle Orthosis, Ankle Gauntlet Or Similar, With Or Without Joints, Prefabricated, Off-The-Shelf   | \$ 80.94        | Purchase           |
| L1904 | Ankle Orthosis, Ankle Gauntlet Or Similar, With Or Without Joints, Custom Fabricated  | \$ 476.78       | Purchase           |
| L1906 | Ankle Foot Orthosis, Multiligamentous Ankle Support, Prefabricated, Off-The-Shelf   | \$ 162.59       | Purchase           |
| L1907 | Ankle Orthosis, Supramalleolar With Straps, With Or Without Interface/Pads, Custom Fabricated   | \$ 616.84       | Purchase           |
| L1910 | Ankle Foot Orthosis, Posterior, Single Bar, Clasp Attachment To Shoe Counter, Prefabricated, Includes Fitting And Adjustment  | \$ 274.13       | Purchase           |
| L1920 | Ankle Foot Orthosis, Single Upright With Static Or Adjustable Stop (Phelps Or Perlstein Type), Custom-Fabricated  | \$ 445.83       | Purchase           |
| L1930 | Ankle Foot Orthosis, Plastic Or Other Material, Prefabricated, Includes Fitting And Adjustment  | \$ 261.79       | Purchase           |
| L1932 | Ankle Foot Orthosis, Rigid Anterior Tibial Section, Total Carbon Fiber Or Equal Material, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise            | \$ 978.22       | Purchase           |
| L1933 | Ankle Foot Orthosis, Rigid Anterior Tibial Section, Total Carbon Fiber Or Equal Material, Prefabricated, Off-The-Shelf  | Price by Report |                    |
| L1940 | Ankle Foot Orthosis, Plastic Or Other Material, Custom-Fabricated   | \$ 501.44       | Purchase           |
| L1945 | Ankle Foot Orthosis, Plastic, Rigid Anterior Tibial Section (Floor Reaction), Custom-Fabricated   | \$ 965.73       | Purchase           |
| L1950 | Ankle Foot Orthosis, Spiral, (Institute Of Rehabilitative Medicine Type), Plastic, Custom-Fabricated  | \$ 817.10       | Purchase           |
| L1951 | Ankle Foot Orthosis, Spiral, (Institute Of Rehabilitative Medicine Type), Plastic Or Other Material, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise | \$ 920.69       | Purchase           |
| L1952 | Ankle Foot Orthosis, Spiral, (Institute Of Rehabilitative Medicine Type), Plastic Or Other Material, Prefabricated, Off-The-Shelf   | Price by Report |                    |
| L1960 | Ankle Foot Orthosis, Posterior Solid Ankle, Plastic, Custom-Fabricated  | \$ 562.01       | Purchase           |
| L1970 | Ankle Foot Orthosis, Plastic With Ankle Joint, Custom-Fabricated  | \$ 757.96       | Purchase           |
| L1971 | Ankle Foot Orthosis, Plastic Or Other Material With Ankle Joint, With Or Without Dorsiflexion Assist, Prefabricated, Includes Fitting And Adjustment  | \$ 513.83       | Purchase           |
| L1980 | Ankle Foot Orthosis, Single Upright Free Plantar Dorsiflexion, Solid Stirrup, Calf Band/Cuff (Single Bar Ïbkï Orthosis), Custom-Fabricated  | \$ 401.22       | Purchase           |
| L1990 | Ankle Foot Orthosis, Double Upright Free Plantar Dorsiflexion, Solid Stirrup, Calf Band/Cuff (Double Bar Ïbkï Orthosis), Custom-Fabricated  | \$ 451.96       | Purchase           |
| L2000 | Knee Ankle Foot Orthosis, Single Upright, Free Knee, Free Ankle, Solid Stirrup, Thigh And Calf Bands/Cuffs (Single Bar Ïakï Orthosis), Custom-Fabricated  | \$ 1,065.55     | Purchase           |

| Code  | Description   | Fee |           | Purchase or Rental |
|-------|---|-----|-----------|--------------------|
| L2005 | Knee Ankle Foot Orthosis, Any Material, Single Or Double Upright, Stance Control, Automatic Lock And Swing Phase Release, Any Type Activation, Includes Ankle Joint, Any Type, Custom Fabricated  | \$  | 4,501.21  | Purchase           |
| L2006 | Knee Ankle Foot Device, Any Material, Single Or Double Upright, Swing And Stance Phase Microprocessor Control With Adjustability, Includes All Components (E.G., Sensors, Batteries, Charger), Any Type Activation, With Or Without Ankle Joint(S), Custom Fabricated | \$  | 35,534.16 | Purchase           |
| L2010 | Knee Ankle Foot Orthosis, Single Upright, Free Ankle, Solid Stirrup, Thigh And Calf Bands/Cuffs (Single Bar Ïakï Orthosis), Without Knee Joint, Custom-Fabricated   | \$  | 1,096.92  | Purchase           |
| L2020 | Knee Ankle Foot Orthosis, Double Upright, Free Ankle, Solid Stirrup, Thigh And Calf Bands/Cuffs (Double Bar Ïakï Orthosis), Custom-Fabricated   | \$  | 1,183.91  | Purchase           |
| L2030 | Knee Ankle Foot Orthosis, Double Upright, Free Ankle, Solid Stirrup, Thigh And Calf Bands/Cuffs, (Double Bar Ïakï Orthosis), Without Knee Joint, Custom Fabricated  | \$  | 1,027.15  | Purchase           |
| L2034 | Knee Ankle Foot Orthosis, Full Plastic, Single Upright, With Or Without Free Motion Knee, Medial Lateral Rotation Control, With Or Without Free Motion Ankle, Custom Fabricated   | \$  | 2,281.62  | Purchase           |
| L2035 | Knee Ankle Foot Orthosis, Full Plastic, Static (Pediatric Size), Without Free Motion Ankle, Prefabricated, Includes Fitting And Adjustment  | \$  | 189.93    | Purchase           |
| L2036 | Knee Ankle Foot Orthosis, Full Plastic, Double Upright, With Or Without Free Motion Knee, With Or Without Free Motion Ankle, Custom Fabricated  | \$  | 2,064.99  | Purchase           |
| L2037 | Knee Ankle Foot Orthosis, Full Plastic, Single Upright, With Or Without Free Motion Knee, With Or Without Free Motion Ankle, Custom Fabricated  | \$  | 1,688.80  | Purchase           |
| L2038 | Knee Ankle Foot Orthosis, Full Plastic, With Or Without Free Motion Knee, Multi-Axis Ankle, Custom Fabricated   | \$  | 1,449.65  | Purchase           |
| L2040 | Hip Knee Ankle Foot Orthosis, Torsion Control, Bilateral Rotation Straps, Pelvic Band/Belt, Custom Fabricated   | \$  | 233.91    | Purchase           |
| L2050 | Hip Knee Ankle Foot Orthosis, Torsion Control, Bilateral Torsion Cables, Hip Joint, Pelvic Band/Belt, Custom-Fabricated   | \$  | 534.39    | Purchase           |
| L2060 | Hip Knee Ankle Foot Orthosis, Torsion Control, Bilateral Torsion Cables, Ball Bearing<br>Hip Joint, Pelvic Band/ Belt, Custom-Fabricated  | \$  | 600.09    | Purchase           |
| L2070 | Hip Knee Ankle Foot Orthosis, Torsion Control, Unilateral Rotation Straps, Pelvic Band/Belt, Custom Fabricated  | \$  | 136.36    | Purchase           |
| L2080 | Hip Knee Ankle Foot Orthosis, Torsion Control, Unilateral Torsion Cable, Hip Joint, Pelvic Band/Belt, Custom-Fabricated   | \$  | 364.70    | Purchase           |
| L2090 | Hip Knee Ankle Foot Orthosis, Torsion Control, Unilateral Torsion Cable, Ball Bearing Hip Joint, Pelvic Band/ Belt, Custom-Fabricated   | \$  | 494.25    | Purchase           |
| L2106 | Ankle Foot Orthosis, Fracture Orthosis, Tibial Fracture Cast Orthosis, Thermoplastic Type Casting Material, Custom-Fabricated   | \$  | 689.39    | Purchase           |
| L2108 | Ankle Foot Orthosis, Fracture Orthosis, Tibial Fracture Cast Orthosis, Custom-Fabricated  | \$  | 1,233.65  | Purchase           |
| L2112 | Ankle Foot Orthosis, Fracture Orthosis, Tibial Fracture Orthosis, Soft, Prefabricated, Includes Fitting And Adjustment  | \$  | 473.06    | Purchase           |
| L2114 | Ankle Foot Orthosis, Fracture Orthosis, Tibial Fracture Orthosis, Semi-Rigid, Prefabricated, Includes Fitting And Adjustment  | \$  | 593.34    | Purchase           |
| L2116 | Ankle Foot Orthosis, Fracture Orthosis, Tibial Fracture Orthosis, Rigid, Prefabricated, Includes Fitting And Adjustment   | \$  | 721.81    | Purchase           |
| L2126 | Knee Ankle Foot Orthosis, Fracture Orthosis, Femoral Fracture Cast Orthosis, Thermoplastic Type Casting Material, Custom-Fabricated   | \$  | 1,363.46  | Purchase           |
| L2128 | Knee Ankle Foot Orthosis, Fracture Orthosis, Femoral Fracture Cast Orthosis, Custom-<br>Fabricated  | \$  | 1,738.62  | Purchase           |
| L2132 | Kafo, Fracture Orthosis, Femoral Fracture Cast Orthosis, Soft, Prefabricated, Includes Fitting And Adjustment   | \$  | 1,057.59  | Purchase           |
| L2134 | Kafo, Fracture Orthosis, Femoral Fracture Cast Orthosis, Semi-Rigid, Prefabricated, Includes Fitting And Adjustment   | \$  | 980.65    | Purchase           |
| L2136 | Kafo, Fracture Orthosis, Femoral Fracture Cast Orthosis, Rigid, Prefabricated, Includes Fitting And Adjustment  | \$  | 1,347.74  | Purchase           |
| L2180 | Addition To Lower Extremity Fracture Orthosis, Plastic Shoe Insert With Ankle Joints  | \$  | 154.63    | Purchase           |

| Code  | Description  | Fee |          | Purchase or Rental |
|-------|--|-----|----------|--------------------|
| L2182 | Addition To Lower Extremity Fracture Orthosis, Drop Lock Knee Joint  | \$  | 98.96    | Purchase           |
| L2184 | Addition To Lower Extremity Fracture Orthosis, Limited Motion Knee Joint   | \$  | 137.58   | Purchase           |
| L2186 | Addition To Lower Extremity Fracture Orthosis, Adjustable Motion Knee Joint, Lerman Type                                       | \$  | 182.78   | Purchase           |
| L2188 | Addition To Lower Extremity Fracture Othosis, Quadrilateral Brim   | \$  | 303.66   | Purchase           |
| L2190 | Addition To Lower Extremity Fracture Orthosis, Waist Belt  | \$  | 91.71    | Purchase           |
| L2192 | Addition To Lower Extremity Fracture Orthosis, Hip Joint, Pelvic Band, Thigh Flange, And Pelvic Belt                           | \$  | 361.52   | Purchase           |
| L2200 | Additions To Lower Extremity, Limited Ankle Motion, Each Joint   | \$  | 64.27    | Purchase           |
| L2210 | Addition To Lower Extremity, Dorsiflexion Assist (Plantar Flexion Resist), Each Joint  | \$  | 90.87    | Purchase           |
| L2220 | Addition To Lower Extremity, Dorsiflexion And Plantar Flexion Assist/Resist, Each Joint  | \$  | 107.59   | Purchase           |
| L2230 | Additions To Lower Extremity, Split Flat Caliper Stirrups And Plate Attachment   | \$  | 84.87    | Purchase           |
| L2232 | Addition To Lower Extremity Orthosis, Rocker Bottom For Total Contact Ankle Foot Orthosis, For Custom Fabricated Orthosis Only | \$  | 105.34   | Purchase           |
| L2240 | Additions To Lower Extremity, Round Caliper And Plate Attach- Ment   | \$  | 84.81    | Purchase           |
| L2250 | Additions To Lower Extremity, Foot Plate, Molded To Patient Model, Stirrup Attachment  | \$  | 426.50   | Purchase           |
| L2260 | Additions To Lower Extremity, Reinforced Solid Stirrup (Scott-Craig Type)  | \$  | 232.42   | Purchase           |
| L2265 | Addition To Lower Extremity, Long Tongue Stirrup   | \$  | 119.41   | Purchase           |
| L2270 | Additions To Lower Extremity, Varus/Valgus Correction ("T") Strap, Padded/Lined Or Malleolus Pad                               | \$  | 59.79    | Purchase           |
| L2275 | Addition To Lower Extremity, Varus/Valgus Correction, Plastic Modification, Padded/Lined                                       | \$  | 151.03   | Purchase           |
| L2280 | Additions To Lower Extremity, Molded Inner Boot  | \$  | 459.12   | Purchase           |
| L2300 | Additions To Lower Extremity, Abduction Bar (Bilateral Hip Involvement), Jointed, Adjustable                                   | \$  | 273.00   | Purchase           |
| L2310 | Additions To Lower Extremity, Abduction Bar-Straight   | \$  | 135.39   | Purchase           |
| L2320 | Addition To Lower Extremity, Non-Molded Lacer, For Custom Fabricated Orthosis Only   | \$  | 266.22   | Purchase           |
| L2330 | Addition To Lower Extremity, Lacer Molded To Patient Model, For Custom Fabricated Orthosis Only                                | \$  | 438.82   | Purchase           |
| L2335 | Addition To Lower Extremity, Anterior Swing Band   | \$  | 241.70   | Purchase           |
| L2340 | Additions To Lower Extremity, Pre-Tibial Shell, Molded To Patient Model  | \$  | 453.16   | Purchase           |
| L2350 | Additions To Lower Extremity, Prosthetic Type, (Bk) Socket, Molded To Patient Model, (Used For 'Ptb' 'Afo' Orthoses)           | \$  | 1,055.25 | Purchase           |
| L2360 | Additions To Lower Extremity, Extended Steel Shank   | \$  | 58.29    | Purchase           |
| L2370 | Addition To Lower Extremity, Patten Bottom   | \$  | 260.28   | Purchase           |
| L2375 | Addition To Lower Extremity, Torsion Control, Ankle Joint And Half Solid Stirrup   | \$  | 114.56   | Purchase           |
| L2380 | Addition To Lower Extremity, Torsion Control, Straight Knee Joint, Each Joint  | \$  | 166.44   | Purchase           |
| L2385 | Addition To Lower Extremity, Straight Knee Joint, Heavy Duty, Each Joint   | \$  | 181.08   | Purchase           |
| L2387 | Addition To Lower Extremity, Polycentric Knee Joint, For Custom Fabricated Knee Ankle Foot Orthosis, Each Joint                | \$  | 167.80   | Purchase           |
| L2390 | Addition To Lower Extremity, Offset Knee Joint, Each Joint   | \$  | 147.99   | Purchase           |
| L2395 | Addition To Lower Extremity, Offset Knee Joint, Heavy Duty, Each Joint   | \$  | 188.49   | Purchase           |
| L2397 | Addition To Lower Extremity Orthosis, Suspension Sleeve  | \$  | 130.56   | Purchase           |
| L2405 | Addition To Knee Joint, Drop Lock, Each  | \$  | 95.57    | Purchase           |
| L2415 | Addition To Knee Lock With Integrated Release Mechanism (Bail, Cable, Or Equal), Any Material, Each Joint                      | \$  | 133.22   | Purchase           |
| L2425 | Addition To Knee Joint, Disc Or Dial Lock For Adjustable Knee Flexion, Each Joint  | \$  | 157.17   | Purchase           |
| L2430 | Addition To Knee Joint, Ratchet Lock For Active And Progressive Knee Extension, Each Joint                                     | \$  | 157.17   | Purchase           |
| L2492 | Addition To Knee Joint, Lift Loop For Drop Lock Ring   | \$  | 129.47   | Purchase           |
| L2500 | Additions To Lower Extremity, Thigh/Weight Bearing, Gulteal/ Ischial Weight Bearing, Ring                                      | \$  | 319.87   | Purchase           |
| L2510 | Additions To Lower Extremity, Thigh/Weight Bearing, Quadri- Lateral Brim, Molded To Patient Model                              | \$  | 736.50   | Purchase           |

