South Dakota Medicaid Durable Medical Equipment, Prosthetics, Orthotics and Supplies Fee Schedule

Effective July 1, 2022

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: <u>https://dss.sd.gov/docs/medicaid/modifiers.pdf</u>.

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

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 | Prior Auth Status |
|-------|---|-----|-----------------|--------------------|-------------------|
| | | • | | | |
| A4206 | Syringe With Needle, Sterile, 1 Cc Or Less, Each | \$ | | Purchase | |
| A4207 | Syringe With Needle, Sterile 2Cc, Each | \$ | | Purchase | |
| A4208 | Syringe With Needle, Sterile 3Cc, Each | \$ | 0.36 | Purchase | |
| | Syringe With Needle, Sterile 5Cc Or Greater, | | | | |
| A4209 | Each | \$ | | Purchase | |
| A4210 | Needle-Free Injection Device, Each | | Price By Report | | |
| A4211 | Supplies For Self-Administered Injections | | Price By Report | | |
| A4212 | Non-Coring Needle | \$ | | Purchase | |
| A4213 | Syringe, Sterile, 20 Cc Or Greater, Each | \$ | 7.91 | Purchase | |
| A4215 | Needle, Sterile, Any Size, Each | \$ | 0.32 | Purchase | |
| | Sterile Water, Saline And/Or Dextrose, | | | | |
| A4216 | Diluent/Flush, 10 Ml | \$ | 0.47 | Purchase | |
| A4217 | Sterile Water/Saline, 500 MI | \$ | 3.72 | Purchase | |
| | Sterile Saline Or Water, Metered Dose Dispenser, | | | | |
| A4218 | 10 MI | \$ | 0.40 | Purchase | |
| A4220 | Refill Kit For Implantable Infusion Pump | \$ | 36.24 | Purchase | |
| | Supplies For Maintenance Of Non-Insulin Drug | | | | |
| | Infusion Catheter, Per Week (List Drugs | | | | |
| A4221 | Separately) | \$ | 24.05 | Purchase | |
| | Infusion Supplies For External Drug Infusion | | | | |
| | Pump, Per Cassette Or Bag (List Drugs | | | | |
| A4222 | Separately) | \$ | 47.73 | Purchase | |
| | Infusion Supplies Not Used With External Infusion | | | | |
| | Pump, Per Cassette Or Bag (List Drugs | | | | |
| A4223 | Separately) | \$ | 62.43 | Purchase | |
| | Supplies For Maintenance Of Insulin Infusion | | | | |
| A4224 | Catheter, Per Week | \$ | 22.09 | Purchase | |
| | Supplies For External Insulin Infusion Pump, | | | | |
| A4225 | Syringe Type Cartridge, Sterile, Each | \$ | 2.75 | Purchase | |
| | Supplies For Maintenance Of Insulin Infusion | | | | |
| | Pump With Dosage Rate Adjustment Using | | | | |
| | Therapeutic Continuous Glucose Sensing, Per | | | | |
| A4226 | Week | | Price By Report | Purchase | PA Required |
| | Infusion Set For External Insulin Pump, Non | | | | |
| A4230 | Needle Cannula Type | \$ | 13.29 | Purchase | |
| | Infusion Set For External Insulin Pump, Needle | | | | |
| A4231 | Туре | | Price By Report | Purchase | |
| | Syringe With Needle For External Insulin Pump, | | - | | |
| A4232 | Sterile, 3Cc | | Price By Report | Purchase | |

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|---|--|----------|-----------------|------------|-----|
| | Replacement Pottony, Alkoling (Other Than J | | | | |
| | Replacement Battery, Alkaline (Other Than J Cell), For Use With Medically Necessary Home | | | | |
| A4233 | | ¢ | 0.54 | Purchase | |
| A4233 | Blood Glucose Monitor Owned By Patient, Each Replacement Battery, Alkaline, J Cell, For Use | \$ | 0.51 | Purchase | |
| | | | | | |
| 4 4 0 0 4 | With Medically Necessary Home Blood Glucose | ¢ | 0.40 | Dunchase | |
| A4234 | Monitor Owned By Patient, Each | \$ | 2.12 | Purchase | |
| | Replacement Battery, Lithium, For Use With | | | | |
| 4 4005 | Medically Necessary Home Blood Glucose | ^ | 0.00 | | |
| A4235 | Monitor Owned By Patient, Each | \$ | 0.90 | Purchase | |
| | Replacement Battery, Silver Oxide, For Use With | | | | |
| | Medically Necessary Home Blood Glucose | • | | | |
| A4236 | Monitor Owned By Patient, Each | \$ | - | Purchase | |
| A4244 | Alcohol Or Peroxide, Per Pint | \$ | | Purchase | |
| A4245 | Alcohol Wipes, Per Box | \$ | | Purchase | |
| A4246 | Betadine Or Phisohex Solution, Per Pint | \$ | | Purchase | |
| A4247 | Betadine Or Iodine Swabs/Wipes, Per Box | \$ | | Purchase | |
| A4248 | Chlorhexidine Containing Antiseptic, 1 MI | | Price By Report | | |
| | Urine Test Or Reagent Strips Or Tablets (100 | | | | |
| A4250 | Tablets Or Strips) | \$ | | Purchase | |
| A4252 | Blood Ketone Test Or Reagent Strip, Each | | Price By Report | | |
| | Blood Glucose Test Or Reagent Strips For Home | | | | |
| A4253 | Blood Glucose Monitor, Per 50 Strips | \$ | 35.93 | Purchase | |
| | Platforms For Home Blood Glucose Monitor, 50 | | | | |
| A4255 | Per Box | \$ | 4.53 | Purchase | |
| | | | | | |
| A4256 | Normal, Low And High Calibrator Solution / Chips | \$ | 3.38 | Purchase | |
| | Replacement Lens Shield Cartridge For Use With | | | | |
| A4257 | Laser Skin Piercing Device, Each | \$ | 14.05 | Purchase | |
| A4258 | Spring-Powered Device For Lancet, Each | \$ | 1.91 | Purchase | |
| A4259 | Lancets, Per Box Of 100 | \$ | 1.42 | Purchase | |
| | Temporary, Absorbable Lacrimal Duct Implant, | | | | |
| A4262 | Each | | Price By Report | | |
| | Permanent, Long Term, Non-Dissolvable | | | | |
| A4263 | Lacrimal Duct Implant, Each | \$ | 37.48 | Purchase | |
| A4265 | Paraffin, Per Pound | \$ | 3.75 | Purchase | |
| | Adhesive Skin Support Attachment For Use With | * | | | |
| A4280 | External Breast Prosthesis, Each | \$ | 5.90 | 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 | | |
| 714200 | Breast Shield And Splash Protector For Use With | - | The By Report | T dionado | |
| A4284 | Breast Pump, Replacement | | Price By Report | Purchase | |
| 711201 | Polycarbonate Bottle For Use With Breast Pump, | - | Theo By Report | | |
| A4285 | Replacement | | Price By Report | Purchase | |
| 714200 | | | The By Report | | |
| A4286 | Locking Ring For Breast Pump, Replacement | | Price By Report | Purchase | |
| A4200 | Sacral Nerve Stimulation Test Lead, Each | | Price By Report | | |
| 117230 | Implantable Access Catheter, (E,G., Venous, | | | | |
| | Arterial, Epidural Subarachnoid, Or Peritoneal, | | | | |
| A4300 | Etc.) External Access | \$ | 37.28 | Purchase | |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Implantable Access Total Catheter, | Ψ | 57.20 | | |
| | Port/Reservoir (E.G., Venous, Arterial, Epidural, | | | | |
| A4301 | Subarachnoid, Peritoneal, Etc.) | \$ | 9.67 | Purchase | |
| 7,4001 | Disposable Drug Delivery System, Flow Rate Of | Ψ | 5.07 | | |
| A4305 | 50 MI Or Greater Per Hour | \$ | 15.56 | Purchase | |
| 77700 | Disposable Drug Delivery System, Flow Rate Of | φ | 10.00 | | |
| A4306 | Less Than 50 MI Per Hour | | Price By Report | Purchase | |
| 77700 | Insertion Tray Without Drainage Bag And Without | | т псе ву кероп | | |
| A4310 | Catheter (Accessories Only) | ¢ | 0 51 | Purchase | |
| 74310 | Camerer (Accessories Orlig) | \$ | 8.51 | 1 11011030 | Į |

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|-------------------------|--|--|-------------------------------------|
| | Insertion Tray Without Drainage Bag With | | |
| | Indwelling Catheter, Foley Type, Two-Way Latex | | |
| | With Coating (Teflon, Silicone, Silicone Elastomer | • | |
| A4311 | Or Hydrophilic, Etc.) | \$ 16.31 | Purchase |
| | Insertion Tray Without Drainage Bag With | | |
| | Indwelling Catheter, Foley Type, Two-Way, All | | |
| A4312 | Silicone | \$ 17.67 | Purchase |
| | Insertion Tray Without Drainage Bag With | | |
| A4313 | Indwelling Catheter, Foley Type | \$ 17.67 | Purchase |
| | Insertion Tray With Drainage Bag With Indwelling | | |
| | Catheter, Foley Type, Two-Way Latex With | | |
| | Coating (Teflon, Silicone, Silicone Elastomer Or | | |
| A4314 | Hydrophilic, Etc.) | \$ 27.84 | Purchase |
| | | | |
| | Insertion Tray With Drainage Bag With Indwelling | | |
| A4315 | Catheter, Foley Type, Two-Way, All Silicone | \$ 29.04 | Purchase |
| | Insertion Tray With Drainage Bag With Indwelling | | |
| | Catheter, Foley Type, Three-Way, For | | |
| A4316 | Continuous Irrigation | \$ 30.16 | Purchase |
| | Irrigation Tray With Bulb Or Piston Syringe, Any | | |
| A4320 | Purpose | \$ 5.89 | Purchase |
| | | | |
| A4321 | Therapeutic Agent For Urinary Catheter Irrigation | \$ 45.92 | Purchase |
| A4322 | Irrigation Syringe, Bulb Or Piston, Each | \$ 3.36 | Purchase |
| | Male External Catheter With Integral Collection | • | |
| A4326 | Chamber, Any Type, Each | \$ 10.74 | Purchase |
| | Female External Urinary Collection Device; | • | |
| A4327 | Meatal Cup, Each | \$ 49.11 | Purchase |
| ////02/ | Female External Urinary Collection Device; | φ ισ.ττ | |
| A4328 | Pouch, Each | \$ 11.49 | Purchase |
| 74520 | Perianal Fecal Collection Pouch With Adhesive, | φ 110 | |
| A4330 | Each | \$ 7.89 | Purchase |
| 74330 | Laci | ψ 1.03 | |
| | Extension Drainage Tubing, Any Type, Any | | |
| | Length, With Connector/Adaptor, For Use With | | |
| A4331 | Urinary Leg Bag Or Urostomy Pouch, Each | \$ 3.75 | Purchase |
| A4331 A4332 | Lubricant, Individual Sterile Packet, Each | \$ 0.14 | Purchase |
| A4332 | | ቅ 0.14 | Purchase |
| 4000 | Urinary Catheter Anchoring Device, Adhesive Skin Attachment, Each | ¢ 0.00 | Durchase |
| A4333 | | \$ 2.60 | Purchase |
| 4 4 9 9 4 | Urinary Catheter Anchoring Device, Leg Strap, | ¢ гоо | Durahasa |
| A4334 | Each | \$ 5.80 | Purchase |
| | | | |
| | 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 | • • • • • • | |
| A4335 | Will Be Paid As Rate Indicates Below | \$ 1.08 | Purchase |
| | Incontinence Supply, Urethral Insert, Any Type, | | |
| A4336 | | | |
| | Each | \$ 1.58 | Purchase |
| | Indwelling Catheter; Foley Type, Two-Way Latex | \$ 1.58 | Purchase |
| | Indwelling Catheter; Foley Type, Two-Way Latex With Coating (Teflon, Silicone, Silicone | | |
| A4338 | Indwelling Catheter; Foley Type, Two-Way Latex With Coating (Teflon, Silicone, Silicone Elastomer, Or Hydrophilic, Etc.), Each | \$ 1.58 \$ 13.51 | Purchase |
| | Indwelling Catheter; Foley Type, Two-Way Latex With Coating (Teflon, Silicone, Silicone Elastomer, Or Hydrophilic, Etc.), Each Indwelling Catheter; Specialty Type, Eg; Coude, | \$ 13.51 | Purchase |
| A4338 A4340 | Indwelling Catheter; Foley Type, Two-Way Latex With Coating (Teflon, Silicone, Silicone Elastomer, Or Hydrophilic, Etc.), Each Indwelling Catheter; Specialty Type, Eg; Coude, Mushroom, Wing, Etc.), Each | | |
| A4340 | Indwelling Catheter; Foley Type, Two-Way Latex With Coating (Teflon, Silicone, Silicone Elastomer, Or Hydrophilic, Etc.), Each Indwelling Catheter; Specialty Type, Eg; Coude, Mushroom, Wing, Etc.), Each Indwelling Catheter, Foley Type, Two-Way, All | \$ 13.51 \$ 34.96 | Purchase Purchase |
| | Indwelling Catheter; Foley Type, Two-Way Latex With Coating (Teflon, Silicone, Silicone Elastomer, Or Hydrophilic, Etc.), Each Indwelling Catheter; Specialty Type, Eg; Coude, Mushroom, Wing, Etc.), Each Indwelling Catheter, Foley Type, Two-Way, All Silicone, Each | \$ 13.51 | Purchase |
| A4340 A4344 | Indwelling Catheter; Foley Type, Two-Way Latex With Coating (Teflon, Silicone, Silicone Elastomer, Or Hydrophilic, Etc.), Each Indwelling Catheter; Specialty Type, Eg; Coude, Mushroom, Wing, Etc.), Each Indwelling Catheter, Foley Type, Two-Way, All Silicone, Each Indwelling Catheter; Foley Type, Three Way For | \$ 13.51 \$ 34.96 \$ 16.89 | Purchase Purchase Purchase |
| A4340 | Indwelling Catheter; Foley Type, Two-Way Latex With Coating (Teflon, Silicone, Silicone Elastomer, Or Hydrophilic, Etc.), Each Indwelling Catheter; Specialty Type, Eg; Coude, Mushroom, Wing, Etc.), Each Indwelling Catheter, Foley Type, Two-Way, All Silicone, Each Indwelling Catheter; Foley Type, Three Way For Continuous Irrigation, Each | \$ 13.51 \$ 34.96 | Purchase Purchase |
| A4340 A4344 | Indwelling Catheter; Foley Type, Two-Way Latex With Coating (Teflon, Silicone, Silicone Elastomer, Or Hydrophilic, Etc.), Each Indwelling Catheter; Specialty Type, Eg; Coude, Mushroom, Wing, Etc.), Each Indwelling Catheter, Foley Type, Two-Way, All Silicone, Each Indwelling Catheter; Foley Type, Three Way For | \$ 13.51 \$ 34.96 \$ 16.89 | Purchase Purchase Purchase |
| A4340 A4344 | Indwelling Catheter; Foley Type, Two-Way Latex With Coating (Teflon, Silicone, Silicone Elastomer, Or Hydrophilic, Etc.), Each Indwelling Catheter; Specialty Type, Eg; Coude, Mushroom, Wing, Etc.), Each Indwelling Catheter, Foley Type, Two-Way, All Silicone, Each Indwelling Catheter; Foley Type, Three Way For Continuous Irrigation, Each | \$ 13.51 \$ 34.96 \$ 16.89 | Purchase Purchase Purchase |
| A4340 A4344 A4346 | Indwelling Catheter; Foley Type, Two-Way Latex With Coating (Teflon, Silicone, Silicone Elastomer, Or Hydrophilic, Etc.), Each Indwelling Catheter; Specialty Type, Eg; Coude, Mushroom, Wing, Etc.), Each Indwelling Catheter, Foley Type, Two-Way, All Silicone, Each Indwelling Catheter; Foley Type, Three Way For Continuous Irrigation, Each Male External Catheter, With Or Without | \$ 13.51 \$ 34.96 \$ 16.89 \$ 21.56 | Purchase Purchase Purchase Purchase |
| A4340 A4344 A4346 | Indwelling Catheter; Foley Type, Two-Way Latex With Coating (Teflon, Silicone, Silicone Elastomer, Or Hydrophilic, Etc.), Each Indwelling Catheter; Specialty Type, Eg; Coude, Mushroom, Wing, Etc.), Each Indwelling Catheter, Foley Type, Two-Way, All Silicone, Each Indwelling Catheter; Foley Type, Three Way For Continuous Irrigation, Each Male External Catheter, With Or Without Adhesive, Disposable, Each Intermittent Urinary Catheter; Straight Tip, With | \$ 13.51 \$ 34.96 \$ 16.89 \$ 21.56 | Purchase Purchase Purchase Purchase |
| A4340 A4344 A4346 | Indwelling Catheter; Foley Type, Two-Way Latex With Coating (Teflon, Silicone, Silicone Elastomer, Or Hydrophilic, Etc.), Each Indwelling Catheter; Specialty Type, Eg; Coude, Mushroom, Wing, Etc.), Each Indwelling Catheter, Foley Type, Two-Way, All Silicone, Each Indwelling Catheter; Foley Type, Three Way For Continuous Irrigation, Each Male External Catheter, With Or Without Adhesive, Disposable, Each | \$ 13.51 \$ 34.96 \$ 16.89 \$ 21.56 | Purchase Purchase Purchase Purchase |

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|----------------|--|----------|-------|------------|--|
| | Internet Linner (Catheter, Coursed) Tim | | | | |
| | Intermittent Urinary Catheter; Coude (Curved) Tip, | | | | |
| 1 4050 | With Or Without Coating (Teflon, Silicone, | ¢ | 0.04 | Durchase | |
| A4352 | Silicone Elastomeric, Or Hydrophilic, Etc.), Each Intermittent Urinary Catheter, With Insertion | \$ | 0.01 | Purchase | |
| A4353 | Supplies | \$ | 8.24 | Purchase | |
| A4303 | Insertion Tray With Drainage Bag But Without | Φ | 0.24 | Purchase | |
| A4354 | Catheter | \$ | 12.73 | Purchase | |
| A4304 | | Φ | 12.73 | Purchase | |
| | Irrigation Tubing Set For Continuous Bladder | | | | |
| A4355 | Irrigation Through A Three-Way Indwelling Foley Catheter, Each | \$ | 0.24 | Purchase | |
| A4300 | | φ | 0.34 | Fuicilase | |
| | External Urethral Clamp Or Compression Device | | | | |
| A4356 | (Not To Be Used For Catheter Clamp), Each | \$ | 50.24 | Purchase | |
| A4330 | Bedside Drainage Bag, Day Or Night, With Or | ψ | 30.24 | Fulchase | |
| | Without Anti-Reflux Device, With Or Without | | | | |
| A4357 | Tube, Each | \$ | 10.69 | Purchase | |
| A4337 | | φ | 10.09 | Fuicilase | |
| | Urinary Drainage Bag, Leg Or Abdomen, Vinyl, | | | | |
| A4358 | With Or Without Tube, With Straps, Each | ¢ | 6 20 | Purchase | |
| A4356 A4361 | Ostomy Faceplate, Each | \$ \$ | | Purchase | |
| A4361 A4362 | Skin Barrier; Solid, 4 X 4 Or Equivalent; Each | ծ \$ | | Purchase | |
| A4362 | Skin Barrier; Solid, 4 X 4 Or Equivalent; Each | \$ | 3.83 | Purchase | |
| | | | | | |
| | Adhesive For Ostomy Or Catheter; Liquid (Spray, | | | | |
| 1 1001 | Brush, Etc.), Cement, Powder Or Paste; Any | ¢ | 0.75 | Purchase | |
| A4364 | Composition (E.G. Silicone, Latex, Etc); Per Oz. | \$ | - | | |
| A4366 | Ostomy Vent, Any Type, Each | \$ | | Purchase | |
| A4367 | Ostomy Belt, Each | \$ | | Purchase | |
| A4368 | Ostomy Filter, Any Type, Each | \$ | 0.27 | Purchase | |
| 4 4000 | Ostomy Skin Barrier, Liquid (Spray, Brush, Etc), | <u>^</u> | 0.40 | | |
| A4369 | Per Oz | \$ | | Purchase | |
| A4371 | Ostomy Skin Barrier, Powder, Per Oz | \$ | 4.25 | Purchase | |
| | | | | | |
| A 4070 | Ostomy Skin Barrier, Solid 4X4 Or Equivalent, | ¢ | 4.00 | Dunchasa | |
| A4372 | Standard Wear, With Built-In Convexity, Each | \$ | 4.62 | Purchase | |
| | Ostomy Skin Barrier, With Flange (Solid, Flexible | | | | |
| A 4070 | Or Accordian), With Built-In Convexity, Any Size, | ¢ | 7 07 | Durchase | |
| A4373 | Each | \$ | 7.37 | Purchase | |
| A 4075 | Ostomy Pouch, Drainable, With Faceplate | ¢ | 40.04 | Dunchasa | |
| A4375 | Attached, Plastic, Each | \$ | 18.91 | Purchase | |
| A 4070 | Ostomy Pouch, Drainable, With Faceplate | ¢ | 50.00 | Durchase | |
| A4376 | Attached, Rubber, Each | \$ | 52.39 | Purchase | |
| A 4077 | Ostomy Pouch, Drainable, For Use On Faceplate, | ¢ | 4 70 | Durchase | |
| A4377 | Plastic, Each | \$ | 4.72 | Purchase | |
| A 4070 | Ostomy Pouch, Drainable, For Use On Faceplate, | ¢ | 22.00 | Durchase | |
| A4378 | Rubber, Each | \$ | 33.86 | Purchase | |
| A4379 | Ostomy Pouch, Urinary, With Faceplate Attached, | ¢ | 16 52 | Purchase | |
| A4379 | Plastic, Each | \$ | 16.53 | Purchase | |
| A 4200 | Ostomy Pouch, Urinary, With Faceplate Attached, | ¢ | AA 44 | Burebase | |
| A4380 | Rubber, Each Ostomy Pouch, Urinary, For Use On Faceplate, | \$ | 41.11 | Purchase | |
| A 4204 | Plastic, Each | ¢ | E 00 | Burebase | |
| A4381 | Ostomy Pouch, Urinary, For Use On Faceplate, | \$ | 5.09 | Purchase | |
| A 4292 | | ¢ | 27 14 | Purchaso | |
| A4382 | Heavy Plastic, Each | \$ | 27.11 | Purchase | |
| A 4202 | Ostomy Pouch, Urinary, For Use On Faceplate, | ¢ | 21 04 | Purchaso | |
| A4383 | Rubber, Each | \$ | 31.04 | Purchase | |
| A 4 2 0 4 | Ostomy Faceplate Equivalent, Silicone Ring, | ¢ | 10 50 | Durahaaa | |
| A4384 | Each | \$ | 10.58 | Purchase | |
| | Optomy Skin Parrier, Solid 4V4 Or Equivalent | | | | |
| A 120F | Ostomy Skin Barrier, Solid 4X4 Or Equivalent, | ¢ | 6 00 | Purchase | |
| A4385 | Extended Wear, Without Built-In Convexity, Each | \$ | 6.00 | r uiciidse | |