| Code  | Description  | Fee             | Purchase or Rental |
|-------|--|-----------------|--------------------|
| L2520 | Additions To Lower Extremity, Thigh/Weight Bearing, Quadri- Lateral Brim, Custom Fitted  | \$ 499.9        | 1 Purchase         |
| L2525 | Addition To Lower Extremity, Thigh/Weight Bearing, Ischial Containment/Narrow M-L Brim Molded To Patient Model   | \$ 1,389.6      | 8 Purchase         |
| L2526 | Addition To Lower Extremity, Thigh/Weight Bearing, Ischial Containment/Narrow M-L Brim, Custom Fitted  | \$ 899.5        | 8 Purchase         |
| L2530 | Additions To Lower Extremity, Thigh-Weight Bearing, Lacer, Non-Molded  | \$ 317.6        | 4 Purchase         |
| L2540 | Additions To Lower Extremity, Thigh/Weight Bearing, Lacer, Molded To Patient Model   | \$ 486.5        | 5 Purchase         |
| L2550 | Additions To Lower Extremity, Thigh/Weight Bearing, High Roll Cuff   | \$ 388.2        | 8 Purchase         |
| L2570 | Addition To Lower Extremity, Pelvic Control, Hip Joint, Clevis Type Two Position Joint, Each   | \$ 482.9        | 4 Purchase         |
| L2580 | Addition To Lower Etremity, Pelvic Control, Pelvic Sling   | \$ 615.5        | 0 Purchase         |
| L2600 | Additions To Lower Extremity, Pelvic Control, Hip Joint, Clevis Type, Or Thrust Bearing, Free, Each  | \$ 226.1        |                    |
| L2610 | Additions To Lower Extremity, Pelvic Control, Hip Joint, Clevis Or Thrust Bearing, Lock, Each  | \$ 257.7        | 7 Purchase         |
| L2620 | Additions To Lower Extremity, Pelvic Control, Hip Joint, Heavy Duty, Each  | \$ 271.1        | 0 Purchase         |
| L2622 | Addition To Lower Extremity, Pelvic Control, Hip Joint, Adjustable Flexion, Each   | \$ 310.9        |                    |
| L2624 | Addition To Lower Extremity, Pelvic Control, Hip Joint, Adjustable Flexion, Extension, Abduction Control, Each   | \$ 335.7        |                    |
| L2627 | Addition To Lower Extremity, Pelvic Control, Plastic, Molded To Patient Model, Reciprocating Hip Joint And Cables  | \$ 2,317.5      | 7 Purchase         |
| L2628 | Addition To Lower Extremity, Pelvic Control, Metal Frame, Reciprocating Hip Joint And Cables   | \$ 2,264.9      | 7 Purchase         |
| L2630 | Additions To Lower Extremity, Pelvic Control, Band And Belt, Unilateral  | \$ 334.7        | 6 Purchase         |
| L2640 | Additions To Lower Extremity, Pelvic Control, Band And Belt, Bilateral   | \$ 340.7        |                    |
| _2650 | Additions To Lower Extremity, Pelvic And Thoracic Control, Gluteal Pad, Each   | \$ 121.6        | 8 Purchase         |
| L2660 | Additions To Lower Extremity, Thoracic Control, Thoracic Band  | \$ 251.9        | 6 Purchase         |
| L2670 | Additions To Lower Extremity, Thoracic Control, Paraspinal Uprights  | \$ 230.6        | 1 Purchase         |
| L2680 | Additions To Lower Extremity, Thoracic Control, Lateral Support Uprights   | \$ 211.5        | 5 Purchase         |
| L2750 | Addition To Lower Extremity Orthosis, Plating Chrome Or Nickel, Per Bar  | \$ 84.7         | 4 Purchase         |
| L2755 | Addition To Lower Extremity Orthosis, High Strength, Lightweight Material, All Hybrid Lamination/Prepreg Composite, Per Segment, For Custom Fabricated Orthosis Only | \$ 143.2        | 0 Purchase         |
| L2760 | Additions To Lower Extremity Orthoses, Extension, Per Extension, Per Bar (For Lineal Adjustment For Growth)  | \$ 82.1         | 4 Purchase         |
| L2768 | Orthotic Side Bar Disconnect Device, Per Bar   | \$ 142.8        | 4 Purchase         |
| _2780 | Addition To Lower Extremity Orthosis, Non-Corrosive Finish, Per Bar  | \$ 68.6         | 3 Purchase         |
| _2785 | Addition To Lower Extremity Orthosis, Drop Lock Retainer, Each   | \$ 32.1         | 3 Purchase         |
| _2795 | Addition To Lower Extremity Orthosis, Knee Control, Full Kneecap   | \$ 86.1         | 6 Purchase         |
| L2800 | Addition To Lower Extremity Orthosis, Knee Control, Knee Cap, Medial Or Lateral Pull, For Use With Custom Fabricated Orthosis Only                                   | \$ 118.6        | 2 Purchase         |
| _2810 | Addition To Lower Extremity Orthosis, Knee Control, Condylar Pad   | \$ 79.1         | 9 Purchase         |
| _2820 | Addition To Lower Extremity Orthosis, Soft Interface For Molded Plastic, Below Knee Section  | \$ 117.4        | 0 Purchase         |
| L2830 | Addition To Lower Extremity Orthosis, Soft Interface For Molded Plastic, Above Knee Section  | \$ 127.0        | 1 Purchase         |
| L2840 | Addition To Lower Extremity Orthosis, Tibial Length Sock, Fracture Or Equal, Each  | \$ 44.3         | 0 Purchase         |
| L2850 | Addition To Lower Extremity Orthosis, Femoral Length Sock, Fracture Or Equal, Each   | \$ 80.6         | 2 Purchase         |
| L2861 | Addition To Lower Extremity Joint, Knee Or Ankle, Concentric Adjustable Torsion Style Mechanism For Custom Fabricated Orthotics Only, Each                           | Price by Report |                    |
| L2999 | Lower Extremity Orthoses, Not Otherwise Specified  | Price by Report |                    |
| L3000 | Foot, Insert, Removable, Molded To Patient Model, "Ucb" Type, Berkeley Shell, Each   | \$ 344.3        | 4 Purchase         |
| L3001 | Foot, Insert, Removable, Molded To Patient Model, Spenco, Each   | \$ 145.0        | 0 Purchase         |
| L3002 | Foot, Insert, Removable, Molded To Patient Model, Plastazote Or Equal, Each  | \$ 177.0        | 3 Purchase         |
| L3003 | Foot, Insert, Removable, Molded To Patient Model, Silicone Gel, Each   | \$ 191.0        | 1 Purchase         |

| Code  | Description   | Fee             |          | Purchase or Rental |
|-------|---|-----------------|----------|--------------------|
| L3010 | Foot, Insert, Removable, Molded To Patient Model, Longitudinal Arch Support, Each   | \$              | 191.01   | Purchase           |
| L3020 | Foot, Insert, Removable, Molded To Patient Model, Longitudinal/ Metatarsal Support, Each  | \$              | 217.49   | Purchase           |
| L3030 | Foot, Insert, Removable, Formed To Patient Foot, Each   | \$              | 83.63    | Purchase           |
| L3031 | Foot, Insert/Plate, Removable, Addition To Lower Extremity Orthosis, High Strength, Lightweight Material, All Hybrid Lamination/Prepreg Composite, Each | \$              | 134.29   | Purchase           |
| L3040 | Foot, Arch Support, Removable, Premolded, Longitudinal, Each  | \$              | 51.61    | Purchase           |
| L3050 | Foot, Arch Support, Removable, Premolded, Metatarsal, Each  | \$              | 51.61    | Purchase           |
| L3060 | Foot, Arch Support, Removable, Premolded, Longitudinal/ Metatarsal, Each  | \$              | 80.87    | Purchase           |
| L3070 | Foot, Arch Support, Non-Removable Attached To Shoe, Longitudinal, Each  | \$              | 34.86    | Purchase           |
| L3080 | Foot, Arch Support, Non-Removable Attached To Shoe, Metatarsal, Each  | \$              | 34.86    | Purchase           |
| L3090 | Foot, Arch Support, Non-Removable Attached To Shoe, Longitudinal/Metatarsal, Each   | \$              | 44.58    | Purchase           |
| L3100 | Hallus-Valgus Night Dynamic Splint, Prefabricated, Off-The-Shelf  | \$              | 47.39    | Purchase           |
| L3140 | Foot, Rotation Positioning Device, Including Shoe(S)  | \$              | 97.60    | Purchase           |
| L3150 | Foot, Rotation Positioning Device, Without Shoe(S)  | \$              | 89.22    | Purchase           |
| L3160 | Foot, Adjustable Shoe-Styled Positioning Device   |                 | y Report |                    |
| L3161 | Foot, Adductus Positioning Device, Adjustable   | Price b         | y Report |                    |
| L3170 | Foot, Plastic, Silicone Or Equal, Heel Stabilizer, Prafabricated, Off-The-Shelf, Each   | \$              | 55.77    | Purchase           |
| L3201 | Orthopedic Shoe, Oxford With Supinator Or Pronator, Infant  | \$              | 85.78    | Purchase           |
| L3202 | Orthopedic Shoe, Oxford With Supinator Or Pronator, Child   | \$              | 106.88   | Purchase           |
| L3203 | Orthopedic Shoe, Oxford With Supinator Or Pronator, Junior  | Price b         | y Report |                    |
| L3204 | Orthopedic Shoe, Hightop With Supinator Or Pronator, Infant   | \$              | 110.81   | Purchase           |
| L3206 | Orthopedic Shoe, Hightop With Supinator Or Pronator, Child  | \$              | 74.96    | Purchase           |
| L3207 | Orthopedic Shoe, Hightop With Supinator Or Pronator, Junior   | Price b         | y Report |                    |
| L3208 | Surgical Boot, Each, Infant   | \$              | 65.46    | Purchase           |
| L3209 | Surgical Boot, Each, Child  | \$              | 39.94    | Purchase           |
| L3211 | Surgical Boot, Each, Junior   | Price b         | y Report |                    |
| L3212 | Benesch Boot, Pair, Infant  | \$              | 102.95   | Purchase           |
| L3213 | Benesch Boot, Pair, Child   | \$              | 102.95   | Purchase           |
| L3214 | Benesch Boot, Pair, Junior  | \$              | 102.95   | Purchase           |
| L3215 | Orthopedic Footwear, Ladies Shoe, Oxford, Each  | \$              | 102.71   | Purchase           |
| L3216 | Orthopedic Footwear, Ladies Shoe, Depth Inlay, Each   | \$              | 112.48   | Purchase           |
| L3217 | Orthopedic Footwear, Ladies Shoe, Hightop, Depth Inlay, Each  |                 | y Report |                    |
| L3219 | Orthopedic Footwear, Mens Shoe, Oxford, Each  | \$              | 137.11   | Purchase           |
| L3221 | Orthopedic Footwear, Mens Shoe, Depth Inlay, Each   | \$              | 142.97   | Purchase           |
| L3222 | Orthopedic Footwear, Mens Shoe, Hightop, Depth Inlay, Each  | \$              | 148.60   | Purchase           |
| L3224 | Orthopedic Footwear, Woman'S Shoe, Oxford, Used As An Integral Part Of A Brace (Orthosis)   | \$              | 61.99    | Purchase           |
| L3225 | Orthopedic Footwear, Man'S Shoe, Oxford, Used As An Integral Part Of A Brace (Orthosis)   | \$              | 82.74    | Purchase           |
| L3230 | Orthopedic Footwear, Custom Shoe, Depth Inlay, Each   | \$              | 118.27   | Purchase           |
| L3250 | Orthopedic Footwear, Custom Molded Shoe, Removable Inner Mold, Prosthetic Shoe, Each  | Price b         | y Report |                    |
| L3251 | Foot, Shoe Molded To Patient Model, Silicone Shoe, Each   | Price by Report |          |                    |
| L3252 | Foot, Shoe Molded To Patient Model, Plastazote (Or Similar), Custom Fabricated, Each  | \$              | 447.12   | Purchase           |
| L3253 | Foot, Molded Shoe Plastazote (Or Similar) Custom Fitted, Each   | \$              | 64.36    | Purchase           |
| L3254 | Non-Standard Size Or Width  | Price l         | y Report |                    |
| L3255 | Non-Standard Size Or Length   |                 | y Report |                    |
| L3257 | Orthopedic Footwear, Additional Charge For Split Size   | \$              | 235.18   | Purchase           |
| L3260 | Surgical Boot/Shoe, Each  | \$              | 21.76    | Purchase           |
| L3265 | Plastazote Sandal, Each   | \$              | 40.52    | Purchase           |
| L3300 | Lift, Elevation, Heel, Tapered To Metatarsals, Per Inch   | \$              | 57.17    | Purchase           |
| L3310 | Lift, Elevation, Heel And Sole, Neoprene, Per Inch  | \$              | 89.22    | Purchase           |
| L3320 | Lift, Elevation, Heel And Sole, Cork, Per Inch  | \$              | 123.16   | Purchase           |

| Code  | Description  | Fee     |          | Purchase or Rental |
|-------|--|---------|----------|--------------------|
| L3330 | Lift, Elevation, Metal Extension (Skate)   | \$      | 620.41   | Purchase           |
| L3332 | Lift, Elevation, Inside Shoe, Tapered, Up To One-Half Inch   | \$      | 80.87    | Purchase           |
| L3334 | Lift, Elevation, Heel, Per Inch  | \$      | 41.85    | Purchase           |
| L3340 | Heel Wedge, Sach   | \$      | 93.40    | Purchase           |
| L3350 | Heel Wedge   | \$      | 25.06    | Purchase           |
| L3360 | Sole Wedge, Outside Sole   | \$      | 39.02    | Purchase           |
| L3370 | Sole Wedge, Between Sole   | \$      | 54.39    | Purchase           |
| L3380 | Clubfoot Wedge   | \$      | 54.39    | Purchase           |
| L3390 | Outflare Wedge   | \$      | 54.39    | Purchase           |
| L3400 | Metatarsal Bar Wedge, Rocker   | \$      | 44.58    | Purchase           |
| L3410 | Metatarsal Bar Wedge, Between Sole   | \$      | 101.82   | Purchase           |
| L3420 | Full Sole And Heel Wedge, Between Sole   | \$      | 59.94    | Purchase           |
| L3430 | Heel, Counter, Plastic Reinforced  | \$      | 175.69   | Purchase           |
| L3440 | Heel, Counter, Leather Reinforced  | \$      | 83.63    | Purchase           |
| L3450 | Heel, Sach Cushion Type  | \$      | 115.69   | Purchase           |
| L3455 | Heel, New Leather, Standard  | \$      | 44.58    | Purchase           |
| L3460 | Heel, New Rubber, Standard   | \$      | 37.67    | Purchase           |
| L3465 | Heel, Thomas With Wedge  | \$      | 64.14    | Purchase           |
| L3470 | Heel, Thomas Extended To Ball  | \$      | 68.36    | Purchase           |
| L3480 | Heel, Pad And Depression For Spur  | \$      | 68.36    | Purchase           |
| L3485 | Heel, Pad, Removable For Spur  | \$      | 13.92    | Purchase           |
| L3500 | Orthopedic Shoe Addition, Insole, Leather  | \$      | 32.04    |                    |
|       |  |         |          | Purchase           |
| L3510 | Orthopedic Shoe Addition, Insole, Rubber   | \$      | 32.04    | Purchase           |
| L3520 | Orthopedic Shoe Addition, Insole, Felt Covered With Leather  | \$      | 34.86    | Purchase           |
| L3530 | Orthopedic Shoe Addition, Sole, Half   | \$      | 34.86    | Purchase           |
| L3540 | Orthopedic Shoe Addition, Sole, Full   | \$      | 55.77    | Purchase           |
| L3550 | Orthopedic Shoe Addition, Toe Tap Standard   | \$      | 9.78     | Purchase           |
| L3560 | Orthopedic Shoe Addition, Toe Tap, Horseshoe   | \$      | 25.06    | Purchase           |
| L3570 | Orthopedic Shoe Addition, Special Extension To Instep (Leather With Eyelets)   | \$      | 93.40    | Purchase           |
| L3580 | Orthopedic Shoe Addition, Convert Instep To Velcro Closure   | \$      | 71.09    | Purchase           |
| L3590 | Orthopedic Shoe Addition, Convert Firm Shoe Counter To Soft Counter  | \$      | 58.55    | Purchase           |
| L3595 | Orthopedic Shoe Addition, March Bar  | \$      | 45.98    | Purchase           |
| L3600 | Transfer Of An Orthosis From One Shoe To Another, Caliper Plate, Existing  | \$      | 83.63    | Purchase           |
| L3610 | Transfer Of An Orthosis From One Shoe To Another, Caliper Plate, New   | \$      | 110.15   | Purchase           |
| L3620 | Transfer Of An Orthosis From One Shoe To Another, Solid Stirrup, Existing  | \$      | 83.63    | Purchase           |
| L3630 | Transfer Of An Orthosis From One Shoe To Another, Solid Stirrup, New   | \$      | 110.15   | Purchase           |
| L3640 | Transfer Of An Orthosis From One Shoe To Another, Dennis Browne Splint (Riveton), Both Shoes   | \$      | 47.39    | Purchase           |
| L3649 | Orthopedic Shoe, Modification, Addition Or Transfer, Not Otherwise Specified   | Price b | y Report |                    |
| L3650 | Shoulder Orthosis, Figure Of Eight Design Abduction Restrainer, Prefabricated, Off-The-Shelf   | \$      | 58.84    | Purchase           |
| L3660 | Shoulder Orthosis, Figure Of Eight Design Abduction Restrainer, Canvas And Webbing, Prefabricated, Off-The-Shelf   | \$      | 133.11   | Purchase           |
| L3670 | Shoulder Orthosis, Acromio/Clavicular (Canvas And Webbing Type), Prefabricated, Off-The-Shelf  | \$      | 112.19   | Purchase           |
| L3671 | Shoulder Orthosis, Shoulder Joint Design, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment   | \$      | 898.97   | Purchase           |
| L3674 | Shoulder Orthosis, Abduction Positioning (Airplane Design), Thoracic Component And Support Bar, With Or Without Nontorsion Joint/Turnbuckle, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment                | \$      | 1,179.35 | Purchase           |
| L3675 | Shoulder Orthosis, Vest Type Abduction Restrainer, Canvas Webbing Type Or Equal, Prefabricated, Off-The-Shelf  | \$      | 175.05   | Purchase           |
| L3677 | Shoulder Orthosis, Shoulder Joint Design, Without Joints, May Include Soft Interface, Straps, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise | Price b | y Report |                    |
| L3678 | Shoulder Orthosis, Shoulder Joint Design, Without Joints, May Include Soft Interface, Straps, Prefabricated, Off-The-Shelf   | Price b | y Report |                    |

| Code  | Description   | Fee   |           | Purchase or Rental |
|-------|---|-------|-----------|--------------------|
| L3702 | Elbow Orthosis, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment  | \$    | 288.09    | Purchase           |
| L3710 | Elbow Orthosis, Elastic With Metal Joints, Prefabricated, Off-The-Shelf   | \$    | 122.65    | Purchase           |
| L3720 | Elbow Orthosis, Double Upright With Forearm/Arm Cuffs, Free Motion, Custom-<br>Fabricated   | \$    | 648.96    | Purchase           |
| L3730 | Elbow Orthosis, Double Upright With Forearm/Arm Cuffs, Extension/ Flexion Assist, Custom-Fabricated   | \$    | 894.40    | Purchase           |
| L3740 | Elbow Orthosis, Double Upright With Forearm/Arm Cuffs, Adjustable Position Lock With Active Control, Custom-Fabricated  | \$    | 1,060.39  | Purchase           |
| L3760 | Elbow Orthosis (Eo), With Adjustable Position Locking Joint(S), Prefabricated, Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise   | \$    | 498.94    | Purchase           |
| L3761 | Elbow Orthosis (Eo), With Adjustable Position Locking Joint(S), Prefabricated, Off-The-Shelf  | \$    | 498.94    | Purchase           |
| L3762 | Elbow Orthosis, Rigid, Without Joints, Includes Soft Interface Material, Prefabricated, Off-The-Shelf   | \$    | 107.25    | Purchase           |
| L3763 | Elbow Wrist Hand Orthosis, Rigid, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment  | \$    | 670.18    | Purchase           |
| L3764 | Elbow Wrist Hand Orthosis, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment   | \$    | 766.10    | Purchase           |
| L3765 | Elbow Wrist Hand Finger Orthosis, Rigid, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment   | \$    | 1,279.31  | Purchase           |
| L3766 | Elbow Wrist Hand Finger Orthosis, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment  | \$    | 1,354.69  | Purchase           |
| L3806 | Wrist Hand Finger Orthosis, Includes One Or More Nontorsion Joint(S), Turnbuckles, Elastic Bands/Springs, May Include Soft Interface Material, Straps, Custom Fabricated, Includes Fitting And Adjustment   | \$    | 453.20    | Purchase           |
| L3807 | Wrist Hand Finger Orthosis, Without Joint(S), Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise  | \$    | 249.44    | Purchase           |
| L3808 | Wrist Hand Finger Orthosis, Rigid Without Joints, May Include Soft Interface Material; Straps, Custom Fabricated, Includes Fitting And Adjustment   | \$    | 362.07    | Purchase           |
| L3809 | Wrist Hand Finger Orthosis, Without Joint(S), Prefabricated, Off-The-Shelf, Any Type  | \$    | 249.44    | Purchase           |
| L3891 | Addition To Upper Extremity Joint, Wrist Or Elbow, Concentric Adjustable Torsion Style Mechanism For Custom Fabricated Orthotics Only, Each   | Price | by Report |                    |
| L3900 | Wrist Hand Finger Orthosis, Dynamic Flexor Hinge, Reciprocal Wrist Extension/ Flexion, Finger Flexion/Extension, Wrist Or Finger Driven, Custom-Fabricated  | \$    | 1,283.83  | Purchase           |
| L3901 | Wrist Hand Finger Orthosis, Dynamic Flexor Hinge, Reciprocal Wrist Extension/ Flexion, Finger Flexion/Extension, Cable Driven, Custom-Fabricated  | \$    | 2,042.89  | Purchase           |
| L3904 | Wrist Hand Finger Orthosis, External Powered, Electric, Custom-Fabricated   | \$    | 3,874.07  | Purchase           |
| L3905 | Wrist Hand Orthosis, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment   | \$    | 989.43    | Purchase           |
| L3906 | Wrist Hand Orthosis, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment   | \$    | 405.75    | Purchase           |
| L3908 | Wrist Hand Orthosis, Wrist Extension Control Cock-Up, Non Molded, Prefabricated, Off-The-Shelf  | \$    | 59.45     | Purchase           |
| L3912 | Hand Finger Orthosis (Hfo), Flexion Glove With Elastic Finger Control, Prefabricated, Off-The-Shelf   | \$    | 94.10     | Purchase           |
| L3913 | Hand Finger Orthosis, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment  | \$    | 270.22    | Purchase           |
| L3915 | Wrist Hand Orthosis, Includes One Or More Nontorsion Joint(S), Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Indiv | \$    | 530.36    | Purchase           |
| L3916 | Wrist Hand Finger Orthosis, Includes One Or More Nontorsion Joint(S), Elastic Bands   | \$    | 530.36    | Purchase           |

| Code  | Description   | Fee   |           | Purchase or Rental |
|-------|---|-------|-----------|--------------------|
| L3917 | Hand Orthosis, Metacarpal Fracture Orthosis, Prefabricated Item That Has Been<br>Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient<br>By An Individual With Expertise   | \$    | 105.36    | Purchase           |
| L3918 | Hand Finger Orthosis, Metacarpal Fracture Orthosis, Prefabricated, Off-The- Shelf   | \$    | 105.36    | Purchase           |
| L3919 | Hand Orthosis, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment   | \$    | 270.22    | Purchase           |
| L3921 | Hand Finger Orthosis, Includes One Or More Nontorsion Joints, Elastic Bands,<br>Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And<br>Adjustment  | \$    | 320.44    | Purchase           |
| L3923 | Hand Finger Orthosis, Without Joints, May Include Soft Interface, Straps, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise                                | \$    | 86.31     | Purchase           |
| L3924 | Hand Finger Orthosis, Without Joints, May Include Soft Interface, Straps, And Adjustable  | \$    | 86.31     | Purchase           |
| L3925 | Finger Orthosis, Proximal Interphalangeal (Pip)/Distal Interphalangeal (Dip), Non Torsion Joint/Spring, Extension/Flexion, May Include Soft Interface Material, Prefabricated, Off-The-Shelf  | \$    | 48.98     | Purchase           |
| L3927 | Finger Orthosis, Proximal Interphalangeal (Pip)/Distal Interphalangeal (Dip), Without Joint/Spring, Extension/Flexion (E.G. Static Or Ring Type), May Include Soft Interface Material, Prefabricated, Off-The-Shelf   | \$    | 34.90     | Purchase           |
| L3929 | Hand Finger Orthosis, Includes One Or More Nontorsion Joint(S), Turnbuckles, Elastic Bands/Springs, May Include Soft Interface Material, Straps, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific | \$    | 77.56     | Purchase           |
| L3930 | Hand Finger Orthosis, Includes One Or More Nontorsion Joint(S), Turnbuckles, Prefabricated, Includes Fitting And Adjustment   | \$    | 77.56     | Purchase           |
| L3931 | Wrist Hand Finger Orthosis, Includes One Or More Nontorsion Joint(S), Turnbuckles, Elastic Bands/Springs, May Include Soft Interface Material, Straps, Prefabricated, Includes Fitting And Adjustment   | \$    | 191.60    | Purchase           |
| L3933 | Finger Orthosis, Without Joints, May Include Soft Interface, Custom Fabricated, Includes Fitting And Adjustment   | \$    | 212.87    | Purchase           |
| L3935 | Finger Orthosis, Nontorsion Joint, May Include Soft Interface, Custom Fabricated, Includes Fitting And Adjustment   | \$    | 220.47    | Purchase           |
| L3956 | Addition Of Joint To Upper Extremity Orthosis, Any Material; Per Joint  | Price | by Report |                    |
| L3960 | Shoulder Elbow Wrist Hand Orthosis, Abduction Positioning, Airplane Design, Prefabricated, Includes Fitting And Adjustment  | \$    | 729.18    | Purchase           |
| L3961 | Shoulder Elbow Wrist Hand Orthosis, Shoulder Cap Design, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment   | \$    | 1,676.26  | Purchase           |
| L3962 | Shoulder Elbow Wrist Hand Orthosis, Abduction Positioning, Erbs Palsey Design, Prefabricated, Includes Fitting And Adjustment   | \$    | 711.88    | Purchase           |
| L3967 | Shoulder Elbow Wrist Hand Orthosis, Abduction Positioning (Airplane Design), Thoracic Component And Support Bar, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment                                       | \$    | 1,979.10  | Purchase           |
| L3971 | Shoulder Elbow Wrist Hand Orthosis, Shoulder Cap Design, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment   | \$    | 1,878.59  | Purchase           |
| L3973 | Shoulder Elbow Wrist Hand Orthosis, Abduction Positioning (Airplane Design), Thoracic Component And Support Bar, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting  | \$    | 1,979.10  | Purchase           |
| L3975 | Shoulder Elbow Wrist Hand Finger Orthosis, Shoulder Cap Design, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment  | \$    | 1,676.26  | Purchase           |
| L3976 | Shoulder Elbow Wrist Hand Finger Orthosis, Abduction Positioning (Airplane Design), Thoracic Component And Support Bar, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment                                | \$    | 1,676.26  | Purchase           |
| L3977 | Shoulder Elbow Wrist Hand Finger Orthosis, Shoulder Cap Design, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment                                    | \$    | 1,878.59  | Purchase           |

| Code   | Description  | Fee   |           | Purchase or Rental |
|--------|--|-------|-----------|--------------------|
|        | Shoulder Elbow Wrist Hand Finger Orthosis, Abduction Positioning (Airplane Design),      |       |           |                    |
| L3978  | Thoracic Component And Support Bar, Includes One Or More Nontorsion Joints, Elastic      | \$    | 1,979.10  | Purchase           |
| L3370  | Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes      | Ψ     | 1,373.10  | i uicilase         |
|        | Fitting  |       |           |                    |
| L3980  | Upper Extremity Fracture Orthosis, Humeral, Prefabricated, Includes Fitting And          | \$    | 306.73    | Purchase           |
| L3900  | Adjustment   | Ψ     | 300.73    | r uicilase         |
|        | Upper Extremity Fracture Orthosis, Humeral, Prefabricated, Includes Shoulder Cap         |       |           |                    |
| L3981  | Design, With Or Without Joints, Forearm Section, May Include Soft Interface, Straps,     | \$    | 1,006.30  | Purchase           |
|        | Includes Fitting And Adjustments   |       |           |                    |
| L3982  | Upper Extremity Fracture Orthosis, Radius/Ulnar, Prefabricated, Includes Fitting And     | \$    | 270.26    | Durchaga           |
| L3962  | Adjustment   | Ф     | 379.26    | Purchase           |
| 1 2004 | Unner Extremity Fracture Orthogic Wright Profehricated Includes Fitting And Adjustment   | \$    | 202.40    | Purchase           |
| L3984  | Upper Extremity Fracture Orthosis, Wrist, Prefabricated, Includes Fitting And Adjustment | Ф     | 392.40    | Pulchase           |
| L3995  | Addition To Upper Extremity Orthosis, Sock, Fracture Or Equal, Each                      | \$    | 32.45     | Purchase           |
| L3999  | Upper Limb Orthosis, Not Otherwise Specified   | Price | by Report |                    |
| L4000  | Replace Girdle For Spinal Orthosis (Ctlso Or So)   | \$    | 1,466.18  | Purchase           |
| 1 4000 | Deplement Chan Any Onthonic Includes All Comments Any Longth Any Time                    | æ     | 42.00     | Dunchess           |
| L4002  | Replacement Strap, Any Orthosis, Includes All Components, Any Length, Any Type           | \$    | 43.09     | Purchase           |
| L4010  | Replace Trilateral Socket Brim   | \$    | 737.62    | Purchase           |
| L4020  | Replace Quadrilateral Socket Brim, Molded To Patient Model                               | \$    | 873.32    | Purchase           |
| L4030  | Replace Quadrilateral Socket Brim, Custom Fitted   | \$    | 511.92    | Purchase           |
| L4040  | Replace Molded Thigh Lacer, For Custom Fabricated Orthosis Only                          | \$    | 432.05    | Purchase           |
| L4045  | Replace Non-Molded Thigh Lacer, For Custom Fabricated Orthosis Only                      | \$    | 400.35    | Purchase           |
| L4050  | Replace Molded Calf Lacer, For Custom Fabricated Orthosis Only                           | \$    | 418.59    | Purchase           |
| L4055  | Replace Non-Molded Calf Lacer, For Custom Fabricated Orthosis Only                       | \$    | 271.05    | Purchase           |
|        |  | \$    |           |                    |
| L4060  | Replace High Roll Cuff   |       | 429.64    | Purchase           |
| L4070  | Replace Proximal And Distal Upright For Ako  | \$    | 285.35    | Purchase           |
| L4080  | Replace Metal Bands Kafo-Afo, Proximal Thigh   | \$    | 102.56    | Purchase           |
| L4090  | Replace Metal Bands Kafo-Afo, Calf Or Distal Thigh                                       | \$    | 91.57     | Purchase           |
| L4100  | Replace Leather Cuff Kafo, Proximal Thigh  | \$    | 105.76    | Purchase           |
| L4110  | Replace Leather Cuff Kafo-Afo, Calf Or Distal Thigh                                      | \$    | 87.12     | Purchase           |
| L4130  | Replace Pretibial Shell  | \$    | 578.12    | Purchase           |
| L4205  | Repair Of Orthotic Device, Labor Component, Per 15 Minutes                               | \$    | 34.88     | Purchase           |
| L4210  | Repair Of Orthotic Device, Repair Or Replace Minor Parts                                 | \$    | 49.97     | Purchase           |
| 1.4250 | Ankle Control Orthosis, Stirrup Style, Rigid, Includes Any Type Interface (E.G.,         | \$    | 00.63     | Durchaga           |
| L4350  | Pneumatic, Gel), Prefabricated, Off-The-Shelf  | Ф     | 90.63     | Purchase           |
|        | Walking Boot, Pneumatic And/Or Vacuum, With Or Without Joints, With Or Without           |       |           |                    |
| 1.4260 | Interface Material, Prefabricated Item That Has Been Trimmed, Bent, Molded,              | d.    | 202.06    | Durchaga           |
| L4360  | Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With       | \$    | 302.96    | Purchase           |
|        | Expertise  |       |           |                    |
| 1.4004 | Walking Boot, Pneumatic And/Or Vacuum, With Or Without Joints, With Or Without           | æ     | 200.00    | Dunchess           |
| L4361  | Interface Material, Prefabricated, Off-The-Shelf   | \$    | 302.96    | Purchase           |
| L4370  | Pneumatic Full Leg Splint, Prefabricated, Off-The-Shelf                                  | \$    | 209.95    | Purchase           |
|        |  |       |           |                    |
|        | Walking Boot, Non-Pneumatic, With Or Without Joints, With Or Without Interface           |       | 470.04    | Б.,                |
| L4386  | Material, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or          | \$    | 173.81    | Purchase           |
|        | Otherwise Customized To Fit A Specific Patient By An Individual With Expertise           |       |           |                    |
| 1 4007 | Walking Boot, Non-Pneumatic, With Or Without Joints, With Or Without Interface           | Φ.    | 470.04    | Donahaaa           |
| L4387  | Material, Prefabricated, Off-The-Shelf   | \$    | 173.81    | Purchase           |
| L4392  | Replacement, Soft Interface Material, Static Afo   | \$    | 25.35     | Purchase           |
| L4394  | Replace Soft Interface Material, Foot Drop Splint  | \$    | 18.48     | Purchase           |
|        |  |       |           |                    |
|        | Static Or Dynamic Ankle Foot Orthosis, Including Soft Interface Material, Adjustable For |       |           |                    |
| L4396  | Fit, For Positioning, May Be Used For Minimal Ambulation, Prefabricated Item That Has    | \$    | 180.66    | Purchase           |
|        | Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific         |       |           |                    |
|        |  |       |           |                    |
| L4397  | Static Or Dynamic Ankle Foot Orthosis, Including Soft Interface Material, Adjustable For | \$    | 180.66    | Purchase           |
|        | Fit, For Positioning, May Be Used For Minimal Ambulation, Prefabricated, Off-The-Shelf   | -     |           |                    |
|        | Foot Drop Splint, Recumbent Positioning Device, Prefabricated, Off-The-Shelf             | \$    | 83.21     | Purchase           |