| A4387 Ostomy Pouch, Closed, With Barrier Attached, With Built-In Convexity (1 Piece), Each \$ 2.48 Purchase A4388 Barrier Attached, (1 Piece), Each \$ 5.14 Purchase A4389 With Built-In Convexity (1 Piece), Each \$ 7.31 Purchase A4389 With Built-In Convexity (1 Piece), Each \$ 7.31 Purchase Ostomy Pouch, Drainable, With Extended Wear Barrier Attached, With Built-In Convexity (1 A4390 \$ 11.30 Purchase A318 Barrier Attached, With Built-In Convexity (1 Barrier Attached, With Built-In Convexity (1 A4391 \$ 3.2 Purchase A319 Barrier Attached, With Built-In Convexity (1 Piece), Each \$ 9.00 Purchase Ostomy Pouch, Urinary, With Extended Wear Barrier Attached, With Built-In Convexity (1 A4392 \$ 9.95 Purchase Ostomy Dedotrant, With Or Without Lubricant, For Use In Ostomy Pouch, Ner Fluid Ounce \$ 0.50 Purchase A4394 For Use In Ostomy Pouch, Stapply, Bag, Each \$ 13.55 Purchase A4394 For Use In Ostomy Pouch, Stapply, Bag, Each \$ 13.55 Purchase A4394 For Use In Ostomy Pouch, Stapply, Bag, Each \$ 13.55 Purchase A4395 S | tih Built-In Convexity (1 Plece), Each \$ 2.48 Purchase arrier Attached, (1 Plece), Each \$ 5.14 Purchase stomy Pouch, Drainable, With Barrier Attached, thin Built-In Convexity (1 Plece), Each \$ 7.31 Purchase stomy Pouch, Drainable, With Extended Wear arrier Attached, With Built-In Convexity (1 ece), Each \$ 7.31 Purchase stomy Pouch, Urinary, With Extended Wear arrier Attached, With Built-In Convexity (1 ece), Each \$ 9.00 Purchase stomy Pouch, Urinary, With Extended Wear arrier Attached, With Built-In Convexity (1 ece), Each \$ 9.00 Purchase stomy Douch, Urinary, With Extended Wear arrier Attached, With Built-In Convexity (1 ece), Each \$ 9.05 Purchase stomy Deodorant, With Or Without Lubricant, or Use In Ostomy Pouch, extender and the Built-In Convexity (1 ece), Each \$ 9.05 Purchase stomy Deodorant For Use In Ostomy Pouch, oil, Per Tables \$ 9.05 Purchase stomy Deodorant For Use In Ostomy Pouch, oil, Per Tables \$ 9.05 Purchase stomy Ingation Supply: Gag, Each \$ \$ \$ 9.06 stomy Ingation Supply: Gag, Each \$ \$ 13.51 Purchase stomy Sin Barrier, Non-Pectin Based, Paste, Per unce \$ 4.01 Purchase stomy Sin Barrier, With Flange | | | | 1 |
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| Or Assertion Without Duilt In Conversity AV A | r Accordion) Without Built-In Convexity 4 X 4 | | Without Filter, EachOstomy Pouch, Drainable, High Output, For UseOn A Barrier With Flange (2 Piece System), WithFilter, EachOstomy Skin Barrier, With Flange (Solid, Flexible | | |
| A4414 Inches Or Smaller, Each \$ 5.80 Purchase | | A4413 | Without Filter, Each Ostomy Pouch, Drainable, High Output, For Use On A Barrier With Flange (2 Piece System), With Filter, Each Ostomy Skin Barrier, With Flange (Solid, Flexible Or Accordion), Without Built-In Convexity, 4 X 4 | \$ 6.48 | Purchase |
| UT ACCORION), WITHOUT BUILT-IN CONVEXITY, 4 X 4 | | | Without Filter, EachOstomy Pouch, Drainable, High Output, For UseOn A Barrier With Flange (2 Piece System), WithFilter, EachOstomy Skin Barrier, With Flange (Solid, Flexible | | |

| | Ostomy Skin Barrier, With Flange (Solid, Flexible | | | | |
|-----------|---|------------|--------|-----------|--|
| | Or Accordion), Without Built-In Convexity, Larger | | | | |
| A4415 | Than 4X4 Inches, Each | \$ | 7.07 | Purchase | |
| | Ostomy Pouch, Closed, With Barrier Attached, | | | | |
| A4416 | With Filter (1 Piece), Each | \$ | 3.03 | Purchase | |
| | Ostomy Pouch, Closed, With Barrier Attached, | | | | |
| | With Built-In Convexity, With Filter (1 Piece), | | | | |
| A4417 | Each | \$ | 4.10 | Purchase | |
| | Ostomy Pouch, Closed; Without Barrier Attached, | | | | |
| A4418 | With Filter (1 Piece), Each | \$ | 2.00 | Purchase | |
| | | ¥ | | | |
| | Ostomy Pouch, Closed; For Use On Barrier With | | | | |
| A4419 | Non-Locking Flange, With Filter (2 Piece), Each | \$ | 2.06 | Purchase | |
| 74413 | Ostomy Pouch, Closed; For Use On Barrier With | φ | 2.00 | Fuicilase | |
| A 4 4 0 0 | | Dries Dy (| | Durchase | |
| A4420 | Locking Flange (2 Piece), Each | Рпсе ву н | Report | Purchase | |
| | | | | | |
| | Ostomy Absorbent Material (Sheet/Pad/Crystal | | | | |
| | Packet) For Use In Ostomy Pouch To Thicken | | | | |
| A4422 | Liquid Stomal Output, Each | \$ | 0.13 | Purchase | |
| | | | | | |
| | Ostomy Pouch, Closed; For Use On Barrier With | | | | |
| A4423 | Locking Flange, With Filter (2 Piece), Each | \$ | 2.04 | Purchase | |
| | Ostomy Pouch, Drainable, With Barrier Attached, | | | | |
| A4424 | With Filter (1 Piece), Each | \$ | 5.60 | Purchase | |
| | Ostomy Pouch, Drainable; For Use On Barrier | | | | |
| | With Non-Locking Flange, With Filter (2 Piece | | | | |
| A4425 | System), Each | \$ | 4.22 | Purchase | |
| / 11120 | | Ψ | 7.22 | | |
| | Ostomy Pouch, Drainable; For Use On Barrier | | | | |
| A4426 | | ¢ | 3.22 | Purchase | |
| A4420 | With Locking Flange (2 Piece System), Each | \$ | 3.22 | Purchase | |
| | Ostomy Pouch, Drainable; For Use On Barrier | | | | |
| | With Locking Flange, With Filter (2 Piece | • | | | |
| A4427 | System), Each | \$ | 3.28 | Purchase | |
| | Ostomy Pouch, Urinary, With Extended Wear | | | | |
| | Barrier Attached, With Faucet-Type Tap With | | | | |
| A4428 | Valve (1 Piece), Each | \$ | 7.67 | Purchase | |
| | Ostomy Pouch, Urinary, With Barrier Attached, | | | | |
| | With Built-In Convexity, With Faucet-Type Tap | | | | |
| A4429 | With Valve (1 Piece), Each | \$ | 9.08 | Purchase | |
| | | | | | |
| | Ostomy Pouch, Urinary, With Extended Wear | | | | |
| | Barrier Attached, With Built-In Convexity, With | | | | |
| A4430 | Faucet-Type Tap With Valve (1 Piece), Each | \$ | 10.02 | Purchase | |
| | | + | | | |
| | Ostomy Pouch, Urinary; With Barrier Attached, | | | | |
| A4431 | With Faucet-Type Tap With Valve (1 Piece), Each | \$ | 7.31 | Purchase | |
| 71401 | Ostomy Pouch, Urinary; For Use On Barrier With | Ψ | 7.01 | | |
| | Non-Locking Flange, With Faucet-Type Tap With | | | | |
| A4432 | | \$ | 4 22 | Durahaaa | |
| A4432 | Valve (2 Piece), Each | Φ | 4.23 | Purchase | |
| A 4 4 9 9 | Ostomy Pouch, Urinary; For Use On Barrier With | ¢ | 2 00 | Durahaaa | |
| A4433 | Locking Flange (2 Piece), Each | \$ | 3.69 | Purchase | |
| | Ostomy Pouch, Urinary; For Use On Barrier With | | | | |
| | Locking Flange, With Faucet-Type Tap With | | | | |
| A4434 | Valve (2 Piece), Each | \$ | 4.14 | Purchase | |
| | Ostomy Pouch, Drainable, High Output, With | | | | |
| | Extended Wear Barrier (One-Piece System), With | | | | |
| A4435 | Or Without Filter, Each | \$ | 6.81 | Purchase | |
| A4450 | Tape, Non-Waterproof, Per 18 Square Inches | \$ | 6.35 | Purchase | |
| A4452 | Tape, Waterproof, Per 18 Square Inches | \$ | 2.16 | Purchase | |
| - | Adhesive Remover Or Solvent (For Tape, | - | - | | |
| A4455 | Cement Or Other Adhesive) | \$ | 1.57 | Purchase | |
| A4456 | Adhesive Remover, Wipes, Any Type, Each | \$ | | Purchase | |
| A4458 | Enema Bag With Tubing, Reusable | \$ | | Purchase | |
| ΔΔΔЬΥ | | | L.1 L | | |