| Code  | Description  | Fee |          | Purchase or Rental |
|-------|--|-----|----------|--------------------|
| L4631 | Ankle Foot Orthosis, Walking Boot Type, Varus/Valgus Correction, Rocker Bottom, Anterior Tibial Shell, Soft Interface, Custom Arch Support, Plastic Or Other Material, Includes Straps And Closures, Custom Fabricated | \$  | 1,508.87 | Purchase           |
| L5000 | Partial Foot, Shoe Insert With Longitudinal Arch, Toe Filler   | \$  | 545.79   | Purchase           |
| L5010 | Partial Foot, Molded Socket, Ankle Height, With Toe Filler   | \$  | 1,442.74 | Purchase           |
| L5020 | Partial Foot, Molded Socket, Tibial Tubercle Height, With Toe Filler   | \$  | 2,531.33 | Purchase           |
| L5050 | Ankle, Symes, Molded Socket, Sach Foot   | \$  | 2,689.33 | Purchase           |
| L5060 | Ankle, Symes, Metal Frame, Molded Leather Socket, Articulated Ankle/Foot   | \$  | 3,645.16 | Purchase           |
| L5100 | Below Knee, Molded Socket, Shin, Sach Foot   | \$  | 2,510.60 | Purchase           |
| L5105 | Below Knee, Plastic Socket, Joints And Thigh Lacer, Sach Foot  | \$  | 4,116.64 | Purchase           |
| L5150 | Knee Disarticulation (Or Through Knee), Molded Socket, External Knee Joints, Shin, Sach Foot   | \$  | 4,201.64 | Purchase           |
| L5160 | Knee Disarticulation (Or Through Knee), Molded Socket, Bent Knee Configuration, External Knee Joints, Shin, Sach Foot  | \$  | 4,627.11 | Purchase           |
| L5200 | Above Knee, Molded Socket, Single Axis Constant Friction Knee, Shin, Sach Foot   | \$  | 3,568.47 | Purchase           |
| L5210 | Above Knee, Short Prosthesis, No Knee Joint ("Stubbies"), With Foot Blocks, No Ankle Joints, Each  | \$  | 2,825.35 | Purchase           |
| L5220 | Above Knee, Short Prosthesis, No Knee Joint ("Stubbies"), With Articulated Ankle/Foot, Dynamically Aligned, Each   | \$  | 3,255.53 | Purchase           |
| L5230 | Above Knee, For Proximal Femoral Focal Deficiency, Constant Friction Knee, Shin, Sach Foot   | \$  | 5,479.11 | Purchase           |
| L5250 | Hip Disarticulation, Canadian Type; Molded Socket, Hip Joint, Single Axis Constant Friction Knee, Shin, Sach Foot  | \$  | 7,040.21 | Purchase           |
| L5270 | Hip Disarticulation, Tilt Table Type; Molded Socket, Locking Hip Joint, Single Axis Constant Friction Knee, Shin, Sach Foot  | \$  | 6,421.95 | Purchase           |
| L5280 | Hemipelvectomy, Canadian Type; Molded Socket, Hip Joint, Single Axis Constant Friction Knee, Shin, Sach Foot   | \$  | 7,294.81 | Purchase           |
| L5301 | Below Knee, Molded Socket, Shin, Sach Foot, Endoskeletal System  | \$  | 2,500.65 | Purchase           |
| L5312 | Knee Disarticulation (Or Through Knee), Molded Socket, Single Axis Knee, Pylon, Sach Foot, Endoskeletal System   | \$  | 3,939.63 | Purchase           |
| L5321 | Above Knee, Molded Socket, Open End, Sach Foot, Endoskeletal System, Single Axis Knee  | \$  | 3,550.36 | Purchase           |
| L5331 | Hip Disarticulation, Canadian Type, Molded Socket, Endoskeletal System, Hip Joint, Single Axis Knee, Sach Foot   | \$  | 6,051.70 | Purchase           |
| L5341 | Hemipelvectomy, Canadian Type, Molded Socket, Endoskeletal System, Hip Joint, Single Axis Knee, Sach Foot  | \$  | 6,552.76 | Purchase           |
| L5400 | Immediate Post Surgical Or Early Fitting, Application Of Initial Rigid Dressing, Including Fitting, Alignment, Sus- Pension, And One Cast Change, Below Knee   | \$  | 1,325.68 | Purchase           |
| L5410 | Immediate Post Surgical Or Early Fitting, Application Of Initial Rigid Dressing, Including Fitting, Alignment And Suspension, Below Knee, Each Additional Cast Change And Realignment                                  | \$  | 451.33   | Purchase           |
| L5420 | Immediate Post Surgical Or Early Fitting, Application Of Initial Rigid Dressing, Including Fitting, Alignment And Sus- Pension And One Cast Change Ak Or Knee Disarticulation  | \$  | 1,846.63 | Purchase           |
| L5430 | Immediate Post Surgical Or Early Fitting, Application Of Initial Rigid Dressing, Incl Fitting, Alignment And Supension, "Ak" Or Knee Disarticulation, Each Additional Cast Change And Realignment                      | \$  | 543.58   | Purchase           |
| L5450 | Immediate Post Surgical Or Early Fitting, Application Of Non- Weight Bearing Rigid Dressing, Below Knee  | \$  | 529.26   | Purchase           |
| L5460 | Immediate Post Surgical Or Early Fitting, Application Of Non- Weight Bearing Rigid Dressing, Above Knee  | \$  | 619.89   | Purchase           |
| L5500 | Initial, Below Knee "Ptb" Type Socket, "Usmc" Or Equal Pylon, No Cover, Sach Foot, Plaster Socket, Direct Formed   | \$  | 1,827.60 | Purchase           |
| L5505 | Initial, Above Knee - Knee Disarticulation, Ischial Level Socket, 'Usmc' Or Equal Pylon, No Cover, Sach Foot Plaster Socket, Direct Formed   | \$  | 2,127.38 | Purchase           |
| L5510 | Preparatory, Below Knee "Ptb" Type Socket, 'Usmc' Or Equal Pylon, No Cover, Sach Foot, Plaster Socket, Molded To Model   | \$  | 1,820.95 | Purchase           |
| L5520 | Preparatory, Below Knee "Ptb" Type Socket, "Usmc" Or Equal Pylon, No Cover, Sach Foot, Thermoplastic Or Equal, Direct Formed   | \$  | 1,553.41 | Purchase           |

| Code  | Description  | Fee |          | Purchase or Rental |
|-------|--|-----|----------|--------------------|
| L5530 | Preparatory, Below Knee "Ptb" Type Socket, "Usmc" Or Equal Pylon, No Cover, Sach   | \$  | 2,044.32 | Purchase           |
|       | Foot, Thermoplastic Or Equal, Molded To Model  | *   |          |                    |
| _5535 | Preparatory, Below Knee "Ptb" Type Socket, Usmc Or Equal Pylon, No Cover, Sach Foot, Prefabricated, Adjustable Open End Socket                           | \$  | 1,831.84 | Purchase           |
| _5540 | Preparatory, Below Knee "Ptb" Type Socket, "Usmc" Or Equal Pylon, No Cover, Sach Foot, Laminated Socket, Molded To Model                                 | \$  | 2,194.25 | Purchase           |
| _5560 | Preparatory, Above Knee- Knee Disarticulation, Ischial Level Socket, "Usmc" Or Equal Pylon, No Cover, Sach Foot, Plaster Socket, Molded To Model         | \$  | 2,565.29 | Purchase           |
| _5570 | Preparatory, Above Knee-Knee Disarticulation, Ischial Level Socket, "Usmc" Or Equal Pylon, No Cover, Sach Foot, Thermoplastic Or Equal, Direct Formed    | \$  | 2,776.09 | Purchase           |
| 5580  | Preparatory, Above Knee-Knee Disarticulation Ischial Level Socket, "Usmc" Or Equal Pylon, No Cover, Sach Foot, Thermoplastic Or Equal, Molded To Model   | \$  | 3,118.24 | Purchase           |
| -5585 | Preparatory, Above Knee-Knee Disarticulation, Ischial Level Socket, "Usmc" Or Equal Pylon, No Cover, Sach Foot, Prefabricated Adjustable Open End Socket | \$  | 3,126.40 | Purchase           |
| _5590 | Preparatory, Above Knee-Knee Disarticulation Ischial Level Socket, "Usmc" Or Equal Pylon No Cover, Sach Foot, Laminated Socket, Molded To Model          | \$  | 3,316.40 | Purchase           |
| _5595 | Preparatory, Hip Disarticulation-Hemipelvectomy, Pylon, No Cover, Sach Foot, Thermoplastic Or Equal, Molded To Patient Model                             | \$  | 4,349.49 | Purchase           |
| _5600 | Preparatory, Hip Disarticulation-Hemipelvectomy, Pylon, No Cover, Sach Foot, Laminated Socket, Molded To Patient Model                                   | \$  | 4,803.15 | Purchase           |
| 5610  | Additions To Lower Extremity, Above Knee, Hydracadence   | \$  | 2,896.25 | Purchase           |
| _5611 | Addition To Lower Extremity, Above Knee-Knee Disarticulation, 4 Bar Linkage, With Friction Swing Phase Control   | \$  | 2,320.56 | Purchase           |
| _5613 | Addition To Lower Extremity, Above Knee-Knee Disarticulation, 4 Bar Linkage, With Hydraulic Swing Phase Control  | \$  | 3,318.78 | Purchase           |
| _5614 | Additions To Lower Extremity, Above Knee, Disarticulation, 4-Bar Link  | \$  | 1,853.53 | Purchase           |
| _5615 | Addition, Endoskeletal Knee-Shin System, 4 Bar Linkage Or Multiaxial, Fluid Swing And Stance Phase Control   | \$  | 7,004.43 | Purchase           |
| _5616 | Additions To Lower Extremity, Above Knee, Universal Multiplex System, Friction Swing Phase Control   | \$  | 1,926.43 | Purchase           |
| _5617 | Addition To Lower Extremity, Quick Change Self-Aligning Unit, Above Knee Or Below Knee, Each   | \$  | 612.68   | Purchase           |
| _5618 | Additions To Lower Extremity, Test Socket, Symes   | \$  | 303.80   | Purchase           |
| 5620  | Additions To Lower Extremity, Test Socket, Below Knee  | \$  | 300.31   | Purchase           |
| 5622  | Additions To Lower Extremity, Test Socket, Knee Disarticulat- Ion  | \$  | 391.61   | Purchase           |
| .5624 | Additions To Lower Extremity, Test Socket, Above Knee  | \$  | 393.95   | Purchase           |
| 5626  | Additions To Lower Extremity, Test Socket, Hip Disarticulation   | \$  | 515.03   | Purchase           |
| 5628  | Additions To Lower Extremity, Test Socket, Hemipelvectomy  | \$  | 521.54   | Purchase           |
| 5629  | Addition To Lower Extremity, Below Knee, Acrylic Socket  | \$  | 343.29   | Purchase           |
| 5630  | Additions To Lower Extremity, Symes Type, Expandable Wall Socket   | \$  | 529.44   | Purchase           |
| -5631 | Addition To Lower Extremity, Above Knee Or Knee Disarticulation, Acrylic Socket  | \$  | 474.62   | Purchase           |
| 5632  | Additions To Lower Extremity, Symes Type, "Ptb" Brim Design Socket   | \$  | 294.85   | Purchase           |
| 5634  | Additions To Lower Extremity, Symes Type, Posterior Opening (Canadian) Socket  | \$  | 438.12   | Purchase           |
| .5636 | Additions To Lower Extremity, Symes Type, Medial Opening Socket  | \$  | 366.98   | Purchase           |
| 5637  | Addition To Lower Extremity, Below Knee, Total Contact   | \$  | 312.07   | Purchase           |
| 5638  | Additions To Lower Extremity, Below Knee, Leather Socket   | \$  | 700.93   | Purchase           |
| .5639 | Addition To Lower Extremity, Below Knee, Wood Socket   | \$  | 1,614.83 | Purchase           |
| 5640  | Additions To Lower Extremity, Knee Disarticulation, Leather Socket   | \$  | 920.97   | Purchase           |
| 5642  | Additions To Lower Extremity, Above Knee, Leather Socket   | \$  | 892.36   | Purchase           |
| .5643 | Addition To Lower Extremity, Hip Disarticulation, Flexible Inner Socket, External Frame  | \$  | 2,241.72 | Purchase           |
| 5644  | Additions To Lower Extremity, Above Knee, Wood Socket  | \$  | 850.70   | Purchase           |
| 5645  | Addition To Lower Extremity, Below Knee, Flexible Inner Socket, External Frame   | \$  | 1,149.19 | Purchase           |
| -5646 | Addition To Lower Extremity, Below Knee, Air, Fluid, Gel Or Equal, Cushion Socket  | \$  | 766.61   | Purchase           |
| 5647  | Addition To Lower Extremity, Below Knee Suction Socket   | \$  | 1,049.16 | Purchase           |
| L5648 | Addition To Lower Extremity, Above Knee, Air, Fluid, Gel Or Equal, Cushion Socket  | \$  | 948.25   | Purchase           |

| Code  | Description   | Fee |          | Purchase or Rental |
|-------|---|-----|----------|--------------------|
| L5649 | Addition To Lower Extremity, Ischial Containment/Narrow M-L Socket  | \$  | 2,290.05 | Purchase           |
| L5650 | Additions To Lower Extremity, Total Contact, Above Knee Or Knee Disarticulation Socket  | \$  | 703.13   | Purchase           |
| L5651 | Addition To Lower Extremity, Above Knee, Flexible Inner Socket, External Frame  | \$  | 1,729.67 | Purchase           |
| L5652 | Additions To Lower Extremity, Suction Suspension, Above Knee Or Knee Disarticulation Socket   | \$  | 627.94   | Purchase           |
| L5653 | Additions To Lower Extremity, Knee Disarticulation, Expandable Wall Socket  | \$  | 838.25   | Purchase           |
| L5654 | Additions To Lower Extremity, Socket Insert, Symes, (Kemblo, Pelite, Aliplast, Plastazote Or Equal)   | \$  | 360.17   | Purchase           |
| L5655 | Additions To Lower Extremity, Socket Insert, Below Knee (Kemblo, Pelite, Aliplast, Plastazote Or Equal)   | \$  | 286.52   | Purchase           |
| L5656 | Addition To Lower Extremity, Socket Insert, Knee Disarticul- Ation, (Kemblo, Pelite, Aliplast, Plastazote Or Equal)   | \$  | 413.50   | Purchase           |
| L5658 | Additions To Lower Extremity, Socket Insert, Above Knee (Kemblo, Pelite, Aliplast, Plastazote Or Equal)   | \$  | 450.19   | Purchase           |
| L5661 | Addition To Lower Extremity, Socket Insert, Multi-Durometer Symes   | \$  | 657.37   | Purchase           |
| L5665 | Addition To Lower Extremity, Socket Insert, Multi-Durometer, Below Knee   | \$  | 553.10   | Purchase           |
| L5666 | Additions To Lower Extremity, Below Knee, Cuff Suspension   | \$  | 75.61    | Purchase           |
| L5668 | Additions To Lower Extremity, Below Knee, Molded Distal Cushion   | \$  | 109.09   | Purchase           |
| L5670 | Additions To Lower Extremity, Below Knee, Molded Supracondular Suspension ("Pts" Or Similar)  | \$  | 390.83   | Purchase           |
| L5671 | Addition To Lower Extremity, Below Knee / Above Knee Suspension Locking Mechanism (Shuttle, Lanyard Or Equal), Excludes Socket Insert   | \$  | 716.43   | Purchase           |
| L5672 | Additions To Lower Extremity, Below Knee, Removable Medial Brim Suspension  | \$  | 429.48   | Purchase           |
| L5673 | Addition To Lower Extremity, Below Knee/Above Knee, Custom Fabricated From Existing Mold Or Prefabricated, Socket Insert, Silicone Gel, Elastomeric Or Equal, For Use With Locking Mechanism  | \$  | 818.46   | Purchase           |
| L5676 | Additions To Lower Extremity, Below Knee, Knee Joints, Single Axis, Pair  | \$  | 484.12   | Purchase           |
| L5677 | Additions To Lower Extremity, Below Knee, Knee Joints, Polycentric, Pair  | \$  | 532.60   | Purchase           |
| L5678 | Additions To Lower Extremity, Below Knee, Joint Covers, Pair  | \$  | 55.81    | Purchase           |
| L5679 | Addition To Lower Extremity, Below Knee/Above Knee, Custom Fabricated From Existing Mold Or Prefabricated, Socket Insert, Silicone Gel, Elastomeric Or Equal, Not For Use With Locking Mechanism  | \$  | 682.01   | Purchase           |
| L5680 | Additions To Lower Extremity, Below Knee, Thigh Lacer, Non- Molded  | \$  | 401.40   | Purchase           |
| L5681 | Addition To Lower Extremity, Below Knee/Above Knee, Custom Fabricated Socket Insert For Congenital Or Atypical Traumatic Amputee, Silicone Gel, Elastomeric Or Equal, For Use With Or Without Locking Mechanism, Initial Only (For Other Than Initial, Use Code L5673 | \$  | 1,447.74 | Purchase           |
| L5682 | Additions To Lower Extremity, Below Knee, Thigh Lacer, Gluteal/Ischial, Molded  | \$  | 675.56   | Purchase           |
| L5683 | Addition To Lower Extremity, Below Knee/Above Knee, Custom Fabricated Socket Insert For Other Than Congenital Or Atypical Traumatic Amputee, Silicone Gel, Elastomeric Or Equal, For Use With Or Without Locking Mechanism, Initial Only (For Other Than Initial, Use | \$  | 1,447.74 | Purchase           |
| L5684 | Additions To Lower Extremity, Below Knee, Fork Strap  | \$  | 53.02    | Purchase           |
| L5685 | Addition To Lower Extremity Prosthesis, Below Knee, Suspension/Sealing Sleeve, With Or Without Valve, Any Material, Each  | \$  | 140.70   | Purchase           |
| L5686 | Additions To Lower Extremity, Below Knee, Back Check (Extens- Ion Control)  | \$  | 65.20    | Purchase           |
| L5688 | Additions To Lower Extremity, Below Knee, Waist Belt, Webbing   | \$  | 65.99    | Purchase           |
| L5690 | Additions To Lower Extremity, Below Knee, Waist Belt, Padded And Lined  | \$  | 105.71   | Purchase           |
| L5692 | Additions To Lower Extremity, Above Knee, Pelvic Control Belt, Light  | \$  | 148.54   | Purchase           |
| L5694 | Additions To Lower Extremity, Above Knee, Pelvic Control Belt, Padded And Lined   | \$  | 218.47   | Purchase           |
| L5695 | Addition To Lower Extremity, Above Knee, Pelvic Control, Sleeve Suspension, Neoprene Or Equal, Each   | \$  | 214.17   | Purchase           |
| L5696 | Additions To Lower Extremity, Above Knee Or Knee Disarticulat- Ion, Pelvic Joint  | \$  | 199.86   | Purchase           |
| L5697 | Additions To Lower Extremity, Above Knee Or Knee Disarticulat- Ion, Pelvic Band   | \$  | 94.49    | Purchase           |
| L5698 | Additions To Lower Extremity, Above Knee Or Knee Disarticulat- Ion, Silesian Bandage  | \$  | 112.68   | Purchase           |

| Code  | Description  | Fee |          | Purchase or Rental |
|-------|--|-----|----------|--------------------|
| L5699 | All Lower Extremity Prosthesis, Shoulder Harness   | \$  | 201.41   | Purchase           |
| L5700 | Replacement, Socket, Below Knee, Molded To Patient Model   | \$  | 3,065.25 | Purchase           |
| L5701 | Replacement, Socket, Above Knee Disarticulation, Including Attachment  | \$  | 4,091.23 | Purchase           |
| L5702 | Replacement, Socket, Hip Disarticulation, Including Hip Joint, Molded To   | \$  | 5,638.87 | Purchase           |
| L5703 | Ankle, Symes, Molded To Patient Model, Socket Without Solid Ankle Cushion Heel (Sach) Foot, Replacement Only               | \$  | 2,444.05 | Purchase           |
| L5704 | Custom Shaped Protective Cover, Below Knee   | \$  | 639.66   | Purchase           |
| L5705 | Custom Shaped Protective Cover, Above Knee   | \$  | 1,086.10 | Purchase           |
| L5706 | Custom Shaped Protective Cover, Knee Disarticulation   | \$  | 1,071.68 | Purchase           |
| L5707 | Custom Shaped Protective Cover, Hip Disarticulation  | \$  | 1,478.57 | Purchase           |
| L5710 | Addition, Exoskeletal Knee-Shin System, Single Axis, Manual Lock   | \$  | 458.44   | Purchase           |
| L5711 | Additions Exoskeletal Knee-Shin System, Single Axis, Manual Lock, Ultra-Light Material                                     | \$  | 564.05   | Purchase           |
| L5712 | Addition, Exoskeletal Knee-Shin System, Single Axis, Friction Swing And Stance Phase Control (Safety Knee)                 | \$  | 465.46   | Purchase           |
| L5714 | Addition, Exoskeletal Knee-Shin System, Single Axis, Variable Friction Swing Phase Control                                 | \$  | 548.26   | Purchase           |
| L5716 | Addition, Exoskeletal Knee-Shin System, Polycentric, Mechanical Stance Phase Lock  | \$  | 1,049.73 | Purchase           |
| L5718 | Addition, Exoskeletal Knee-Shin System, Polycentric, Friction Swing And Stance Phase Control                               | \$  | 1,312.07 | Purchase           |
| L5722 | Addition, Exoskeletal Knee-Shin System, Single Axis, Pneumatic Swing, Friction Stance Phase Control                        | \$  | 1,084.98 | Purchase           |
| L5724 | Addition, Exoskeletal Knee-Shin System, Single Axis, Fluid Swing Phase Control   | \$  | 1,704.19 | Purchase           |
| L5726 | Addition, Exoskeletal Knee-Shin System, Single Axis, External Joints Fluid Swing Phase Control                             | \$  | 1,879.11 | Purchase           |
| L5728 | Addition, Exoskeletal Knee-Shin System, Single Axis, Fluid Swing And Stance Phase Control                                  | \$  | 3,094.07 | Purchase           |
| L5780 | Addition, Exoskeletal Knee-Shin System, Single Axis, Pneumatic/Hydra Pneumatic Swing Phase Control                         | \$  | 1,241.52 | Purchase           |
| L5781 | Addition To Lower Limb Prosthesis, Vacuum Pump, Residual Limb Volume Management And Moisture Evacuation System             | \$  | 4,394.93 | Purchase           |
| L5782 | Addition To Lower Limb Prosthesis, Vacuum Pump, Residual Limb Volume Management And Moisture Evacuation System, Heavy Duty | \$  | 4,633.24 | Purchase           |
| L5783 | Addition To Lower Extremity, User Adjustable, Mechanical, Residual Limb Volume Management System                           | \$  | 2,779.47 | Purchase           |
| L5785 | Addition, Exoskeletal System, Below Knee, Ultra-Light Material (Titanium, Carbon Fiber Or Equal)                           | \$  | 561.23   | Purchase           |
| L5790 | Addition, Exoskeletal System, Above Knee, Ultra-Light Material (Titanium, Carbon Fiber Or Equal)                           | \$  | 776.70   | Purchase           |
| L5795 | Addition, Exoskeletal System, Hip Disarticulation, Ultra-Light Material (Titanium, Carbon Fiber Or Equal)                  | \$  | 1,159.82 | Purchase           |
| L5810 | Addition, Endoskeletal Knee-Shin System, Single Axis, Manual Lock  | \$  | 583.91   | Purchase           |
| L5811 | Addition, Endoskeletal Knee-Shin System, Single Axis, Manual Lock, Ultra-Light Material                                    | \$  | 1,020.47 | Purchase           |
| L5812 | Addition, Endoskeletal Knee-Shin System, Single Axis, Friction Swing And Stance Phase Control (Safety Knee)                | \$  | 751.16   | Purchase           |
| L5814 | Addition, Endoskeletal Knee-Shin System, Polycentric, Hydraulic Swing Phase Control, Mechanical Stance Phase Lock          | \$  | 4,079.35 | Purchase           |
| L5816 | Addition, Endoskeletal Knee-Shin System, Polycentric, Mechanical Stance Phase Lock   | \$  | 1,224.89 | Purchase           |
| L5818 | Addition, Endoskeletal Knee-Shin System, Polycentric, Friction Swing, And Stance<br>Phase Control                          | \$  | 1,383.15 | Purchase           |
| L5822 | Addition, Endoskeletal Knee-Shin System, Single Axis, Pneumatic Swing, Friction Stance Phase Control                       | \$  | 2,034.53 | Purchase           |
| L5824 | Addition, Endoskeletal Knee-Shin System, Single Axis, Fluid Swing Phase Control  | \$  | 2,208.77 | Purchase           |
| L5826 | Addition, Endoskeletal Knee-Shin System, Single Axis, Hydraulic Swing Phase Control, With Miniature High Activity Frame    | \$  | 3,430.24 | Purchase           |

| Code           | Description  | Fee   |                  | Purchase or Rental   |
|----------------|--|-------|------------------|----------------------|
| L5827          | Endoskeletal Knee-Shin System, Single Axis, Electromechanical Swing And Stance Phase Control, With Or Without Shock Absorption And Stance Extension Damping            | Price | by Report        |                      |
| L5828          | Addition, Endoskeletal Knee-Shin System, Single Axis, Fluid Swing And Stance Phase Control   | \$    | 3,430.30         | Purchase             |
| L5830          | Addition, Endoskeletal Knee-Shin System, Single Axis, Pneumatic/ Swing Phase Control   | \$    | 2,049.75         | Purchase             |
| L5840          | Addition, Endoskeletal Knee/Shin System, 4-Bar Linkage Or Multiaxial, Pneumatic Swing Phase Control  | \$    | 4,215.62         | Purchase             |
| L5841          | Addition, Endoskeletal Knee-Shin System, Polycentric, Pneumatic Swing, And Stance Phase Control  | \$    | 2,857.98         | Purchase             |
| L5845          | Addition, Endoskeletal, Knee-Shin System, Stance Flexion Feature, Adjustable   | \$    | 1,968.73         | Purchase             |
| L5848          | Addition To Endoskeletal Knee-Shin System, Fluid Stance Extension, Dampening Feature, With Or Without Adjustability  | \$    | 1,181.11         | Purchase             |
| L5850          | Addition, Endoskeletal System, Above Knee Or Hip Disarticulation, Knee Extension Assist  | \$    | 184.24           | Purchase             |
| L5855          | Addition, Endoskeletal System, Hip Disarticulation, Mechanical Hip Extension Assist  | \$    | 442.27           | Purchase             |
| L5856          | Addition To Lower Extremity Prosthesis, Endoskeletal Knee-Shin System, Microprocessor Control Feature, Swing And Stance Phase, Includes Electronic Sensor(S), Any Type | \$    | 26,349.59        | Purchase             |
| L5857          | Addition To Lower Extremity Prosthesis, Endoskeletal Knee-Shin System,<br>Microprocessor Control Feature, Swing Phase Only, Includes Electronic Sensor(S), Any<br>Type | \$    | 9,337.84         | Purchase             |
| L5858          | Addition To Lower Extremity Prosthesis, Endoskeletal Knee Shin System, Microprocessor Control Feature, Stance Phase Only, Includes Electronic Sensor(S), Any Type      | \$    | 20,414.06        | Purchase             |
| L5859          | Addition To Lower Extremity Prosthesis, Endoskeletal Knee-Shin System, Powered And Programmable Flexion/Extension Assist Control, Includes Any Type Motor(S)           | \$    | 15,937.07        | Purchase             |
| L5910          | Addition, Endoskeletal System, Below Knee, Alignable System  | \$    | 521.64           | Purchase             |
| L5920          | Addition, Endoskeletal System, Above Knee Or Hip Disarticulation, Alignable System   | \$    | 758.94           | Purchase             |
| L5925          | Addition, Endoskeletal System, Above Knee, Knee Disarticulation Or Hip Disarticulation, Manual Lock  | \$    | 483.95           | Purchase             |
| L5926          | Addition To Lower Extremity Prosthesis, Endoskeletal, Knee Disarticulation, Above Knee, Hip Disarticulation, Positional Rotation Unit, Any Type                        | \$    | 651.57           | Purchase             |
| L5930          | Addition, Endoskeletal System, High Activity Knee Control Frame  | \$    | 3,685.60         | Purchase             |
| L5940          | Addition, Endoskeletal System, Below Knee, Ultra-Light Material (Titanium, Carbon Fiber Or Equal)  | \$    | 722.47           | Purchase             |
| L5950          | Material (Titaniu  | \$    | 873.22           | Purchase             |
| L5960          | Ra-Light Material  | \$    | 1,041.37         | Purchase             |
| L5961          | Addition, Endoskeletal System, Polycentric Hip Joint, Pneumatic Or Hydraulic Control, Rotation Control, With Or Without Flexion And/Or Extension Control               | \$    | 5,538.75         | Purchase             |
| L5962          | Addition, Endoskeletal System, Below Knee, Flexible Proctective Outer Surface Covering System  | \$    | 808.87           | Purchase             |
| L5964          | Addition, Endoskeletal System, Above Knee, Flexible Protective Outer Surface Covering System   | \$    | 1,143.10         | Purchase             |
| L5966          | Addition, Endoskeletal System, Hip Disarticulation, Flexible Protective Outer Surface Covering System  | \$    | 1,453.64         | Purchase             |
| L5968          | Addition To Lower Limb Prosthesis, Multiaxial Ankle With Swing Phase Active Dorsiflexion Feature   | \$    | 3,991.52         | Purchase             |
| L5969          | Addition, Endoskeletal Ankle-Foot Or Ankle System, Power Assist, Includes Any Type Motor(S)  | \$    | 16,458.81        | Purchase             |
| L5970          | All Lower Extremity Prostheses, Foot, External Keel, Sach Foot   | \$    | 245.27           | Purchase             |
|                | All Lower Extremity Prosthesis, Solid Ankle Cushion Heel (Sach) Foot, Replacement  | \$    |                  |                      |
| L5971<br>L5972 | Only All Lower Extremity Prostheses, Foot, Flexible Keel   | \$    | 245.27<br>475.56 | Purchase<br>Purchase |
|                | Endoskeletal Ankle Foot System, Microprocessor Controlled Feature, Dorsiflexion  |       |                  |                      |
| L5973          | And/Or Plantar Flexion Control, Includes Power Source  | \$    | 19,157.28        | Purchase             |

| Code  | Description  | Fee   |           | Purchase or Rental |
|-------|--|-------|-----------|--------------------|
| L5974 | All Lower Extremity Prostheses, Foot, Single Axis Ankle/Foot   | \$    | 255.24    | Purchase           |
| L5975 | All Lower Extremity Prosthesis, Combination Single Axis Ankle And Flexible Keel Foot   | \$    | 509.21    | Purchase           |
| L5976 | All Lower Extremity Prostheses, Energy Storing Foot (Seattle Carbon Copy li Or Equal)  | \$    | 653.17    | Purchase           |
| L5978 | All Lower Extremity Prostheses, Foot, Multiaxial Ankle/Foot  | \$    | 315.23    | Purchase           |
| L5979 | All Lower Extremity Prosthesis, Multi-Axial Ankle, Dynamic Response Foot, One Piece System   | \$    | 2,983.61  | Purchase           |
| L5980 | All Lower Extremity Prostheses, Flex Foot System   | \$    | 5,340.18  | Purchase           |
| L5981 | All Lower Extremity Prostheses, Flex-Walk System Or Equal  | \$    | 3,489.69  | Purchase           |
| L5982 | All Exoskeletal Lower Extremity Prostheses, Axial Rotation Unit  | \$    | 832.65    | Purchase           |
| L5984 | All Endoskeletal Lower Extremity Prosthesis, Axial Rotation Unit, With Or Without Adjustability  | \$    | 651.57    | Purchase           |
| L5985 | All Endoskeletal Lower Extremity Protheses, Dynamic Prosthetic Pylon   | \$    | 309.17    | Purchase           |
| L5986 | All Lower Extremity Prostheses, Multi-Axial Rotation Unit ("Mcp" Or Equal)   | \$    | 912.70    | Purchase           |
| L5987 | All Lower Extremity Prosthesis, Shank Foot System With Vertical Loading Pylon  | \$    | 7,901.64  | Purchase           |
| L5988 | Addition To Lower Limb Prosthesis, Vertical Shock Reducing Pylon Feature   | \$    | 2,194.22  | Purchase           |
| L5990 | Addition To Lower Extremity Prosthesis, User Adjustable Heel Height  | \$    | 1,992.72  | Purchase           |
| L5991 | Addition To Lower Extremity Prostheses, Osseointegrated External Prosthetic Connector  | \$    | 10,372.10 | Purchase           |
| L5999 | Lower Extremity Prosthesis, Not Otherwise Specified  | Price | by Report |                    |
| L6000 | Partial Hand, Thumb Remaining  | \$    | 1,435.28  | Purchase           |
| L6010 | Partial Hand, Little And/Or Ring Finger Remaining  | \$    | 1,700.49  | Purchase           |
| L6020 | Partial Hand, No Finger Remaining  | \$    | 1,513.85  | Purchase           |
| L6026 | Transcarpal/Metacarpal Or Partial Hand Disarticulation Prosthesis, External Power, Self-Suspended, Inner Socket With Removable Forearm Section, Electrodes And Cables, Two Batteries, Charger, Myoelectric Control Of Terminal Device, Excludes Terminal Device(S) | \$    | 5,145.17  | Purchase           |
| L6028 | Partial Hand Including Fingers, Flexible Or Non-Flexible Interface, Endoskeletal System, Molded To Patient Model, For Use Without External Power, Not Including Inserts Described By L6692   | Price | by Report |                    |
| L6029 | Upper Extremity Addition, Test Socket/Interface, Partial Hand Including Fingers  | Price | by Report |                    |
| L6030 | Upper Extremity Addition, External Frame, Partial Hand Including Fingers   | Price | by Report |                    |
| L6031 | Replacement Socket/Interface, Partial Hand Including Fingers, Molded To Patient Model, For Use With Or Without External Power  | Price | by Report |                    |
| L6032 | Addition To Upper Extremity Prosthesis, Partial Hand Including Fingers, Ultralight Material (Titanium, Carbon Fiber Or Equal)  | Price | by Report |                    |
| L6033 | Addition To Upper Extremity Prosthesis, Partial Hand Including Fingers, Acrylic Material   | Price | by Report |                    |
| L6037 | Immediate Post-Surgical Or Early Fitting, Application Of Initial Rigid Dressing, Including Fitting Alignment And Suspension Of Components, And One Cast Change, Partial Hand Including Fingers   | Price | by Report |                    |
| L6050 | Wrist Disarticulation, Molded Socket, Flexible Elbow Hinges, Triceps Pad   | \$    | 2,208.28  | Purchase           |
| L6055 | Wrist Disarticulation, Molded Socket With Expandable Interface, Flexible Elbow Hinges, Triceps Pad   | \$    | 3,057.27  | Purchase           |
| L6100 | Below Elbow, Molded Socket, Flexible Elbow Hinge, Triceps Pad  | \$    | 2,185.74  | Purchase           |
| L6110 | Below Elbow, Molded Socket, (Muenster Or Northwestern Sus- Pension Types)  | \$    | 2,255.78  | Purchase           |
| L6120 | Below Elbow, Molded Double Wall Split Socket, Step-Up Hinges, Half Cuff  | \$    | 2,832.18  | Purchase           |
| L6130 | Below Elbow, Molded Double Wall Split Socket, Stump Activated Locking Hinge, Half Cuff   | \$    | 3,055.62  | Purchase           |
| L6200 | Elbow Disarticulation, Molded Socket, Outside Locking Hinge, Forearm   | \$    | 3,293.86  | Purchase           |
| L6205 | Elbow Disarticulation, Molded Socket With Expandable Interface, Outside Locking Hinges, Forearm  | \$    | 4,034.21  | Purchase           |
| L6250 | Above Elbow, Molded Double Wall Socket, Internal Locking Elbow, Forearm  | \$    | 2,932.70  | Purchase           |
| L6300 | Shoulder Disarticulation, Molded Socket, Shoulder Bulkhead, Humeral Section, Internal Locking Elbow, Forearm   | \$    | 4,300.25  | Purchase           |
| L6310 | Shoulder Disarticulation, Passive Restoration (Complete Pros- Thesis)  | \$    | 3,278.03  | Purchase           |
| L0310 |  |       |           |                    |