| | Manual Pump-Operated Enema System, Includes | | | | |
|--------|--|---------|-----------------|----------|-------------|
| | Balloon, Catheter And All Accessories, Reusable, | | | | |
| A4459 | Any Type | | Price By Report | Purchase | |
| A4461 | Surgical Dressing Holder, Non-Reusable, Each | \$ | 3 64 | Purchase | |
| A4463 | Surgical Dressing Holder, Reusable, Each | \$ | | Purchase | |
| A4465 | Non-Elastic Binder For Extremity | Ψ \$ | | Purchase | |
| 74403 | Belt, Strap, Sleeve, Garment, Or Covering, Any | Ψ | 47.55 | | |
| A4467 | Type | | Price By Report | Purchase | |
| A4470 | Gravlee Jet Washer | | Price By Report | | |
| A4480 | Vabra Aspirator | | Price By Report | | |
| | | | , , , | | |
| A4481 | Thracheostoma Filter, Any Type, Any Size, Each Moisture Exchanger, Disposable, For Use With | \$ | 0.41 | Purchase | |
| A4483 | Invasive Mechanical Ventilation | ¢ | 12.09 | Durahaaa | |
| | | \$ | | Purchase | |
| A4490 | Surgical Stockings Above Knee Length, Each | \$ | | Purchase | |
| A4495 | Surgical Stockings Thigh Length, Each | \$ | | Purchase | |
| A4500 | Surgical Stockings Below Knee Length, Each | \$ | | Purchase | |
| A4510 | Surgical Stockings Full Length, Each | \$ | | Purchase | |
| A4550 | Surgical Trays | \$ | 36.35 | Purchase | |
| | Electrode/Transducer For Use With Electrical | | | | |
| | Stimulation Device Used For Cancer Treatment, | | | | |
| A4555 | Replacement Only | | Price By Report | | |
| A4556 | Electrodes, (E.G., Apnea Monitor), Per Pair | \$ | 14.38 | Purchase | |
| A4557 | Lead Wires, (E.G., Apnea Monitor), Per Pair | \$ | 18.82 | Purchase | |
| | Coupling Gel Or Paste, For Use With Ultrasound | | | | |
| A4559 | Device, Per Oz | \$ | 0.11 | Purchase | |
| A4561 | Pessary, Rubber, Any Type | \$ | 22.75 | Purchase | |
| A4562 | Pessary, Non Rubber, Any Type | \$ | 60.59 | Purchase | |
| | Rectal Control System For Vaginal Insertion, For | • | | | |
| A 4500 | Long Term Use, Includes Pump And All Supplies | ¢ | 4 045 00 | Durahaaa | DA Dequired |
| A4563 | And Accessories, Any Type Each | \$ | | Purchase | PA Required |
| A4565 | Slings | \$ | 9.42 | Purchase | |
| | Shoulder Sling Or Vest Design, Abduction | | | | |
| | Restrainer, With Or Without Swathe Control, | | | | |
| A4566 | Prefabricated, Includes Fitting And Adjustment | | Price By Report | Purchase | |
| A4570 | Splint | \$ | | Purchase | |
| A4580 | Cast Supplies (E.G. Plaster) | \$ | | Purchase | |
| 74300 | Electrical Stimulator Supplies, 2 Lead, Per Month, | | 52.02 | | |
| A4595 | (E.G. Tens, Nmes) | \$ | 20.03 | Purchase | |
| A4393 | Sleeve For Intermittent Limb Compression | φ | 20.93 | Fulchase | |
| A4600 | Device, Replacement Only, Each | | Price By Report | Purchaso | |
| A4000 | Lithium Ion Battery, Rechargeable, For Non- | | гисе ву кероп | Fulchase | |
| A4601 | Prosthetic Use, Replacement | | Price By Report | Purchase | |
| | | | | | |
| | Replacement Battery For External Infusion Pump | | | | |
| A4602 | Owned By Patient, Lithium, 1.5 Volt, Each | \$ | 4.10 | Purchase | |
| 74002 | Tubing With Integrated Heating Element For Use | Ψ | 4.10 | | |
| A4604 | With Positive Airway Pressure Device | \$ | 58.54 | Purchase | |
| 74004 | White Positive Allway Plessure Device | φ | 50.54 | Fulchase | |
| A4605 | Tracheal Suction Catheter, Closed System, Each | \$ | 19.31 | Purchase | |
| | Oxygen Probe For Use With Oximeter Device, | 1 | | | |
| A4606 | Replacement | \$ | 68.59 | Purchase | |
| A4608 | Transtracheal Oxygen Catheter, Each | \$ | | Purchase | |
| | Battery, Heavy Duty; Replacement For Patient | | | | |
| A4611 | Owned Ventilator | \$ | 208.93 | Purchase | |
| | Battery Cables; Replacement For Patient-Owned | * | | | |
| A4612 | Ventilator | \$ | 85.00 | Purchase | |
| | Battery Charger; Replacement For Patient-Owned | | 50.00 | | |
| A4613 | Ventilator | \$ | 130.35 | Purchase | |
| A4614 | Peak Expiratory Flow Rate Meter, Hand Held | \$ | | Purchase | |
| A4615 | Cannula, Nasal | \$ | | Purchase | |
| | ourinula, Nasai | Ψ | 0.00 | | |

| A 4C4C | Tubing (Oversen) Der Feet | ¢ | 0.00 | Durchase | |
|-----------|--|----------|------------------------------------|----------|---|
| A4616 | Tubing (Oxygen), Per Foot | \$ | | Purchase | |
| A4617 | Mouth Piece | \$ | | Purchase | |
| A4618 | Breathing Circuits | \$ | | Purchase | |
| A4619 | Face Tent | \$ | | Purchase | |
| A4620 | Variable Concentration Mask | \$ | | Purchase | |
| A4623 | Tracheostomy, Inner Cannula | \$ | 7.22 | Purchase | |
| | Tracheal Suction Catheter, Any Type Other Than | | | | |
| A4624 | Closed System, Each | \$ | 2.75 | Purchase | |
| A4625 | Tracheostomy Care Or Cleaning Starter Kit | \$ | 6.48 | Purchase | |
| A4626 | Tracheostomy Cleaning Brush, Each | \$ | 2.99 | Purchase | |
| | Spacer, Bag Or Reservoir, With Or Without Mask, | | | | |
| A4627 | For Use With Metered Dose Inhaler | \$ | 18.86 | Purchase | |
| A4628 | Oropharyngeal Suction Catheter, Each | \$ | 4.31 | Purchase | |
| | Tracheostomy Care Kit For Established | T | - | | |
| A4629 | Tracheostomy | \$ | 5.45 | Purchase | |
| | Replacement Batteries, Medically Necessary, | Ŷ | 00 | | |
| | Transcutaneous Electrical Stimulator, Owned By | | | | |
| A4630 | Patient | \$ | 6.87 | Purchase | |
| 74000 | Replacement Bulb/Lamp For Ultraviolet Light | Ψ | 0.07 | | |
| A4633 | Therapy System, Each | \$ | 45.19 | Purchase | |
| A4033 | Replacement Bulb For Therapeutic Light Box, | Ψ | 45.15 | Turchase | |
| A4634 | | | Drice Dy Deport | Durahaaa | |
| | Tabletop Model | ¢ | Price By Report | | |
| A4635 | Underarm Pad, Crutch, Replacement, Each | \$ | 5.63 | Purchase | |
| 4 4 0 0 0 | Replacement, Handgrip, Cane, Crutch, Or | ^ | 0.00 | | |
| A4636 | Walker, Each | \$ | 3.20 | Purchase | |
| | | • | | | |
| A4637 | Replacement, Tip, Cane, Crutch, Walker, Each. | \$ | 1.85 | Purchase | |
| | Replacement Battery For Patient-Owned Ear | | | | |
| A4638 | Pulse Generator, Each | | Price By Report | Purchase | |
| | Replacement Pad For Use With Medically | | | | |
| | Necessary Alternating Pressure Pad Owned By | | | | |
| A4640 | Patient | \$ | 62.29 | Purchase | |
| | Supply Of Radiopharmaceutical Diagnostic | | | | |
| A4641 | Imaging Agent | \$ | 264.62 | | |
| | Supply Of Satumomab Pendetide, | | | | |
| | Radiopharmaceutical Diagnostic Imaging Agent, | | | | |
| A4642 | Per Dose | | Price By Report | Purchase | |
| A4648 | Tissue Marker, Implantable, Any Type, Each | | Price By Report | Purchase | |
| A4649 | Surgical Supply; Miscellaneous | | Price By Report | Purchase | |
| A4651 | Calibrated Microcapillary Tube, Each | | Price By Report | Purchase | |
| A4652 | Microcapillary Tube Sealant | | Price By Report | | |
| | Peritoneal Dialysis Catheter Anchoring Device, | | , , | | |
| A4653 | Belt, Each | | Price By Report | Purchase | |
| A4657 | Syringe, With Or Without Needle, Each | \$ | | Purchase | |
| | Disposable Cycler Set Used With Cycler Dialysis | Ŷ | 01.10 | | |
| A4671 | Machine, Each | | Price By Report | Purchase | |
| | Drainage Extension Line, Sterile, For Dialysis, | | т пес Бу Кероп | | |
| A4672 | Each | | Price By Report | Purchase | |
| A4072 | Extension Line With Easy Lock Connectors, Used | | гисе ву кероп | Fulchase | |
| A 4670 | - | | Drice Dy Deport | Durahaaa | |
| A4673 | With Dialysis | | Price By Report | Purchase | |
| 4 4 9 7 4 | Chemicals/Antiseptics Solution Used To | | D : D D (| | |
| A4674 | Clean/Sterilize Dialysis Equipment, Per 8 Oz | | Price By Report | Purchase | |
| | | | | | |
| A4680 | Activated Carbon Filter For Hemodialysis, Each | | Price By Report | Purchase | |
| | Dialyzer (Artificial Kidneys), All Types, All Sizes, | | . | | |
| A4690 | For Hemodialysis, Each | | Price By Report | Purchase | |
| | Bicarbonate Concentrate, Solution, For | | | | |
| | | | | | 1 |
| A4706 | Hemodialysis, Per Gallon | | Price By Report | Purchase | |
| | | | Price By Report | Purchase | |
| | Hemodialysis, Per Gallon | | Price By Report Price By Report | | |
| A4706 | Hemodialysis, Per Gallon Bicarbonate Concentrate, Powder, For | | | | |