| Code  | Description   | Fee |          | Purchase or Rental |
|-------|---|-----|----------|--------------------|
| L6350 | Interscapular Thoracic, Molded Socket, Shoulder Bulkhead, Humeral Section, Internal   | \$  | 4,940.98 | Purchase           |
| L6360 | Locking Elbow, Forearm Intersacpular Thoracic, Passive Restoration (Complete Pros-Thesis)   | \$  | 3,440.68 | Purchase           |
| L6370 | Interscapular Thoracic, Passive Restoration (Complete Pros- Thesis)  Interscapular Thoracic, Passive Restoration (Shoulder Cap Only)  | \$  | 2,194.01 | Purchase           |
| L6380 | Immediate Post Surgical Or Early Fitting, Application Of Initial Rigid Dressing, Including Fitting Alignment And Suspension Of Components, And One Cast Change, Wrist Disarticulation Or Below Elbow                                      | \$  | 1,257.88 | Purchase           |
| L6382 | Immediate Post Surgical Or Early Fitting, Application Of Initial Rigid Dressing Including Fitting Alignment And Suspension Of Components, And One Cast Change, Elbow Disarticulation Or Above Elbow                                       | \$  | 1,709.63 | Purchase           |
| L6384 | Immediate Post Surgical Or Early Fitting, Application Of Initial Rigid Dressing Including Fitting Alignment And Suspension Of Components, And One Cast Change, Shoulder Disarticulation Or Interscapular Thoracic                         | \$  | 2,370.78 | Purchase           |
| L6386 | Immediate Post Surgical Or Early Fitting, Each Additional Cast Change And Realignment   | \$  | 433.80   | Purchase           |
| L6388 | Immediate Post Surgical Or Early Fitting, Application Of Rigid Dressing Only  | \$  | 546.12   | Purchase           |
| L6400 | Below Elbow, Molded Socket, Endoskeletal System, Including Soft Prosthetic Tissue Shaping   | \$  | 3,342.04 | Purchase           |
| L6450 | Elbow Disarticulation, Molded Socket, Endoskeletal System, Including Soft Prosthetic Tissue Shaping   | \$  | 4,440.54 | Purchase           |
| L6500 | Above Elbow, Molded Socket, Endoskeletal System, Including Soft Prosthetic Tissue Shaping   | \$  | 4,366.73 | Purchase           |
| L6550 | Shoulder Disarticulation, Molded Socket, Endoskeletal System, Including Soft Prosthetic Tissue Shaping  | \$  | 5,461.95 | Purchase           |
| L6570 | Interscapular Thoracic, Molded Socket, Endoskeletal System, Including Soft Prosthetic Tissue Shaping  | \$  | 5,683.07 | Purchase           |
| L6580 | Preparatory, Wrist Disarticulation Or Below Elbow, Single Wall Plastic Socket, Friction Wrist, Flexible Elbow Hinges, Figure Of Eight Harness, Humeral Cuff, Bowden Cable Control, Usmc Or Equal Pylon, No Cover, Molded To Patient Model | \$  | 2,032.01 | Purchase           |
| L6582 | Preparatory, Wrist Disarticulation Or Below Elbow, Single Wall Socket, Friction Wrist, Flexible Elbow Hinges, Figure Of Eight Harness, Humeral Cuff, Bowden Cable Control, Usmc Or Equal Pylon, No Cover, Direct Formed                   | \$  | 1,982.29 | Purchase           |
| L6584 | Preparatory, Elbow Disarticulation Or Above Elbow, Single Wall Plastic Socket, Friction Wrist, Locking Elbow, Figure Of Eight Harness, Fair Lead Cable Control, Usmc Or Equal Pylon, No Cover, Molded To Patient Model                    | \$  | 2,211.00 | Purchase           |
| L6586 | Preparatory, Elbow Disarticulation Or Above Elbow, Single Wall Socket, Friction Wrist, Locking Elbow, Figure Or Eight Harness, Fair Lead Cable Control, Usmc Or Equal Pylon, No Cover, Direct Formed                                      | \$  | 2,300.46 | Purchase           |
| L6588 | Preparatory, Shoulder Disarticulation Or Interscapular Thoracic, Single Wall Plastic Socket, Shoulder Joint, Locking Elbow, Friction Wrist, Chest Strap,  | \$  | 3,053.26 | Purchase           |
| L6590 | Preparatory, Shoulder Disarticulation Or Interscapular Thoracic, Single Wall Socket, Shoulder Joint, Locking Elbow, Friction Wrist, Chest Strap, Fair Lead Cable Control, Usmc Or Equal Pylon, No Cover, Direct Formed                    | \$  | 3,062.26 | Purchase           |
| L6600 | Upper Extremity Additions, Polycentric Hinge, Pair  | \$  | 202.63   | Purchase           |
| _6605 | Upper Extremity Additions, Single Pivot Hinge, Pair   | \$  | 200.07   | Purchase           |
| L6610 | Upper Extremity Additions, Flexible Metal Hinge, Pair   | \$  | 183.10   | Purchase           |
| L6611 | Addition To Upper Extremity Prosthesis, External Powered, Additional Switch, Any Type   | \$  | 452.24   | Purchase           |
| L6615 | Upper Extremity Additions, Disconnect Locking Wrist Unit  | \$  | 210.90   | Purchase           |
| L6616 | Upper Extremity Addition, Additional Disconnect Insert For Locking Wrist Unit, Each   | \$  | 70.07    | Purchase           |
| L6620 | Upper Extremity Addition, Flexion/Extension Wrist Unit, With Or Without Friction  | \$  | 367.48   | Purchase           |
| L6621 | Upper Extremity Prosthesis Addition, Flexion/Extension Wrist With Or Without Friction, For Use With External Powered Terminal Device  | \$  | 2,512.40 | Purchase           |
| L6623 | Upper Extremity Addition, Spring Assisted Rotational Wrist Unit With Latch Release  | \$  | 692.92   | Purchase           |
| L6624 | Upper Extremity Addition, Flexion/Extension And Rotation Wrist Unit   | \$  | 4,136.72 | Purchase           |
| L6625 | Upper Extremity Additions, Rotation Wrist Unit With Cable Lock  | \$  | 574.52   | Purchase           |
| L6628 | Upper Extremity Addition, Quick Disconnect Hook Adapter, Otto Bock Or Equal   | \$  | 689.97   | Purchase           |

| Code  | Description  | Fee |          | Purchase or Rental |
|-------|--|-----|----------|--------------------|
| L6629 | Upper Extremity Addition, Quick Disconnect Lamination Collar With Coupling Piece, Otto Bock Or Equal   | \$  | 198.00   | Purchase           |
| L6630 | Upper Extremity Additions, Stainless Steel, Any Wrist  | \$  | 232.81   | Purchase           |
| L6632 | Upper Extremity Addition, Latex Suspension Sleeve, Each  | \$  | 93.57    | Purchase           |
| L6635 | Upper Extremity Addition, Lift Assist For Elbow  | \$  | 223.77   | Purchase           |
| L6637 | Upper Extremity Addition, Nudge Control Elbow Lock   | \$  | 396.65   | Purchase           |
| L6638 | Upper Extremity Addition To Prosthesis, Electric Locking Feature, Only For Use With Manually Powered Elbow   | \$  | 2,746.83 | Purchase           |
| L6640 | Upper Extremity Additions, Shoulder Abduction Joint, Pair  | \$  | 316.85   | Purchase           |
| _6641 | Upper Extremity Addition, Excursion Amplifier, Pulley Type   | \$  | 174.37   | Purchase           |
| L6642 | Upper Extremity Addition, Excursion Amplifier, Lever Type  | \$  | 234.89   | Purchase           |
| L6645 | Upper Extremity Additions, Shoulder Flexion-Abduction Joint, Each  | \$  | 344.84   | Purchase           |
| L6646 | Upper Extremity Addition, Shoulder Joint, Multipositional Locking, Flexion, Adjustable Abduction Friction Control, For Use With Body Powered Or External Powered System  | \$  | 3,464.38 | Purchase           |
| L6647 | Upper Extremity Addition, Shoulder Lock Mechanism, Body Powered Actuator   | \$  | 570.38   | Purchase           |
| L6648 | Upper Extremity Addition, Shoulder Lock Mechanism, External Powered Actuator   | \$  | 3,573.01 | Purchase           |
| _6650 | Upper Extremity Additions, Shoulder Universal Joint, Each  | \$  | 365.63   | Purchase           |
| _6655 | Upper Extremity Additions, Standard Control Cable, Extra   | \$  | 81.14    | Purchase           |
| L6660 | Upper Extremity Additions, Heavy Duty Control Cable  | \$  | 101.53   | Purchase           |
| L6665 | Upper Extremity Additions, Teflon, Or Equal, Cable Lining  | \$  | 49.74    | Purchase           |
| L6670 | Upper Extremity Additions, Hook To Hand, Cable Adapter   | \$  | 51.80    | Purchase           |
| L6672 | Upper Extremity Additions, Harness, Chest Or Shoulder, Saddle Type   | \$  | 218.45   | Purchase           |
| L6675 | Upper Extremity Addition, Harness, (E.G. Figure Of Eight Type), Single Cable Design  | \$  | 129.73   | Purchase           |
| L6676 | Upper Extremity Addition, Harness, (E.G. Figure Of Eight Type), Dual Cable Design  | \$  | 152.95   | Purchase           |
| L6677 | Upper Extremity Addition, Harness, Triple Control, Simultaneous Operation Of Terminal Device And Elbow   | \$  | 325.85   | Purchase           |
| L6680 | Upper Extremity Additions, Test Socket, Wrist Disarticulat- Ion Or Below Elbow   | \$  | 265.42   | Purchase           |
| L6682 | Upper Extremity Additions, Test Socket, Elbow Disarticulat- Ion Or Above Elbow   | \$  | 289.35   | Purchase           |
| L6684 | Upper Extremity Additions, Test Socket, Shoulder Dis- Articulation Or Interscapular Thoracic   | \$  | 411.32   | Purchase           |
| L6686 | Upper Extremity Addition, Suction Socket   | \$  | 637.72   | Purchase           |
| L6687 | Upper Extremity Addition, Frame Type Socket, Below Elbow Or Wrist Disarticulation  | \$  | 830.78   | Purchase           |
| L6688 | Upper Extremity Addition, Frame Type Socket, Above Elbow Or Elbow Disarticulation  | \$  | 572.24   | Purchase           |
| L6689 | Upper Extremity Addition, Frame Type Socket, Shoulder Disarticulation  | \$  | 970.47   | Purchase           |
| L6690 | Upper Extremity Addition, Frame Type Socket, Interscapular-Thoracic  | \$  | 742.78   | Purchase           |
| L6691 | Upper Extremity Addition, Removable Insert, Each   | \$  | 372.88   | Purchase           |
| L6692 | Upper Extremity Addition, Silicone Gel Insert Or Equal, With Or Without Locking Mechanism, Each  | \$  | 755.82   | Purchase           |
| L6693 | Upper Extremity Addition, Locking Elbow, Forearm Counterbalance  | \$  | 3,118.37 | Purchase           |
| L6694 | Addition To Upper Extremity Prosthesis, Below Elbow/Above Elbow, Custom Fabricated From Existing Mold Or Prefabricated, Socket Insert, Silicone Gel, Elastomeric Or Equal,   | \$  | 818.46   | Purchase           |
| L6695 | For Use With Locking Mechanism  Addition To Upper Extremity Prosthesis, Below Elbow/Above Elbow, Custom Fabricated From Existing Mold Or Prefabricated, Socket Insert, Silicone Gel, Elastomeric Or Equal, Not For Use With Locking Mechanism                      | \$  | 682.01   | Purchase           |
| L6696 | Addition To Upper Extremity Prosthesis, Below Elbow/Above Elbow, Custom Fabricated Socket Insert For Congenital Or Atypical Traumatic Amputee, Silicone Gel, Elastomeric Or Equal, For Use With Or Without Locking Mechanism, Initial Only (For Other Than Initial | \$  | 1,447.74 | Purchase           |
| L6697 | Addition To Upper Extremity Prosthesis, Below Elbow/Above Elbow, Custom Fabricated Socket Insert For Other Than Congenital Or Atypical Traumatic Amputee, Silicone Gel, Elastomeric Or Equal, For Use With Or Without Locking Mechanism, Initial Only (For         | \$  | 1,447.74 | Purchase           |

| Code  | Description   | Fee   |           | Purchase or Rental |
|-------|---|-------|-----------|--------------------|
| L6698 | Addition To Upper Extremity Prosthesis, Lock Mechanism, Excludes Socket Insert  | \$    | 716.43    | Purchase           |
| L6700 | Upper Extremity Addition, External Powered Feature, Myoelectronic Control Module, Additional Emg Inputs, Pattern-Recognition Decoding Intent Movement   | Price | by Report |                    |
| L6703 | Terminal Device, Passive Hand/Mitt, Any Material, Any Size  | \$    | 399.52    | Purchase           |
| L6704 | Terminal Device, Sport/Recreational/Work Attachment, Any Material, Any Size   | \$    | 777.69    | Purchase           |
| L6706 | Terminal Device, Hook, Mechanical, Voluntary Opening, Any Material, Any Size, Lined Or Unlined  | \$    | 499.90    | Purchase           |
| L6707 | Terminal Device, Hook, Mechanical, Voluntary Closing, Any Material, Any Size, Lined Or Unlined  | \$    | 1,543.82  | Purchase           |
| L6708 | Terminal Device, Hand, Mechanical, Voluntary Opening, Any Material, Any Size  | \$    | 1,075.81  | Purchase           |
| L6709 | Terminal Device, Hand, Mechanical, Voluntary Closing, Any Material, Any Size  | \$    | 1,668.21  | Purchase           |
| L6711 | Terminal Device, Hook, Mechanical, Voluntary Opening, Any Material, Any Size, Lined Or Unlined, Pediatric   | \$    | 738.51    | Purchase           |
| L6712 | Terminal Device, Hook, Mechanical, Voluntary Closing, Any Material, Any Size, Lined Or Unlined, Pediatric   | \$    | 1,359.68  | Purchase           |
| L6713 | Terminal Device, Hand, Mechanical, Voluntary Opening, Any Material, Any Size, Pediatric   | \$    | 1,716.07  | Purchase           |
| L6714 | Terminal Device, Hand, Mechanical, Voluntary Closing, Any Material, Any Size, Pediatric   | \$    | 1,453.47  | Purchase           |
| L6715 | Terminal Device, Hook, Dorrance, Or Equal, Model #5Xa   | \$    | 3,474.77  | Purchase           |
| L6721 | Terminal Device, Hook Or Hand, Heavy Duty, Mechanical, Voluntary Opening, Any Material, Any Size, Lined Or Unlined  | \$    | 2,583.41  | Purchase           |
| L6722 | Terminal Device, Hook Or Hand, Heavy Duty, Mechanical, Voluntary Closing, Any Material, Any Size, Lined Or Unlined  | \$    | 2,227.12  | Purchase           |
| L6805 | Addition To Terminal Device, Modifier Wrist Unit  | \$    | 384.68    | Purchase           |
| L6810 | Addition To Terminal Device, Precision Pinch Device   | \$    | 237.83    | Purchase           |
| L6880 | Terminal Device, Hand, Bock, Vo   | \$    | 26,296.14 | Purchase           |
| L6881 | Automatic Grasp Feature, Addition To Upper Limb Electric Prosthetic Terminal Device   | \$    | 4,490.51  | Purchase           |
| L6882 | Microprocessor Control Feature, Addition To Upper Limb Prosthetic Terminal Device   | \$    | 3,406.33  | Purchase           |
| L6883 | Replacement Socket, Below Elbow/Wrist Disarticulation, Molded To Patient Model, For Use With Or Without External Power  | \$    | 1,851.34  | Purchase           |
| L6884 | Replacement Socket, Above Elbow/Elbow Disarticulation, Molded To Patient Model, For Use With Or Without External Power  | \$    | 2,411.60  | Purchase           |
| L6885 | Replacement Socket, Shoulder Disarticulation/Interscapular Thoracic, Molded To Patient Model, For Use With Or Without External Power  | \$    | 3,440.68  | Purchase           |
| L6890 | Addition To Upper Extremity Prosthesis, Glove For Terminal Device, Any Material, Prefabricated, Includes Fitting And Adjustment   | \$    | 196.32    | Purchase           |
| L6895 | Addition To Upper Extremity Prosthesis, Glove For Terminal Device, Any Material, Custom Fabricated  | \$    | 616.49    | Purchase           |
| L6900 | Hand Restoration (Casts, Shading And Measurements Included), Partial Hand, With Glove, Thumb Or One Finger Remaining  | \$    | 1,631.63  | Purchase           |
| L6905 | Hand Restoration (Casts, Shading And Measurements, Included), Partial Hand, With Glove, Multiple Fingers Remaining  | \$    | 1,585.99  | Purchase           |
| L6910 | Hand Restoration (Casts, Shading And Measurements Included), Partial Hand, With Glove, No Fingers Remaining   | \$    | 1,545.08  | Purchase           |
| L6915 | Hand Restoration (Shading, And Measurements Included), Replacement Glove For Above  | \$    | 676.24    | Purchase           |
| L6920 | Wrist Disarticulation, External Power, Self-Suspended Inner Socket, Removable Forearm Shell, Otto Bock Or Equal, Switch, Cables, Two Batteries And One Charger, Switch Control Of Terminal Device           | \$    | 8,763.17  | Purchase           |
| L6925 | Wrist Disarticulation, External Power, Self-Suspended Inner Socket, Removable Forearm Shell, Otto Bock Or Equal Electrodes, Cables, Two Batteries And One Charger, Myoelectronic Control Of Terminal Device | \$    | 9,451.41  | Purchase           |
| L6930 | Below Elbow, External Power, Self-Suspended Inner Socket, Removable Forearm Shell, Otto Bock Or Equal Switch, Cables, Two Batteries And One Charger, Switch Control Of Terminal Device                      | \$    | 9,207.45  | Purchase           |

| Code  | Description  | Fee |           | Purchase or Rental |
|-------|--|-----|-----------|--------------------|
| L6935 | Below Elbow, External Power, Self-Suspended Inner Socket, Removable Forearm Shell, Otto Bock Or Equal Electrodes, Cables, Two Batteries And One Charger, Myoelectronic Control Of Terminal Device  | \$  | 9,885.33  | Purchase           |
| L6940 | Elbow Disarticulation, External Power, Molded Inner Socket, Removable Humeral Shell, Outside Locking Hinges, Forearm, Otto Bock Or Equal Switch, Cables, Two Batteries And One Charger, Switch Control Of Terminal Device  | \$  | 12,636.72 | Purchase           |
| L6945 | Elbow Disarticulation, External Power, Molded Inner Socket, Removable Humeral Shell, Outside Locking Hinges, Forearm, Otto Bock Or Equal Electrodes, Cables, Two Batteries And One Charger, Myoelectronic Control Of Terminal Device                                 | \$  | 14,701.36 | Purchase           |
| L6950 | Above Elbow, External Power, Molded Inner Socket, Removable Humeral Shell, Internal Locking Elbow, Forearm, Otto Bock Or Equal Switch, Cables, Two Batteries And One Charger, Switch Control Of Terminal Device  | \$  | 14,363.42 | Purchase           |
| L6955 | Above Elbow, External Power, Molded Inner Socket, Removable Humeral Shell, Internal Locking Elbow, Forearm, Otto Bock Or Equal Electrodes, Cables Two Batteries And One Charger, Myoelectronic Control Of Terminal Device  | \$  | 17,202.14 | Purchase           |
| L6960 | Shoulder Disarticulation, External Power, Molded Inner Socket, Removable Shoulder Shell, Shoulder Bulkhead, Humeral Section, Mechanical Elbow, Forearm, Otto Bock Or Equal Switch, Cables, Two Batteries And One Charger, Switch Control Of Terminal Device          | \$  | 17,349.65 | Purchase           |
| L6965 | Shoulder Disarticulation, External Power, Molded Inner Socket, Removable Shoulder Shell, Shoulder Bulkhead, Humeral Section, Mechanical Elbow, Forearm, Otto Bock Or Equal Electrodes, Cables, Two Batteries And One Charger, Myoelectronic Control Of Ter           | \$  | 18,797.39 | Purchase           |
| L6970 | Interscapular-Thoracic, External Power, Molded Inner Socket, Removable Shoulder Shell, Shoulder Bulkhead, Humeral Section, Mechanical Elbow, Forearm, Otto Bock Or Equal Switch, Cables, Two Batteries And One Charger, Switch Control Of Terminal Device            | \$  | 19,029.46 | Purchase           |
| L6975 | Interscapular-Thoracic, External Power, Molded Inner Socket, Removable Shoulder Shell, Shoulder Bulkhead, Humeral Section, Mechanical Elbow, Forearm, Otto Bock Or Equal Electrodes, Cables, Two Batteries And One Charger, Myoelectronic Control Of Terminal Device | \$  | 20,388.17 | Purchase           |
| L7007 | Electric Hand, Switch Or Myoelectric Controlled, Adult   | \$  | 3,717.10  | Purchase           |
| L7008 | Electric Hand, Switch Or Myoelectric, Controlled, Pediatric  | \$  | 6,255.23  | Purchase           |
| L7009 | Electric Hook, Switch Or Myoelectric Controlled, Adult   | \$  | 3,892.19  | Purchase           |
| L7040 | Prehensile Actuator, Switch Controlled   | \$  | 3,045.32  | Purchase           |
| L7045 | Electric Hook, Switch Or Myoelectric Ontrolled, Pediatric  | \$  | 1,745.99  | Purchase           |
| L7170 | Electronic Elbow, Hosmer Or Equal, Switch Controlled   | \$  | 6,645.74  | Purchase           |
| L7180 | Electronic Elbow, Microprocessor Sequential Control Of Elbow And Terminal Device   | \$  | 38,568.52 | Purchase           |
| L7181 | Electronic Elbow, Microprocessor Simultaneous Control Of Elbow And Terminal Device   | \$  | 44,011.01 | Purchase           |
| L7185 | Electronic Elbow, Adolescent, Variety Village Or Equal, Switch Controlled  | \$  | 6,894.84  | Purchase           |
| L7186 | Electronic Elbow, Child, Variety Village Or Equal, Switch Controlled   | \$  | 12,496.24 | Purchase           |
| L7190 | Electronic Elbow, Adolescent, Variety Village Or Equal, Myoelectronically Controlled   | \$  | 8,723.32  | Purchase           |
| L7191 | Electronic Elbow, Child, Variety Village Or Equal, Myoelectronically Controlled  | \$  | 12,803.31 | Purchase           |
| L7259 | Electronic Wrist Rotator, Any Type   | \$  | 4,165.53  | Purchase           |
| L7360 | Six Volt Battery, Each   | \$  | 245.64    | Purchase           |
| L7362 | Battery Charger, Six Volt, Each  | \$  | 360.86    | Purchase           |
| L7364 | Twelve Volt Battery, Each  | \$  | 430.44    | Purchase           |
| L7366 | Battery Charger, Twelve Volt, Each   | \$  | 579.83    | Purchase           |
| L7367 | Lithium Ion Battery, Rechargeable, Replacement   | \$  | 427.63    | Purchase           |
| L7368 | Lithium Ion Battery Charger, Replacement Only  | \$  | 554.36    | Purchase           |
| L7400 | Addition To Upper Extremity Prosthesis, Below Elbow/Wrist Disarticulation, Ultralight Material (Titanium, Carbon Fiber Or Equal)   | \$  | 336.66    | Purchase           |
| L7401 | Addition To Upper Extremity Prosthesis, Above Elbow Disarticulation, Ultralight Material (Titanium, Carbon Fiber Or Equal)   | \$  | 376.90    | Purchase           |
| L7402 | Addition To Upper Extremity Prosthesis, Shoulder Disarticulation/Interscapular Thoracic, Ultralight Material (Titanium, Carbon Fiber Or Equal)   | \$  | 406.99    | Purchase           |

| Code  | Description  | Fee   |           | Purchase or Rental |
|-------|--|-------|-----------|--------------------|
| L7403 | Addition To Upper Extremity Prosthesis, Below Elbow/Wrist Disarticulation, Acrylic Material                            | \$    | 404.50    | Purchase           |
| L7404 | Addition To Upper Extremity Prosthesis, Above Elbow Disarticulation, Acrylic Material                                  | \$    | 610.52    | Purchase           |
| L7405 | Addition To Upper Extremity Prosthesis, Shoulder Disarticulation/Interscapular Thoracic, Acrylic Material              | \$    | 798.44    | Purchase           |
| L7406 | Addition To Upper Extremity, User Adjustable, Mechanical, Residual Limb Volume Management System                       | Price | by Report |                    |
| L7499 | Upper Extremity Prosthesis, Not Otherwise Specified  | Price | by Report |                    |
| L7510 | Repair Of Prosthetic Device, Repair Or Replace Minor Parts   | \$    | 340.52    | Purchase           |
| L7520 | Repair Prosthetic Device, Labor Component, Per 15 Minutes  | \$    | 18.65     | Purchase           |
| L7600 | Prosthetic Donning Sleeve, Any Material, Each  |       | by Report |                    |
| L7700 | Gasket Or Seal, For Use With Prosthetic Socket Insert, Any Type, Each  | \$    | 129.15    | Purchase           |
|       | Breast Prosthesis, Mastectomy Bra, Without Integrated Breast Prosthesis Form, Any                                      | 1     |           |                    |
| L8000 | Size, Any Type   | \$    | 40.64     | Purchase           |
| L8001 | Breast Prosthesis, Mastectomy Bra, With Integrated Breast Prosthesis Form, Unilateral, Any Size, Any Type              | \$    | 137.77    | Purchase           |
| L8002 | Breast Prosthesis, Mastectomy Bra, With Integrated Breast Prosthesis Form, Bilateral, Any Size, Any Type               | \$    | 181.22    | Purchase           |
| L8015 | External Breast Prosthesis Garment, With Mastectomy Form, Post Mastectomy  | \$    | 65.86     | Purchase           |
| L8020 | Breast Prosthesis, Mastectomy Form   | \$    | 216.70    | Purchase           |
| L8030 | Breast Prosthesis, Silicone Or Equal, Without Integral Adhesive  | \$    | 384.55    | Purchase           |
| L8031 | Breast Prosthesis, Silicone Or Equal, With Integral Adhesive   | \$    | 384.55    | Purchase           |
| L8035 | Custom Breast Prosthesis, Post Mastectomy, Molded To Patient Model   | \$    | 4,024.13  | Purchase           |
| L8039 | Breast Prosthesis, Not Otherwise Specified   | т     | by Report | 1 dicitase         |
| L8040 | Nasal Prosthesis, Provided By A Non-Physician  | \$    | 2,537.11  | Purchase           |
| L8041 | Midfacial Prosthesis, Provided By A Non-Physician  | \$    | 3,058.19  | Purchase           |
| L8042 | Orbital Prosthesis, Provided By A Non-Physician  | \$    | 3,436.17  | Purchase           |
| L8043 | Upper Facial Prosthesis, Provided By A Non-Physician   | \$    | 3,848.52  | Purchase           |
| L8044 | Hemi-Facial Prosthesis, Provided By A Non-Physician  | \$    | 4,260.83  | Purchase           |
| L8045 | Auricular Prosthesis, Provided By A Non-Physician  | \$    | 2,667.91  | Purchase           |
| L8046 | Partial Facial Prosthesis, Provided By A Non-Physician   | \$    | 2,748.92  | Purchase           |
| L8047 | Nasal Septal Prosthesis, Provided By A Non-Physician   | \$    | 1,408.82  | Purchase           |
| L8048 | Unspecified Maxillofacial Prosthesis, By Report, Provided By A Non-Physician   | т     | by Report | 1 dionass          |
| L8049 | Repair Or Modification Of Maxillofacial Prosthesis, Labor Component, 15 Minute Increments, Provided By A Non-Physician |       | by Report |                    |
| L8400 | Prosthetic Sheath, Below Knee, Each  | \$    | 17.00     | Purchase           |
| L8410 | Prosthetic Sheath, Above Knee, Each  | \$    | 23.65     | Purchase           |
| L8415 | Prosthetic Sheath, Upper Limb, Each  | \$    | 25.57     | Purchase           |
| L8417 | Prosthetic Sheath/Sock, Including A Gel Cushion Layer, Below Knee Or Above Knee,                                       | \$    | 82.58     | Purchase           |
| L8420 | Each Prosthetic Sock, Multiple Ply, Below Knee, Each   | \$    | 21.01     | Purchase           |
| L8430 | Prosthetic Sock, Multiple Ply, Above Knee, Each  | \$    | 26.53     | Purchase           |
| L8435 | Prosthetic Sock, Multiple Ply, Above Knee, Each  Prosthetic Sock, Multiple Ply, Upper Limb, Each                       | \$    | 20.53     | Purchase           |
| L8440 | Prosthetic Shrinker, Below Knee, Each  | \$    | 45.17     | Purchase           |
| L8460 | Prosthetic Shrinker, Above Knee, Each  | \$    | 71.99     | Purchase           |
| L8465 | Prosthetic Shrinker, Above Knee, Each  Prosthetic Shrinker, Upper Limb, Each   | \$    | 52.69     | Purchase           |
| L8470 | Prosthetic Sock, Single Ply, Fitting, Below Knee, Each   | \$    | 9.61      | Purchase           |
| L8480 | Prosthetic Sock, Single Ply, Fitting, Above Knee, Each   | \$    | 13.26     | Purchase           |
| L8485 | Prosthetic Sock, Single Ply, Fitting, Above Knee, Each  Prosthetic Sock, Single Ply, Fitting, Upper Limb, Each         | \$    | 14.41     | Purchase           |
| L8499 | Unlisted Procedure For Miscellaneous Prosthetic Services   |       | by Report | i uiciiase         |
| L8500 | Artificial Larynx, Any Type  | \$    | 712.90    | Purchase           |
| L8501 | Tracheostomy Speaking Valve  | \$    | 130.49    | Purchase           |
| L8505 | Artificial Larynx Replacement Battery / Accessory, Any Type  | т     | by Report | i uiciiase         |
| L8507 | Tracheo-Esophageal Voice Prosthesis, Patient Inserted, Any Type, Each  | \$    | 46.00     | Purchase           |
| L8507 | Tracheo-Esophageal Voice Prosthesis, Inserted By A Licensed Health Care Provider,                                      | \$    | 119.93    | Purchase           |
|       | Any Type   |       |           |                    |
| L8510 | Voice Amplifier  | \$    | 277.55    | Purchase           |

| Code  | Description  | Fee      |          | Purchase or Rental |
|-------|--|----------|----------|--------------------|
| L8511 | Insert For Indwelling Tracheoesophageal Prosthesis, With Or Without Valve, Replacement Only, Each  | \$       | 79.88    | Purchase           |
| L8512 | Gelatin Capsules Or Equivalent, For Use With Tracheoesophageal Voice Prosthesis, Replacement Only, Per 10  | \$       | 2.39     | Purchase           |
| L8513 | Cleaning Device Used With Tracheoesophageal Voice Prosthesis, Pipet, Brush, Or Equal, Replacement Only, Each   | \$       | 5.72     | Purchase           |
| L8514 | Tracheoesophageal Puncture Dilator, Replacement Only, Each   | \$       | 103.58   | Purchase           |
| L8515 | Gelatin Capsule, Application Device For Use With Tracheoesophageal Voice Prosthesis, Each  | \$       | 69.35    | Purchase           |
| L8600 | Implantable Breast Prosthesis, Silicone Or Equal   | \$       | 899.38   | Purchase           |
| L8603 | Injectable Bulking Agent, Collagen Implant, Urinary Tract, 2.5 MI Syringe, Includes Shipping And Necessary Supplies  | \$       | 473.02   | Purchase           |
| L8604 | Injectable Bulking Agent, Dextranomer/Hyaluronic Acid Copolymer Implant, Urinary Tract, 1 MI, Includes Shipping And Necessary Supplies   | Price by | Report   |                    |
| L8606 | Injectable Bulking Agent, Synthetic Implant, Urinary Tract, 1 MI Syringe, Includes Shipping And Necessary Supplies   | \$       | 238.37   | Purchase           |
| L8607 | Injectable Bulking Agent For Vocal Cord Medialization, 0.1 Ml, Includes Shipping And Necessary Supplies  | \$       | 47.22    | Purchase           |
| L8608 | Miscellaneous External Component, Supply Or Accessory For Use With The Argus Ii Retinal Prosthesis System  | Price by | Report   |                    |
| L8610 | Ocular Implant   | \$       | 843.02   | Purchase           |
| L8612 | Aqueous Shunt  | \$       | 726.61   | Purchase           |
| L8613 | Ossicula Implant   | \$       | 277.76   | Purchase           |
| L8614 | Cochlear Device, Includes All Internal And External Components   |          | 0,972.10 | Purchase           |
| L8615 | Headset/Headpiece For Use With Cochlear Implant Device Replacement   | \$       | 496.41   | Purchase           |
| L8616 | Microphone For Use With Cochlear Implant Device, Replacement   | \$       | 115.59   | Purchase           |
| L8617 | Transmitting Coil For Use With Cochlear Implant Device Replacement   | \$       | 100.97   | Purchase           |
| L8618 | Transmitter Cable For Use With Cochlear Implant Device Or Auditory Osseointegrated Device, Replacement   | \$       | 28.85    | Purchase           |
| L8619 | Cochlear Implant, External Speech Processor And Controller, Integrated System, Replacement   | \$       | 9,003.18 | Purchase           |
| L8621 | Zinc Air Battery For Use With Cochlear Implant Device And Auditory Osseointegrated Sound Processors, Replacement, Each   | \$       | 0.69     | Purchase           |
| L8622 | Alkaline Battery For Use With Cochlear Implant Device Replacement  | \$       | 0.35     | Purchase           |
| L8623 | Lithium Ion Battery For Use With Cochlear Implant Device Speech Processor, Other Than Ear Level, Replacement, Each   | \$       | 71.21    | Purchase           |
| L8624 | Lithium Ion Battery For Use With Cochlear Implant Or Auditory Osseointegrated Device Speech Processor, Ear Level, Replacement, Each  | \$       | 177.45   | Purchase           |
| L8625 | External Recharging System For Battery For Use With Cochlear Implant Or Auditory Osseointegrated Device, Replacement Only, Each  | \$       | 207.86   | Purchase           |
| L8627 | Cochlear Implant, External Speech Processor, Component, Replacement  | \$       | 7,626.85 | Purchase           |
| L8628 | Cochlear Implant, External Controller Component, Replacement   |          | 1,376.33 | Purchase           |
| L8629 | Transmitting Coil And Cable, Integrated, For Use With Cochlear Implant Device, Replacement   | \$       | 197.06   | Purchase           |
| L8630 | Metacarpophalangeal Joint Implant  | \$       | 478.41   | Purchase           |
| L8631 | Metacarpal Phalangeal Joint Replacement, Two Or More Pieces, Metal (E.G., Stainless Steel Or Cobalt Chrome), Ceramic-Like Material (E.G., Pyrocarbon), For Surgical Implantation (All Sizes, Includes Entire System) |          | 2,384.52 | Purchase           |
| L8641 | Metatarsal Joint Implant   | \$       | 504.17   | Purchase           |
| L8642 | Hallux Implant   | \$       | 330.00   | Purchase           |
| L8658 | Interphalangeal Joint Spacer, Silicone Or Equal, Each  | \$       | 439.58   | Purchase           |
| L8659 | Interphalangeal Finger Joint Replacement, 2 Or More Pieces, Metal (E.G., Stainless Steel Or Cobalt Chrome), Ceramic-Like Material (E.G., Pyrocarbon) For Surgical Implantation, Any Size                             |          | 2,123.82 | Purchase           |
| L8670 | Vascular Graft Material, Synthetic, Implant  | \$       | 601.32   | Purchase           |
| L8678 | Electrical stimulator supplies (external) for use with implantable neurostimulator, per month  | \$       | 23.98    | Purchase           |
| L8679 | Implantable Neurostimulator, Pulse Generator, Any Type   | \$       | 9,283.14 | Purchase           |
|       |  |          |          |                    |