| A4709 | Acid Concentrate, Solution, For Hemodialysis, Per Gallon | Brico By Boport | Purchase |
|-------|--|-----------------|----------|
| 74109 | | Price By Report | |
| A4714 | Treated Water (Deionized, Distilled, Or Reverse Osmosis) For Peritoneal Dialysis, Per Gallon | Price By Report | Purchase |
| A4719 | Y Set Tubing For Peritoneal Dialysis | Price By Report | |
| | Dialysate Solution, Any Concentration Of Dextrose, Fluid Volume Greater Than 249 Cc, But Less Than Or Equal To 999 Cc, For Peritoneal | | |
| A4720 | Dialysis | Price By Report | Purchase |
| | Dialysate Solution, Any Concentration Of Dextrose, Fluid Volume Greater Than 999 Cc But Less Than Or Equal To 1999 Cc, For Peritoneal | | |
| A4721 | Dialysis | Price By Report | Purchase |
| 4700 | Dialysate Solution, Any Concentration Of Dextrose, Fluid Volume Greater Than 1999 Cc But Less Than Or Equal To 2999 Cc, For Desitenced Dialysis | | Durahasa |
| A4722 | Peritoneal Dialysis Dialysate Solution, Any Concentration Of | Price By Report | Purchase |
| | Dextrose, Fluid Volume Greater Than 2999 Cc But Less Than Or Equal To 3999 Cc, For | | |
| A4723 | Peritoneal Dialysis | Price By Report | Purchase |
| A4724 | Dialysate Solution, Any Concentration Of Dextrose, Fluid Volume Greater Than 3999 Cc But Less Than Or Equal To 4999 Cc, For Peritoneal Dialysis | Price By Report | Purchase |
| | Dialysate Solution, Any Concentration Of | Theo by Report | |
| | Dextrose, Fluid Volume Greater Than 4999 Cc But Less Than Or Equal To 5999 Cc, For | | |
| A4725 | Peritoneal Dialysis | Price By Report | Purchase |
| A4726 | Dialysate Solution, Any Concentration Of Dextrose, Fluid Volume Greater Than 5999 Cc, For Peritoneal Dialysis | Price By Report | Purchase |
| A4728 | Dialysate Solution, Non-Dextrose Containing, 500 MI | Price By Report | Purchase |
| A4730 | Fistula Cannulation Set For Hemodialysis, Each | Price By Report | Purchase |
| A4736 | Topical Anesthetic, For Dialysis, Per Gram | Price By Report | |
| A4737 | Injectable Anesthetic, For Dialysis, Per 10 MI | Price By Report | Purchase |
| A4740 | Shunt Accessory, For Hemodialysis, Any Type, Each Blood Tubing, Arterial Or Venous, For | Price By Report | Purchase |
| A4750 | Hemodialysis, Each | \$ 7.25 | Purchase |
| A4755 | Blood Tubing, Arterial And Venous Combined, For Hemodialysis, Each | Price By Report | Purchase |
| A4760 | Dialysate Solution Test Kit, For Peritoneal Dialysis, Any Type, Each Dialysate Concentrate, Powder, Additive For | Price By Report | Purchase |
| A4765 | Peritoneal Dialysis, Per Packet Dialysate Concentrate, Solution, Additive For | Price By Report | Purchase |
| A4766 | Peritoneal Dialysis, Per 10 Ml Blood Collection Tube, Vacuum, For Dialysis, Per | Price By Report | Purchase |
| A4770 | 50 | Price By Report | Purchase |
| A4771 | Serum Clotting Time Tube, For Dialysis, Per 50 | Price By Report | Purchase |
| A4772 | Blood Glucose Test Strips, For Dialysis, Per 50 | \$ 5.76 | Purchase |
| A4773 | Occult Blood Test Strips, For Dialysis, Per 50 | Price By Report | Purchase |
| A4774 | Ammonia Test Strips, For Dialysis, Per 50 | Price By Report | |
| A4802 | Protamine Sulfate, For Hemodialysis, Per 50 Mg | Price By Report | Purchase |

| | Disposable Catheter Tips For Peritoneal Dialysis, | | | | |
|----------------|--|----------|-------------|----------------------|--|
| A4860 | Per 10 | Price | e By Report | Purchase | |
| | Plumbing And/Or Electrical Work For Home | | | | |
| A4870 | Hemodialysis Equipment | Price | e By Report | Purchase | |
| | Contracts, Repair And Maintenance, For | | | | |
| A4890 | Hemodialysis Equipment | Price | e By Report | Purchase | |
| A4911 | Drain Bag/Bottle, For Dialysis, Each | Price | e By Report | Purchase | |
| | Miscellaneous Dialysis Supplies, Not Otherwise | | | | |
| A4913 | Specified | Price | e By Report | Purchase | |
| | | | | | |
| A4918 | Venous Pressure Clamp, For Hemodialysis, Each | Price | e By Report | Purchase | |
| A4927 | Gloves, Non-Sterile, Per 100 | \$ | <u> </u> | Purchase | |
| A4929 | Tourniquet For Dialysis, Each | | By Report | | |
| A4930 | Gloves, Sterile, Per Pair | \$ | | Purchase | |
| 714000 | | Ψ | 0.04 | | |
| A4932 | Rectal Thermometer, Reusable, Any Type, Each | Price | e By Report | Purchase | |
| 74332 | Ostomy Pouch, Closed; With Barrier Attached (1 | 1 1100 | , Бу Кероп | | |
| A5051 | Piece), Each | \$ | 2.27 | Purchase | |
| 73031 | Ostomy Pouch, Closed; Without Barrier Attached | Ψ | 2.21 | i uicitase | |
| A5052 | | ¢ | 1.64 | Purchase | |
| ADUDZ | (1 Piece), Each | \$ | 1.04 | Purchase | |
| 15050 | Ostomy Pouch, Closed; For Use On Faceplate, | ¢ | 1 01 | Durahaaa | |
| A5053 | Each | \$ | 1.61 | Purchase | |
| 4 5 6 5 4 | Ostomy Pouch, Closed; For Use On Barrier With | • | 4 00 | | |
| A5054 | Flange (2 Piece), Each | \$ | | Purchase | |
| A5055 | Stoma Cap | \$ | 1.56 | Purchase | |
| | | | | | |
| | Ostomy Pouch, Drainable, With Extended Wear | | | | |
| A5056 | Barrier Attached, With Filter, (1 Piece), Each | \$ | 5.50 | Purchase | |
| | Ostomy Pouch, Drainable, With Extended Wear | | | | |
| | Barrier Attached, With Built In Convexity, With | | | | |
| A5057 | Filter, (1 Piece), Each | \$ | 11.30 | Purchase | |
| | | | | | |
| A5061 | Pouch, Drainable; With Barrier Attached (1 Piece) | \$ | 3.89 | Purchase | |
| | Ostomy Pouch, Drainable; Without Barrier | | | | |
| A5062 | Attached (1 Piece), Each | \$ | 2.29 | Purchase | |
| | Ostomy Pouch, Drainable; For Use On Barrier | | | | |
| A5063 | With Flange (2 Piece System), Each | \$ | 2.98 | Purchase | |
| | Ostomy Pouch, Urinary; With Barrier Attached (1 | | | | |
| A5071 | Piece), Each | \$ | 6.62 | Purchase | |
| | Ostomy Pouch, Urinary; Without Barrier Attached | | | | |
| A5072 | (1 Piece), Each | \$ | 3.79 | Purchase | |
| | Ostomy Pouch, Urinary; For Use On Barrier With | | | | |
| A5073 | Flange (2 Piece), Each | \$ | 3.46 | Purchase | |
| A5081 | Stoma Plug Or Seal, Any Type | \$ | 3.11 | Purchase | |
| | | | | | |
| A5082 | Continent Device; Catheter For Continent Stoma | \$ | 13.10 | Purchase | |
| | Continent Device, Stoma Absorptive Cover For | - | | | |
| A5083 | Continent Stoma | \$ | 0.71 | Purchase | |
| A5093 | Ostomy Accessory; Convex Insert | \$ | | Purchase | |
| | Bedside Drainage Bottle With Or Without Tubing, | | | | |
| A5102 | Rigid Or Expandable, Each | \$ | 24.67 | Purchase | |
| | Urinary Suspensory With Leg Bag, With Or | | - | | |
| A5105 | Without Tube, Each | \$ | 42.76 | Purchase | |
| | | | - | | |
| | Urinary Drainage Bag, Leg Or Abdomen, Latex, | | | | |
| A5112 | With Or Without Tube, With Straps, Each | \$ | 38.12 | Purchase | |
| A5113 | Leg Strap; Latex, Replacement Only, Per Set | \$ | | Purchase | |
| | Leg Strap; Foam Or Fabric, Replacement Only, | * | -7.71 | | |
| A5114 | Per Set | \$ | 98.0 | Purchase | |
| A5120 | Skin Barrier, Wipes Or Swabs, Each | \$ \$ | | Purchase | |
| | JONIT Darrier, Wipes OF Swaps, Edul | Ψ | 0.51 | | |
| A 5 1 0 1 | Skin Barrior: Solid & V & Or Equivalent Each | ¢ | 0 01 | Durchase | |
| A5121 A5122 | Skin Barrier; Solid, 6 X 6 Or Equivalent, Each Skin Barrier; Solid, 8 X 8 Or Equivalent, Each | \$ \$ | | Purchase Purchase | |

| | | 1 | | | |
|-------|--|----|-----------------|----------|-------------|
| A5126 | Adhesive Or Non-Adhesive; Disk Or Foam Pad | \$ | 1.44 | Purchase | |
| A5131 | Appliance Cleaner, Incontinence And Ostomy Appliances, Per 16 Oz. | \$ | 17.45 | Purchase | |
| A5200 | Percutaneous Catheter/Tube Anchoring Device, Adhesive Skin Attachment | \$ | 13.39 | Purchase | |
| | For Diabetics Only, Fitting (Including Follow-Up), Custom Preparation And Supply Of Off-The-Shelf Depth-Inlay Shoe Manufactured To | | | | |
| A5500 | Accommodate Multi- Density Insert(S), Per Shoe. For Diabetics Only, Fitting (Including Follow-Up), | \$ | 74.87 | Purchase | |
| | Custom Preparation And Supply Of Shoe Molded From Cast(S) Of Patient'S Foot (Custom Molded | â | | | |
| A5501 | Shoe), Per Shoe For Diabetics Only, Modification (Including Fitting) | \$ | 210.00 | Purchase | |
| A5503 | Of Off-The-Shelf Depth-Inlay Shoe Or Custom- Molded Shoe With Roller Or Rigid Rocker | ¢ | 25.61 | Purchase | |
| A5505 | Bottom, Per Shoe | \$ | 35.61 | Purchase | |
| A5504 | For Diabetics Only, Modification (Including Fitting) Of Off-The-Shelf Depth-Inlay Shoe Or Custom- Molded Shoe With Wedge(S), Per Shoe | \$ | 35.61 | Purchase | |
| | | ~ | 00.01 | | |
| A5505 | For Diabetics Only, Modification (Including Fitting) Of Off-The-Shelf Depth-Inlay Shoe Or Custom- Molded Shoe With Metatarsal Bar, Per Shoe | \$ | 35.61 | Purchase | |
| | For Diabetics Only, Modification (Including Fitting) Of Off-The-Shelf Depth-Inlay Shoe Or Custom- | | | | |
| A5506 | Molded Shoe With Off-Set Heel(S), Per Shoe For Diabetics Only, Not Otherwise Specified | \$ | 35.61 | Purchase | |
| A5507 | Modification (Including Fitting) Of Off-The-Shelf Depth-Inlay Shoe Or Custom-Molded Shoe, Per Shoe | \$ | 35.61 | Purchase | |
| | For Diabetics Only, Deluxe Feature Of Off-The- | Ŷ | | | |
| A5508 | Shelf Depth-Inlay Shoe Or Custom-Molded Shoe, Per Shoe | | Price By Report | Purchase | |
| | For Diabetics Only, Direct Formed, Compression Molded To Patient'S Foot Without External Heat Source, Multiple-Density Insert(S) Prefabricated, | | | | |
| A5510 | Per Shoe | | Price By Report | Purchase | |
| | 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 | | | | |
| A5512 | Shore A 35 Durometer Or 3/16 | \$ | 30.54 | Purchase | |
| 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 | \$ | 12 62 | Purchase | |
| 73313 | | Ψ | 42.02 | | |
| A5514 | For Diabetics Only, Multiple Density Insert, Made By Direct Carving With Cam Technology From A Rectified Cad Model Created From A Digitized Scan Of The Patient, Total Contact With Patient'S Foot, Including Arch, Base Layer Minimum Of 3/16 Inch Material Of Sho | \$ | 42.62 | Purchase | PA Required |

| | | | | 1 | |
|---------|---|-------|-----------------|----------|--|
| | Collagen Based Wound Filler, Dry Form, Sterile, | | | | |
| A6010 | Per Gram Of Collagen | \$ | 34.10 | Purchase | |
| | Collagen Based Wound Filler, Gel/Paste, Per | | | | |
| A6011 | Gram Of Collagen | \$ | 2.52 | Purchase | |
| | Collagen Dressing, Sterile, Size 16 Sq. In. Or | | | | |
| A6021 | Less, Each | \$ | 23.15 | Purchase | |
| | Collagen Dressing, Sterile, Size More Than 16 | | | | |
| | Sq. In. But Less Than Or Equal To 48 Sq. In., | | | | |
| A6022 | Each | \$ | 24.75 | Purchase | |
| | Collagen Dressing, Sterile, Size More Than 48 | ÷ | 2 | | |
| A6023 | Sq. In., Each | \$ | 209.55 | Purchase | |
| 70020 | Collagen Dressing Wound Filler, Sterile, Per 6 | Ψ | 200.00 | | |
| 10004 | | ¢ | C 04 | Durchase | |
| A6024 | Inches | \$ | 6.81 | Purchase | |
| | | | | | |
| | Gel Sheet For Dermal Or Epidermal Application, | | | | |
| A6025 | (E.G., Silicone, Hydrogel, Other), Each | \$ | | Purchase | |
| A6154 | Wound Pouch, Each | \$ | 16.92 | Purchase | |
| | Alginate Or Other Fiber Gelling Dressing, Wound | | | | |
| | Cover, Sterile, Pad Size 16 Sq. In. Or Less, Each | | | | |
| A6196 | Dressing | \$ | 8.65 | Purchase | |
| | | | | | |
| | Alginate Or Other Fiber Gelling Dressing, Wound | | | | |
| | Cover, Sterile, Pad Size More Than 16 Sq. In. But | | | | |
| A6197 | Less Than Or Equal To 48 Sq. In., Each Dressing | | 10 /7 | Purchase | |
| A0137 | Alginate Or Other Fiber Gelling Dressing, Wound | Ψ | 13.47 | | |
| | | | | | |
| 10400 | Cover, Sterile, Pad Size More Than 48 Sq. In., | | | | |
| A6198 | Each Dressing | | Price By Report | Purchase | |
| | Alginate Or Other Fiber Gelling Dressing, Wound | | | | |
| A6199 | Filler, Sterile, Per 6 Inches | \$ | 6.22 | Purchase | |
| | Composite Dressing, Sterile, Pad Size 16 Sq. In. | | | | |
| | Or Less, With Any Size Adhesive Border, Each | | | | |
| A6203 | Dressing | \$ | 3.71 | Purchase | |
| | | | | | |
| | Composite Dressing, Sterile, Pad Size More Than | | | | |
| | 16 Sq. In. But Less Than Or Equal To 48 Sq. In., | | | | |
| A6204 | With Any Size Adhesive Border, Each Dressing | \$ | 6 85 | Purchase | |
| 10201 | Composite Dressing, Sterile, Pad Size More Than | | 0.00 | | |
| | 48 Sq. In., With Any Size Adhesive Border, Each | | | | |
| A6205 | | | Drice Dy Depart | Durahaaa | |
| A6205 | Dressing | | Price By Report | Purchase | |
| | Contact Layer, Sterile, 16 Sq. In. Or Less, Each | | | | |
| A6206 | Dressing | | Price By Report | Purchase | |
| | | | | | |
| | Contact Layer, Sterile, More Than 16 Sq. In. But | | | | |
| A6207 | Less Than Or Equal To 48 Sq. In., Each Dressing | \$ | 8.64 | Purchase | |
| | Contact Layer, Sterile, More Than 48 Sq. In., | | | | |
| A6208 | Each Dressing | | Price By Report | Purchase | |
| | Foam Dressing, Wound Cover, Sterile, Pad Size | | | | |
| | 16 Sq. In. Or Less, Without Adhesive Border, | | | | |
| A6209 | Each Dressing | \$ | 8.23 | Purchase | |
| , 10200 | Foam Dressing, Wound Cover, Sterile, Pad Size | Ψ | 0.23 | | |
| | More Than 16 Sq. In. But Less Than Or Equal To | | | | |
| | | | | | |
| 10010 | 48 Sq. In., Without Adhesive Border, Each | ¢ | oo 1- | Duraha | |
| A6210 | Dressing | \$ | 23.45 | Purchase | |
| | Foam Dressing, Wound Cover, Sterile, Pad Size | | | | |
| | More Than 48 Sq. In., Without Adhesive Border, | | | | |
| A6211 | Each Dressing | \$ | 35.93 | Purchase | |
| | Foam Dressing, Wound Cover, Sterile, Pad Size | 1 | | | |
| | 16 Sq. In. Or Less, With Any Size Adhesive | | | | |
| A6212 | Border, Each Dressing | \$ | 11.49 | Purchase | |
| - | 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 | | | | |
| | THE OWNER, WITH ANY OILE AUTOSIVE DUILET, EAUT | 1 | | | |
| A6213 | Dressing | \$ | 0 2 0 | Purchase | |

| | | 1 | | | |
|--------|--|----|------------------|----------|--|
| | Foam Dressing, Wound Cover, Sterile, Pad Size | | | | |
| | More Than 48 Sq. In., With Any Size Adhesive | | | | |
| A6214 | Border, Each Dressing | \$ | 12.12 | Purchase | |
| | | | | | |
| A6215 | Foam Dressing, Wound Filler, Sterile, Per Gram | | Price By Report | Purchase | |
| | Gauze, Non-Impregnated, Non-Sterile, Pad Size | | | | |
| | 16 Sq. In. Or Less, Without Adhesive Border, | | | | |
| A6216 | Each Dressing | \$ | 0.05 | Purchase | |
| | 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 | | | | |
| A6217 | Dressing | | Price By Report | Purchase | |
| 7.0217 | Gauze, Non-Impregnated, Non-Sterile, Pad Size | | т пес Бу Кероп | | |
| | | | | | |
| 10010 | More Than 48 Sq. In., Without Adhesive Border, | | Dries Dr. Denart | Durahaaa | |
| A6218 | Each Dressing | | Price By Report | Purchase | |
| | Gauze, Non-Impregnated, Sterile, Pad Size 16 | | | | |
| | Sq. In. Or Less, With Any Size Adhesive Border, | | | | |
| A6219 | Each Dressing | \$ | 1.14 | Purchase | |
| | 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 | | | | |
| A6220 | Dressing | \$ | 2.85 | Purchase | |
| | Gauze, Non-Impregnated, Sterile, Pad Size More | | | | |
| | Than 48 Sq. In., With Any Size Adhesive Border, | | | | |
| A6221 | Each Dressing | | Price By Report | Purchase | |
| | Gauze, Impregnated With Other Than Water, | | | | |
| | Normal Saline, Or Hydrogel, Sterile, Pad Size 16 | | | | |
| | Sq. In. Or Less, Without Adhesive Border, Each | | | | |
| A6222 | | \$ | 0.05 | Durahaaa | |
| AOZZZ | Dressing | Φ | 2.30 | Purchase | |
| | 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 | | | | |
| A6223 | Dressing | \$ | 2.85 | Purchase | |
| | Gauze, Impregnated With Other Than Water, | | | | |
| | Normal Saline, Or Hydrogel, Sterile, Pad Size | | | | |
| | More Than 48 Sq. In., Without Adhesive Border, | | | | |
| A6224 | Each Dressing | \$ | 3.97 | Purchase | |
| | Gauze, Impregnated, Water Or Normal Saline, | | | | |
| | Sterile, Pad Size 16 Sq. In. Or Less, Without | | | | |
| A6228 | Adhesive Border, Each Dressing | | Price By Report | Purchase | |
| | 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 | | | | |
| A6229 | Border, Each Dressing | \$ | 3 97 | Purchase | |
| 10220 | Gauze, Impregnated, Water Or Normal Saline, | Ψ | 5.57 | | |
| | | | | | |
| 16000 | Sterile, Pad Size More Than 48 Sq. In., Without | | Drice Dy Denset | Purebase | |
| A6230 | Adhesive Border, Each Dressing | | Price By Report | Fuichase | |
| | Gauze, Impregnated, Hydrogel, For Direct Wound | | | | |
| | Contact, Sterile, Pad Size 16 Sq. In. Or Less, | | | L | |
| A6231 | Each Dressing | \$ | 5.51 | Purchase | |
| | 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 | | | | |
| A6232 | Dressing | \$ | 7.56 | Purchase | |
| | Gauze, Impregnated, Hydrogel, For Direct Wound | | | | |
| | Contact, Sterile, Pad Size More Than 48 Sq. In., | | | | |
| A6233 | Each Dressing | \$ | 21.11 | Purchase | |
| | Hydrocolloid Dressing, Wound Cover, Sterile, Pad | | 2 | | |
| | Size 16 Sq. In. Or Less, Without Adhesive | | | | |
| A6234 | Border, Each Dressing | \$ | 7.70 | Purchase | |
| 70234 | Dorder, Laur Diessing | φ | 1.70 | | |