| Code  | Description   | Fee             | Purchase or Rental |
|-------|---|-----------------|--------------------|
| L8681 | Patient Programmer (External) For Use With Implantable Programmable Neurostimulator   | \$ 1,165.34     | Purchase           |
|       | Pulse Generator, Replacement Only Implantable Neurostimulator Radiofrequency Receiver   | ·               | Durchage           |
| L8682 | Radiofrequency Transmitter (External) For Use With Implantable Neurostimulator  | \$ 6,632.67     | Purchase           |
| L8683 | Radiofrequency Receiver   | \$ 5,838.27     | Purchase           |
| L8684 | Radiofrequency Transmitter (External) For Use With Implantable Sacral Root Neurostimulator Receiver For Bowel And Bladder Management, Replacement   | \$ 863.21       | Purchase           |
| L8685 | Implantable Neurostimulator Pulse Generator, Single Array, Rechargeable, Includes Extension   | Price by Report |                    |
| L8686 | Implantable Neurostimulator Pulse Generator, Single Array, Non-Rechargeable, Includes Extension   | Price by Report |                    |
| L8687 | Implantable Neurostimulator Pulse Generator, Dual Array, Rechargeable, Includes Extension   | Price by Report |                    |
| L8688 | Implantable Neurostimulator Pulse Generator, Dual Array, Non-Rechargeable, Includes Extension   | Price by Report |                    |
| L8689 | External Recharging System For Battery (Internal) For Use With Implantable Neurostimulator, Replacement Only  | \$ 1,898.48     | Purchase           |
| L8690 | Auditory Osseointegrated Device, Includes All Internal And External Componets   | \$ 5,235.77     | Purchase           |
| L8691 | Auditory Osseointegrated Device, External Sound Processor, Excludes   | \$ 1,895.42     | Purchase           |
|       | Transducer/Actuator, Replacement Only, Each   | .,              |                    |
| L8692 | Auditory Osseointegrated Device, External Sound Processor, Used Without Osseointegration, Body Worn, Includes Headband Or Other Means Of External Attachment  | Price by Report |                    |
| L8693 | Auditory Osseointegrated Device Abutment, Any Length, Replacement Only  | \$ 1,668.88     | Purchase           |
| L8694 | Auditory Osseointegrated Device, Transducer/Actuator, Replacement Only, Each  | \$ 1,039.42     | Purchase           |
| L8695 | External Recharging System For Battery (External) For Use With Implantable Neurostimulator, Replacement Only  | \$ 18.34        | Purchase           |
| L8696 | Antenna (External) For Use With Implantable Diaphragmatic/Phrenic Nerve Stimulation Device, Replacement, Each   | \$ 238.56       | Purchase           |
| L8698 | Miscellaneous Component, Supply Or Accessory For Use With Total Artificial Heart System   | Price by Report |                    |
| L8699 | Prosthetic Implant, Not Otherwise Specified   | Price by Report |                    |
| L8701 | Powered Upper Extremity Range Of Motion Assist Device, Elbow, Wrist, Hand With Single Or Double Upright(S), Includes Microprocessor, Sensors, All Components And Accessories, Custom Fabricated     | \$ 30,856.00    | Purchase           |
| L8702 | Powered Upper Extremity Range Of Motion Assist Device, Elbow, Wrist, Hand, Finger, Single Or Double Upright(S), Includes Microprocessor, Sensors, All Components And Accessories, Custom Fabricated | \$ 60,707.39    | Purchase           |
| L8720 | External Lower Extremity Sensory Prosthetic Device, Cutaneous Stimulation Of Mechanoreceptors Proximal To The Ankle, Per Leg  | Price by Report |                    |
| L8721 | Receptor Sole For Use With L8720, Replacement, Each   | Price by Report |                    |
| L9900 | Orthotic And Prosthetic Supply, Accessory, And/Or Service Component Of Another Hcpcs "L" Code   | Price by Report |                    |
| Q0477 | Power Module Patient Cable For Use With Electric Or Electric/Pneumatic Ventricular Assist Device, Replacement Only  | \$ 853.90       | Purchase           |
| Q0478 | Power Adapter For Use With Electric Or Electric/Pneumatic Ventricular Assist Device, Vehicle Type   | \$ 202.25       | Purchase           |
| Q0479 | Power Module For Use With Electric Or Electric/Pneumatic Ventricular Assist Device, Replacement Only  | \$ 13,185.23    | Purchase           |
| Q0480 | Driver For Use With Pneumatic Ventricular Assist Device, Replacement Only   | \$ 89,999.94    | Purchase           |
| Q0481 | Microprocessor Control Unit For Use With Electric Ventricular Assist Device, Replacement Only   | \$ 15,992.73    | Purchase           |
| Q0482 | Microprocessor Control Unit For Use With Electric/Pneumatic Combination Ventricular Assist Device, Replacement Only   | \$ 5,009.22     | Purchase           |
| Q0483 | Monitor/Display Module For Use With Electric Ventricular Assist Device, Replacement Only  | \$ 20,635.74    | Purchase           |
| Q0484 | Monitor/Display Module For Use With Electric Or Electric/Pneumatic Ventricular Assist Device, Replacement Only  | \$ 4,007.34     | Purchase           |

| Code  | Description  | Fee   |           | Purchase or Rental |
|-------|--|-------|-----------|--------------------|
| Q0485 | Monitor Control Cable For Use With Electric Ventricular Assist Device, Replacement Only  | \$    | 386.94    | Purchase           |
| Q0486 | Monitor Control Cable For Use With Electric/Pneumatic Ventricular Assist Device, Replacement Only  | \$    | 322.00    | Purchase           |
| Q0487 | Leads (Pneumatic/Electrical) For Use With Any Type Electric/Pneumatic Ventricular Assist Device, Replacement Only  | \$    | 375.67    | Purchase           |
| Q0489 | Power Pack Base For Use With Electric/Pneumatic Ventricular Assist Device, Replacement Only  | \$    | 17,890.07 | Purchase           |
| Q0490 | Emergency Power Source For Use With Electric Ventricular Assist Device, Replacement Only   | \$    | 773.82    | Purchase           |
| Q0491 | Emergency Power Source For Use With Electric/Pneumatic Ventricular Assist Device, Replacement Only   | \$    | 1,216.58  | Purchase           |
| Q0492 | Emergency Power Supply Cable For Use With Electric Ventricular Assist Device, Replacement Only   | \$    | 98.00     | Purchase           |
| Q0493 | Emergency Power Supply Cable For Use With Electric/Pneumatic Ventricular Assist Device, Replacement Only   | \$    | 279.09    | Purchase           |
| Q0494 | Emergency Hand Pump For Use With Electric Or Electric/Pneumatic Ventricular Assist Device, Replacement Only  | \$    | 236.16    | Purchase           |
| Q0495 | Battery/Power Pack Charger For Use With Electric Or Electric/Pneumatic Ventricular Assist Device, Replacement Only   | \$    | 4,597.30  | Purchase           |
| Q0496 | Battery, Other Than Lithium-Ion, For Use With Electric Or Electric/Pneumatic Ventricular Assist Device, Replacement Only   | \$    | 1,650.03  | Purchase           |
| Q0497 | Battery Clips For Use With Electric Or Electric/Pneumatic Ventricular Assist Device, Replacement Only  | \$    | 515.27    | Purchase           |
| Q0498 | Holster For Use With Electric Or Electric/Pneumatic Ventricular Assist Device, Replacement Only  | \$    | 565.33    | Purchase           |
| Q0499 | Belt/Vest/Bag For Use To Carry External Peripheral Components Of Any Type Ventricular Assist Device, Replacement Only  | \$    | 183.67    | Purchase           |
| Q0500 | Filters For Use With Electric Or Electric/Pneumatic Ventricular Assist Device, Replacement Only  | \$    | 33.59     | Purchase           |
| Q0501 | Shower Cover For Use With Electric Or Electric/Pneumatic Ventricular Assist Device, Replacement Only   | \$    | 562.09    | Purchase           |
| Q0502 | Mobility Cart For Pneumatic Ventricular Assist Device, Replacement Only  | \$    | 715.57    | Purchase           |
| Q0503 | Battery For Pneumatic Ventricular Assist Device, Replacement Only, Each  | \$    | 1,431.20  | Purchase           |
| Q0504 | Power Adapter For Pneumatic Ventricular Assist Device, Replacement Only, Vehicle Type  | \$    | 755.21    | Purchase           |
| Q0506 | Battery, Lithium-Ion, For Use With Electric Or Electric/Pneumatic Ventricular Assist Device, Replacement Only  | \$    | 940.04    | Purchase           |
| Q0508 | Miscellaneous Supply Or Accessory For Use With An Implanted Ventricular Assist Device  | Price | by Report |                    |
| Q0509 | Miscellaneous Supply Or Accessory For Use With Any Implanted Ventricular Assist Device For Which Payment Was Not Made Under Medicare Part A  | Price | by Report |                    |
| Q0521 | Pharmacy Supplying Fee For Hiv Pre-Exposure Prophylaxis Fda Approved Prescription  | Price | by Report |                    |
| S1040 | Cranial Remolding Orthosis Pediatric, Rigid, With Soft Interface Material, Custom Fabricated   | \$    | 1,993.86  | Purchase           |
| S5498 | Home Infusion Therapy, Catheter Care/Maintenance, Simple(Single Lumen), Includes Administrative Services, Professional Pharmacy Services, Care Coordination And All Necessary Supplies And Equipment, (Drugs And Nursing Visits Coded Separately),         | \$    | 76.16     | Purchase           |
| S5501 | Home Infusion Therapy, Catheter Care/Maintenance, Complex(More Than One Lumen), Includes Administrative Services, Professional Pharmacy Services, Care Coordination And All Necessary Supplies And Equipment, (Drugs And Nursing Visits Coded Separately), | \$    | 51.32     | Purchase           |
| S5502 | Home Infusion Therapy, Catheter Care / Maintenance, Implanted Access Device,Includes Administrative Services, Professional Pharmacy Services, Care Coordination And All Necessary Supplies And Equipment, (Drugs And Nursing Visits Coded Separately), Pe  | Price | by Report |                    |

| Code  | Description  | Fee             | Purchase or Rental |
|-------|--|-----------------|--------------------|
| S9364 | Home Infusion Therapy, Total Parenteral Nutrition(TPN); Adminisrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment(Includes Standard TPN Formula-Lipids, Specialty Amino Acid Formulas, Drugs, And Nursing Visits Coded Separately) | Price by Report |                    |
| S9340 | Home Therapy; Enteral Nutrition; Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Enteral Formula And Nursing Visits Coded Separately), Per Diem  | Price by Report |                    |
| S9341 | Home Therapy; Enteral Nutrition Via Gravity; Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Enteral Formula And Nursing Visits Coded Separately), Per Diem  | Price by Report |                    |
| S9342 | Home Therapy; Enteral Nutrition Via Pump; Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Enteral Formula And Nursing Visits Coded Separately), Per Diem   | Price by Report |                    |
| S9343 | Home Therapy; Enteral Nutrition Via Bolus; Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Enteral Formula And Nursing Visits Coded Separately), Per Diem  | Price by Report |                    |
| S9365 | Home Infusion Therapy, Total Parenteral Nutrition (Tpn); One Liter Per Day, Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Includes Standard Tpn Formula; Lipids, Specialty Amino Acid Formula                        | Price by Report |                    |
| S9366 | Home Infusion Therapy, Total Parenteral Nutrition (Tpn); More Than One Liter But No More Than Two Liters Per Day, Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Includes Standard Tpn Formu                          | Price by Report |                    |
| S9367 | Home Infusion Therapy, Total Parenteral Nutrition (Tpn); More Than Two Liters But No More Than Three Liters Per Day, Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Includes Standard Tpn Formu                       | Price by Report |                    |
| S9368 | Home Infusion Therapy, Total Parenteral Nutrition (Tpn); More Than Three Liters Per Day, Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Includes Standard Tpn Formula; Lipids, Specialty A                            | Price by Report |                    |
| S9374 | Home Infusion Therapy, Hydration Therapy; One Liter Per Day, Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately), Per Diem  | Price by Report |                    |
| S9375 | Home Infusion Therapy, Hydration Therapy; More Than One Liter But No More Than Two Liters Per Day, Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately), Pe                      | Price by Report |                    |
| S9445 | Patient Education, Not Otherwise Classified, Non-Physician Provider, Individual, Per Session   | \$ 18.40        | Purchase           |
| S9500 | Home Infusion Therapy, Antibiotic, Antiviral, Or Antifungal Therapy; Once Every 24 Hours; Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately), Pe                               | \$ 295.42       | Purchase           |
| S9501 | Home Infusion Therapy, Antibiotic, Antiviral, Or Antifungal Therapy; Once Every 12 Hours; Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately), Pe                               | \$ 313.89       | Purchase           |
| S9502 | Home Infusion Therapy, Antibiotic, Antiviral, Or Antifungal Therapy; Once Every 8 Hours, Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately), Pe                                | \$ 360.51       | Purchase           |

| Code  | Description   | Fee             | Purchase or Rental |
|-------|---|-----------------|--------------------|
| S9503 | Home Infusion Therapy, Antibiotic, Antiviral, Or Antifungal; Once Every 6 Hours; Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately), Pe | \$ 560.16       | Purchase           |
| T4521 | Adult Sized Disposable Incontinence Product, Brief/Diaper, Small, Each  | Price by Report |                    |
| T4522 | Adult Sized Disposable Incontinence Product, Brief/Diaper, Medium, Each   | Price by Report |                    |
| T4523 | Adult Sized Disposable Incontinence Product, Brief/Diaper, Large, Each  | Price by Report |                    |
| T4524 | Adult Sized Disposable Incontinence Product, Brief/Diaper, Extra Large, Each  | Price by Report |                    |
| T4525 | Adult Sized Disposable Incontinence Product, Protective Underwear/Pull-On, Small Size, Each   | Price by Report |                    |
| T4526 | Adult Sized Disposable Incontinence Product, Protective Underwear/Pull-On, Medium Size, Each  | Price by Report |                    |
| T4527 | Adult Sized Disposable Incontinence Product, Protective Underwear/Pull-On, Large Size, Each   | Price by Report |                    |
| T4528 | Adult Sized Disposable Incontinence Product, Protective Underwear/Pull-On, Extra Large Size, Each   | Price by Report |                    |
| T4529 | Pediatric Sized Disposable Incontinence Product, Brief/Diaper, Small/Medium Size, Each  | Price by Report |                    |
| T4530 | Pediatric Sized Disposable Incontinence Product, Brief/Diaper, Large Size, Each   | Price by Report |                    |
| T4531 | Pediatric Sized Disposable Incontinence Product, Protective Underwear/Pull-On, Small/Medium Size, Each  | Price by Report |                    |
| T4532 | Pediatric Sized Disposable Incontinence Product, Protective Underwear/Pull-On, Large Size, Each   | Price by Report |                    |
| T4533 | Youth Sized Disposable Incontinence Product, Brief/Diaper, Each   | Price by Report |                    |
| T4534 | Youth Sized Disposable Incontinence Product, Protective Underwear/Pull-On, Each   | Price by Report |                    |
| T4535 | Disposable Liner/Shield/Guard/Pad/Undergarment, For Incontinence, Each  | Price by Report |                    |
| T4536 | Incontinence Product, Protective Underwear/Pull-On, Reusable, Any Size, Each  | Price by Report |                    |
| T4537 | Incontinence Product, Protective Underpad, Reusable, Bed Size, Each   | Price by Report |                    |
| T4538 | Diaper Service, Reusable Diaper, Each Diaper  | Price by Report |                    |
| T4539 | Incontinence Product, Diaper/Brief, Reusable, Any Size, Each  | Price by Report |                    |
| T4540 | Incontinence Product, Protective Underpad, Reusable, Chair Size, Each   | Price by Report |                    |
| T4541 | Incontinence Product, Disposable Underpad, Large, Each  | Price by Report |                    |
| T4542 | Incontinence Product, Disposable Underpad, Small Size, Each   | Price by Report |                    |
| T4543 | Adult Sized Disposable Incontinence Product, Protective Brief/Diaper, Above Extra Large, Each   | Price by Report |                    |
| T4544 | Adult Sized Disposable Incontinence Product, Protective Underwear/Pull-On, Above Extra Large, Each  | Price by Report |                    |
| T4545 | Incontinence Product, Disposable, Penile Wrap, Each   | Price by Report |                    |
| T5001 | Positioning Seat For Persons With Special Orthopedic Needs, For Use In Vehicles The Usual Rate Of Payment Is Cost Invoice Plus 5%. Please See Prior Auth Paper Work.  | Price by Report |                    |
| V5014 | Repair/Modification Of A Hearing Aid  | \$ 171.48       | Purchase           |
| V5050 | Hearing Aid, Monaural, In The Ear   | \$ 801.96       | Purchase           |
| V5060 | Hearing Aid, Monaural, Behind The Ear   | \$ 778.63       | Purchase           |
| V5130 | Binaural, In The Ear  | \$ 1,394.18     | Purchase           |
| V5140 | Binaural, Behind The Ear  | \$ 1,394.18     | Purchase           |
| V5171 | Hearing Aid, Contralateral Routing Device, Monaural, In The Ear (Ite)   | \$ 801.96       | Purchase           |
| V5172 | Hearing Aid, Contralateral Routing Device, Monaural, In The Canal (Itc)   | \$ 801.96       | Purchase           |
| V5181 | Hearing Aid, Contralateral Routing Device, Monaural, Behind The Ear (Bte)   | \$ 778.63       | Purchase           |
| V5211 | Hearing Aid, Contralateral Routing System, Binaural, Ite/Ite  | \$ 1,394.18     | Purchase           |
| V5212 | Hearing Aid, Contralateral Routing System, Binaural, Ite/Itc  | \$ 1,394.18     | Purchase           |
| V5213 | Hearing Aid, Contralateral Routing System, Binaural, Ite/Bte  | \$ 1,394.18     | Purchase           |
| V5214 | Hearing Aid, Contralateral Routing System, Binaural, Itc/Itc  | \$ 1,394.18     | Purchase           |
| V5215 | Hearing Aid, Contralateral Routing System, Binaural, Itc/Bte  | \$ 1,394.18     | Purchase           |
| V5221 | Hearing Aid, Contralateral Routing System, Binaural, Bte/Bte  | \$ 1,394.18     | Purchase           |
| V5256 | Hearing Aid, Digital, Monaural, Ite   | \$ 801.96       | Purchase           |
| V5257 | Hearing Aid, Digital, Monaural, Bte   | \$ 778.63       | Purchase           |

| Code  | Description   | Fee     |          | Purchase or Rental |
|-------|---|---------|----------|--------------------|
| V5260 | Hearing Aid, Digital, Binaural, Ite                                       | \$      | 1,394.18 | Purchase           |
| V5261 | Hearing Aid, Digital, Binaural, Bte                                       | \$      | 1,394.18 | Purchase           |
| V5264 | Ear Mold/Insert, Not Disposable, Any Type                                 | \$      | 63.34    | Purchase           |
| V5266 | Battery For Use In Hearing Device   | \$      | 1.96     | Purchase           |
| V5299 | Hearing Service, Miscellaneous (For Sd Medicaid - Pocket Amplifier Only). | \$      | 278.83   | Purchase           |
| W8680 | Other EPSDT DME   | Price b | y Report |                    |