| | | Γ | 1 |
|--------|--|-----------------|----------|
| | Hydrocolloid Dressing, Wound Cover, Sterile, Pad | | |
| | Size More Than 16 Sq. In. But Less Than Or | | |
| | Equal To 48 Sq. In., Without Adhesive Border, | • | |
| A6235 | Each Dressing | \$ 19.79 | Purchase |
| | Hydrocolloid Dressing, Wound Cover, Sterile, Pad | | |
| | Size More Than 48 Sq. In., Without Adhesive | | |
| A6236 | Border, Each Dressing | \$ 30.01 | Purchase |
| | Hydrocolloid Dressing, Wound Cover, Sterile, Pad | | |
| | Size 16 Sq. In. Or Less, With Any Size Adhesive | | |
| A6237 | Border, Each Dressing | \$ 9.39 | Purchase |
| | 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 | | |
| A6238 | Border, Each Dressing | \$ 25.10 | Purchase |
| | Hydrocolloid Dressing, Wound Cover, Sterile, Pad | * | |
| | Size More Than 48 Sq. In., With Any Size | | |
| A6239 | Adhesive Border, Each Dressing | Price By Report | Purchase |
| 70200 | Hydrocolloid Dressing, Wound Filler, Paste, | т пес Бу Керон | |
| 16240 | | ¢ 14.42 | Burehasa |
| A6240 | Sterile, Per Ounce | \$ 14.42 | Purchase |
| 10044 | Hydrocolloid Dressing, Wound Filler, Dry Form, | ¢ | Durchase |
| A6241 | Sterile, Per Gram | \$ 2.84 | Purchase |
| | Hydrogel Dressing, Wound Cover, Sterile, Pad | | |
| | Size 16 Sq. In. Or Less, Without Adhesive | | |
| A6242 | Border, Each Dressing | \$ 6.67 | Purchase |
| | Hydrogel Dressing, Wound Cover, Sterile, Pad | | |
| | Size More Than 16 Sq. In. But Less Than Or | | |
| | Equal To 48 Sq. In., Without Adhesive Border, | | |
| A6243 | Each Dressing | \$ 13.57 | Purchase |
| | Hydrogel Dressing, Wound Cover, Sterile, Pad | | |
| | Size More Than 48 Sq. In., Without Adhesive | | |
| A6244 | Border, Each Dressing | \$ 43.25 | Purchase |
| - | Hydrogel Dressing, Wound Cover, Sterile, Pad | * | |
| | Size 16 Sq. In. Or Less, With Any Size Adhesive | | |
| A6245 | Border, Each Dressing | \$ 8.01 | Purchase |
| 710210 | Hydrogel Dressing, Wound Cover, Sterile, Pad | φ 0.01 | |
| | Size More Than 16 Sq. In. But Less Than Or | | |
| | Equal To 48 Sq. In., With Any Size Adhesive | | |
| A6246 | Border, Each Dressing | \$ 10.94 | Purchase |
| A0240 | Hydrogel Dressing, Wound Cover, Sterile, Pad | φ 10.94 | |
| | | | |
| 10047 | Size More Than 48 Sq. In., With Any Size | ¢ 00.40 | Durchase |
| A6247 | Adhesive Border, Each Dressing | \$ 26.19 | Purchase |
| | Hydrogel Dressing, Wound Filler, Gel, Per Fluid | | |
| A6248 | Ounce | \$ 19.12 | Purchase |
| | Skin Sealants, Protectants, Moisturizers, | | |
| A6250 | Ointments, Any Type, Any Size | \$ 7.42 | Purchase |
| | Specialty Absorptive Dressing, Wound Cover, | | |
| | Sterile, Pad Size 16 Sq. In. Or Less, Without | | |
| A6251 | Adhesive Border, Each Dressing | \$ 2.19 | Purchase |
| | Specialty Absorptive Dressing, Wound Cover, | | |
| | Sterile, Pad Size More Than 16 Sq. In. But Less | | |
| | Than Or Equal To 48 Sq. In., Without Adhesive | | |
| A6252 | Border, Each Dressing | \$ 3.58 | Purchase |
| | Specialty Absorptive Dressing, Wound Cover, | | |
| | Sterile, Pad Size More Than 48 Sq. In., Without | | |
| A6253 | Adhesive Border, Each Dressing | \$ 6.98 | Purchase |
| | | ÷ 0.30 | |
| | Specialty Absorptive Dressing, Wound Cover, | | |
| | | | |
| AGOEA | Sterile, Pad Size 16 Sq. In. Or Less, With Any | ¢ 404 | Burebase |
| A6254 | Size Adhesive Border, Each Dressing | \$ 1.31 | Purchase |
| | Specialty Absorptive Dressing, Wound Cover, | | |
| | Sterile, Pad Size More Than 16 Sq. In. But Less | | |
| | | | |
| A6255 | Than Or Equal To 48 Sq. In., With Any Size Adhesive Border, Each Dressing | \$ 3.35 | Purchase |

| | Specialty Absorptive Dressing, Wound Cover, | | | | |
|----------------|--|----------|---|-----------|--|
| | Sterile, Pad Size More Than 48 Sq. In., With Any | | | | |
| A6256 | Size Adhesive Border, Each Dressing | | Price By Report | Purchase | |
| | Transparent Film, Sterile, 16 Sq. In. Or Less, | | 1 2 j | | |
| A6257 | Each Dressing | \$ | 1.79 | Purchase | |
| | Transparent Film, Sterile, More Than 16 Sq. In. | | | | |
| | But Less Than Or Equal To 48 Sq. In., Each | | | | |
| A6258 | Dressing | \$ | 5.08 | Purchase | |
| | Transparent Film, Sterile, More Than 48 Sq. In., | | | | |
| A6259 | Each Dressing | \$ | 12.88 | Purchase | |
| A6260 | Wound Cleansers, Any Type, Any Size | | Price By Report | Purchase | |
| | Wound Filler, Gel/Paste, Per Fluid Ounce, Not | | | | |
| A6261 | Otherwise Specified | \$ | 42.27 | Purchase | |
| | Wound Filler, Dry Form, Per Gram, Not Otherwise | | | | |
| A6262 | Specified | | Price By Report | Purchase | |
| | Gauze, Impregnated, Other Than Water, Normal | | | | |
| | Saline, Or Zinc Paste, Sterile, Any Width, Per | | | | |
| A6266 | Linear Yard | \$ | 2.27 | Purchase | |
| | Gauze, Non-Impregnated, Sterile, Pad Size 16 | | | | |
| | Sq. In. Or Less, Without Adhesive Border, Each | • | | | |
| A6402 | Dressing | \$ | 0.14 | Purchase | |
| | | | | | |
| | Gauze, Non-Impregnated, Sterile, Pad Size More | | | | |
| A6403 | Than 16 Sq. In. Less Than Or Equal To 48 Sq. | ¢ | 0.40 | Purchase | |
| A6403 | In., Without Adhesive Border, Each Dressing Gauze, Non-Impregnated, Sterile, Pad Size More | \$ | 0.49 | Purchase | |
| | Than 48 Sq. In., Without Adhesive Border, Each | | | | |
| A6404 | Dressing | \$ | 0.64 | Purchase | |
| 70404 | Packing Strips, Non-Impregnated, Sterile, Up To | φ | 0.04 | T UTCHASE | |
| A6407 | 2 Inches In Width, Per Linear Yard | \$ | 2.25 | Purchase | |
| A6410 | Eye Pad, Sterile, Each | \$ | | Purchase | |
| A6411 | Eye Pad, Non-Sterile, Each | \$ | | Purchase | |
| A6412 | Eye Patch, Occlusive, Each | \$ | | Purchase | |
| 710412 | Adhesive Bandage, First-Aid Type, Any Size, | Ψ | 0.07 | | |
| A6413 | Each | | Price By Report | Purchase | |
| | | | , | | |
| | Padding Bandage, Non-Elastic, Non-Woven/Non- | | | | |
| | Knitted, Width Greater Than Or Equal To Three | | | | |
| A6441 | Inches And Less Than Five Inches, Per Yard | \$ | 0.76 | Purchase | |
| | Conforming Bandage, Non-Elastic, | | | | |
| | Knitted/Woven, Non-Sterile, Width Less Than | | | | |
| A6442 | Three Inches, Per Yard | \$ | 0.17 | Purchase | |
| | Conforming Bandage, Non-Elastic, | | | | |
| | Knitted/Woven, Non-Sterile, Width Greater Than | | | | |
| | Or Equal To Three Inches And Less Than Five | • | | | |
| A6443 | Inches, Per Yard | \$ | 0.34 | Purchase | |
| | Conforming Bandage, Non-Elastic, | | | | |
| 10111 | Knitted/Woven, Non-Sterile, Width Greater Than | ^ | 0.04 | | |
| A6444 | Or Equal To 5 Inches, Per Yard | \$ | 0.61 | Purchase | |
| | Conforming Bandage, Non-Elastic, | | | | |
| | | | 0.39 | Purchase | |
| A6115 | Knitted/Woven, Sterile, Width Less Than Three | \$ | | | |
| A6445 | Inches, Per Yard | \$ | 0.39 | | |
| A6445 | Inches, Per Yard Conforming Bandage, Non-Elastic, | \$ | 0.39 | | |
| A6445 | Inches, Per Yard Conforming Bandage, Non-Elastic, Knitted/Woven, Sterile, Width Greater Than Or | \$ | 0.39 | | |
| | Inches, Per Yard Conforming Bandage, Non-Elastic, Knitted/Woven, Sterile, Width Greater Than Or Equal To Three Inches And Less Than Five | | | | |
| A6445 A6446 | Inches, Per Yard Conforming Bandage, Non-Elastic, Knitted/Woven, Sterile, Width Greater Than Or Equal To Three Inches And Less Than Five Inches, Per Yard | \$ | | Purchase | |
| | Inches, Per Yard Conforming Bandage, Non-Elastic, Knitted/Woven, Sterile, Width Greater Than Or Equal To Three Inches And Less Than Five Inches, Per Yard Conforming Bandage, Non-Elastic, | | | | |
| | Inches, Per Yard Conforming Bandage, Non-Elastic, Knitted/Woven, Sterile, Width Greater Than Or Equal To Three Inches And Less Than Five Inches, Per Yard Conforming Bandage, Non-Elastic, Knitted/Woven, Sterile, Width Greater Than Or | \$ | 0.49 | | |
| A6446 | Inches, Per YardConforming Bandage, Non-Elastic, Knitted/Woven, Sterile, Width Greater Than Or Equal To Three Inches And Less Than Five Inches, Per YardConforming Bandage, Non-Elastic, Knitted/Woven, Sterile, Width Greater Than Or Equal To Five Inches, Per Yard | | 0.49 | Purchase | |
| A6446 | Inches, Per Yard Conforming Bandage, Non-Elastic, Knitted/Woven, Sterile, Width Greater Than Or Equal To Three Inches And Less Than Five Inches, Per Yard Conforming Bandage, Non-Elastic, Knitted/Woven, Sterile, Width Greater Than Or | \$ | 0.49 | Purchase | |

| Light Compression Bandage, Elastic, KnittedWoven, Width Greater Than Or Equal To Three Inches And Less Than Five Inches, Per 8 2.08 Purchase A6449 Yard \$ 2.08 Purchase A6450 Five Inches, Per Yard \$ 2.14 Purchase A6450 Five Inches, Per Yard \$ 2.14 Purchase A6451 Foot Pounds At 50% Maximum Stretch, Width Greater Than Or Equal To Three Inches And Less \$ 1.93 Purchase A6451 Than Five Inches, Per Yard \$ 1.93 Purchase A6451 Than Five Inches, Per Yard \$ 1.93 Purchase A6451 Than Five Inches, Per Yard \$ 0.73 Purchase A6452 Inches And Less Than Five Inches, Per Yard \$ 0.73 Purchase A6453 Self-Adherent Bandage, Elastic, Non-Knitted/Non- Woven, Width Greater Than Or Equal To Three Inches And Less Than Five Inches, Per Yard \$ 0.92 Purchase Self-Adherent Bandage, Elastic, Non-Knitted/Non- Woven, Width Greater Than Or Equal To Three Inches And Less Than Five Inches, Per Yard \$ 1.53 Purchase | A6449 | Knitted/Woven, Width Greater Than Or Equal To Three Inches And Less Than Five Inches, Per | | | | |
|---|-------|--|---------------------------------------|--------|------------|--|
| A6449 Yard \$ 2.08 Purchase A6449 Yard \$ 2.08 Purchase A6450 Five Inches, Per Yard \$ 2.14 Purchase A6450 Five Inches, Per Yard \$ 2.14 Purchase A6450 Five Inches, Per Yard \$ 2.14 Purchase Moderate Compression Bandage, Elastic. Knitted/Woven, Load Resistance Of 1.25 To 1.34 Foot Pounds At 50% Maximum Stretch, Width Graeter Than Or Equal To Three Inches And Less \$ 1.93 Purchase A6451 Than Five Inches, Per Yard \$ 0.73 Purchase \$ A6452 Inches And Less Than Five Inches, Per Yard \$ 0.73 Purchase A6452 Inches And Less Than Five Inches, Per Yard \$ 0.73 Purchase Self-Adherent Bandage, Elastic, Non-Knitted/Non-Woven, Width Greater Than Or Equal To Three \$ 0.73 Purchase Self-Adherent Bandage, Elastic, Non-Knitted/Non-Woven, Width Greater Than Or Equal To Three \$ 0.32 Purchase Self-Adherent Bandage, Elastic, Non-Knitted/Non-Woven, Width Greater Than Or Equal To Three | A6449 | Three Inches And Less Than Five Inches, Per | | | | |
| A6449 Vard \$ 2.08 Purchase A6450 Five Inches, Per Yard \$ 2.14 Purchase A6450 Five Inches, Per Yard \$ 2.14 Purchase A6451 Foor Pounds At S0% Maximum Stretch, Width Greater Than Or Equal To Three Inches And Less A6451 \$ 1.33 Purchase 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 Linches And Less Than Five Inches, Per Yard \$ 0.50 Purchase A6452 Inches And Less Than Five Inches, Per Yard \$ 0.73 Purchase A6452 Inches And Less Than Five Inches, Per Yard \$ 0.73 Purchase A6453 Woven, Width Greater Than Or Equal To Three Inches And Less Than Three Inches, Per Yard \$ 0.92 Purchase Self-Adherent Bandage, Elastic, Non-Knitted/Non- Woven, Width Greater Than Or Equal To Three Inches And Less Than Three Inches, Per Yard \$ 0.92 Purchase Self-Adherent Bandage, Elastic, Non-Knitted/Non- Woven, Width Greater Than Or Equal To Three Inches And Less Than Three Inches, Per Yard \$ 0.92 Purchase Self-Adherent Bandage, Elastic, Non-Knitted/Non- Woven, Width Greater Than Or Equal To Three Inches And Less Than Or Equal To Three Inches And Les | A6449 | | | | | |
| Light Compression Bandage, Elastic, Knitted/Wore, Midth Greater Than Or Equal To \$ 2.14 Purchase A6450 Five Inches, Per Yard \$ 2.14 Purchase Moderate Compression Bandage, Elastic, Knitted/Wore, Load Resistance Of 1.25 To 1.34 Foot Pounds At 50% Maximum Stretch, Width Greater Than Or Equal To Three Inches And Less \$ 1.93 Purchase A6451 Than Five Inches, Per Yard \$ 1.93 Purchase High Compression Bandage, Elastic, Knitted/Woren, Load Resistance Greater Than Or Equal To 1.35 Foot Pounds At 50% Maximum Stretch, Width Greater Than Or Equal To Three \$ 0.73 Purchase A6452 Inches And Less Than Five Inches, Per Yard \$ 0.73 Purchase Self-Adherent Bandage, Elastic, Non-Knitted/Non- Woven, Width Greater Than Or Equal To Three \$ 0.73 Purchase A6454 Inches, And Less Than Five Inches, Per Yard \$ 0.92 Purchase Self-Adherent Bandage, Elastic, Non-Knitted/Non- Woven, Width Greater Than Or Equal To Five \$ 1.53 Purchase Zintee Inches, Per Yard \$ 1.53 Purchase \$ 1.64 Zintee Robes And Less Than Five Inches, Per Yard \$ 1.53 Purchase Zintee Inches, And Less Than Five Inches, Per Yard \$ 1.53 Purchase Zintee Inches, And Less Than Five Inches, Per Yard \$ 1.53 | A6449 | Yard | | | | |
| Knitted/Woren, Width Greater Than Or Equal To S 2.14 Purchase A6460 Five Inches, Per Yard \$ 2.14 Purchase Moderate Compression Bandage, Elastic, Knitted/Woren, Load Resistance Of 1.25 To 1.34 Foor Dounds At 50% Maximum Stretch, Width Greater Than Or Equal To Three Inches And Less \$ 1.93 Purchase A6451 Than Five Inches, Per Yard \$ 1.93 Purchase Knitted/Woren, Load Resistance Greater Than Or Equal To 1.35 Foor Pounds At 50% Maximum Stretch, Width Greater Than Or Equal To Three \$ 0.73 Purchase A6452 Inches And Less Than Five Inches, Per Yard \$ 0.73 Purchase Self-Adherent Bandage, Elastic, Non-Knitted/Non- Woven, Width Greater Than Or Equal To Three \$ 0.92 Purchase A6454 Moven, Width Greater Than Or Equal To Three Inches And Less Than Three Inches, Per Yard \$ 0.92 Purchase A6465 Inches, Per Yard \$ 0.92 Purchase \$ Zinc Paste Impregnated Bandage, Non-Elastic, Knitted/Woren, Width Greater Than Or Equal To Three Inches And Less Than Or Equal To Three Inches And Less Than Five Inches, Per \$ 1.35 Purchase Synthetic Resorbable Wound Dressing, Ste | | | \$ 2. | .08 I | Purchase | |
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| Compression Burn Garment, Upper Trunk To | | | | | | |
| | | | | | | |
| Waist Including Arm Openings (Vest), Custom | 10500 | | Dries Du De- | | Durahaaa | |
| A6509 Fabricated Price By Report Purchase | 40009 | | Рпсе ву кер | port | ruithase | |
| Compression Burn Garment, Trunk, Including | | | | | | |
| Arms Down To Leg Openings (Leotard), Custom | 10515 | | | | D 1 | |
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| | Compression Burn Garment, Lower Trunk | | | | |
| | Including Leg Openings (Panty), Custom | | | | |
| A6511 | Fabricated | | Price By Report | Purchase | |
| A6512 | Compression Burn Garment, Not Otherwise Classified | | Price By Report | Purchase | |
| A6513 | Compression Burn Mask, Face And/Or Neck, Plastic Or Equal, Custom Fabricated | | Price By Report | Purchase | |
| A6530 | Gradient Compression Stocking, Below Knee, 18- 30 Mmhg, Each | \$ | 30.19 | Purchase | |
| A6531 | Gradient Compression Stocking, Below Knee, 30- 40 Mmhg, Each | \$ | 49.64 | Purchase | |
| A6532 | Gradient Compression Stocking, Below Knee, 40- 50 Mmhg, Each | \$ | 69.94 | Purchase | |
| A6533 | Gradient Compression Stocking, Thigh Length, 18-30 Mmhg, Each | \$ | 47.06 | Purchase | |
| A6534 | Gradient Compression Stocking, Thigh Length, 30-40 Mmhg, Each | \$ | 56.06 | Purchase | |
| A6535 | Gradient Compression Stocking, Thigh Length, 40-50 Mmhg, Each | | Price By Report | Purchase | |
| A6536 | Gradient Compression Stocking, Full Length/Chap Style, 18-30 Mmhg, Each | \$ | 48.90 | Purchase | |
| A6537 | Gradient Compression Stocking, Full Length/Chap Style, 30-40 Mmhg, Each | | Price By Report | Purchase | |
| A6538 | Gradient Compression Stocking, Full Length/Chap Style, 40-50 Mmhg, Each Gradient Compression Stocking, Waist Length, | | Price By Report | Purchase | |
| A6539 | Gradient Compression Stocking, Waist Length, 18-30 Mmhg, Each Gradient Compression Stocking, Waist Length, | | Price By Report | Purchase | |
| A6540 | 30-40 Mmhg, Each Gradient Compression Stocking, Waist Length, | | Price By Report | Purchase | |
| A6541 | 40-50 Mmhg, Each | • | Price By Report | | |
| A6544 | Gradient Compression Stocking, Garter Belt | \$ | 53.33 | Purchase | |
| A6545 | Gradient Compression Wrap, Non-Elastic, Below Knee, 30-50 Mm Hg, Each | | Price By Report | Purchase | |
| A6549 | Gradient Compression Stocking/Sleeve, Not Otherwise Specified | | Price By Report | Purchase | |
| A6550 | Wound Care Set, For Negative Pressure Wound Therapy Electrical Pump, Includes All Supplies And Accessories | \$ | 27.84 | Purchase | |
| A7000 | Canister, Disposable, Used With Suction Pump, Each | \$ | 8.87 | Purchase | |
| A7001 | Canister, Non-Disposable, Used With Suction Pump, Each | \$ | 38.94 | Purchase | |
| A7001 A7002 | Tubing, Used With Suction Pump, Each | \$ \$ | | Purchase | |
| | Administration Set, With Small Volume | Ψ | ч. 3 2 | | |
| A7003 | Nonfiltered Pneumatic Nebulizer, Disposable Small Volume Nonfiltered Pneumatic Nebulizer, | \$ | 2.56 | Purchase | |
| A7004 | Disposable | \$ | 1.65 | Purchase | |
| A7005 | Administration Set, With Small Volume Nonfiltered Pneumatic Nebulizer, Non-Disposable Administration Set, With Small Volume Filtered | \$ | 25.72 | Purchase | |
| A7006 | Pneumatic Nebulizer | \$ | 9.01 | Purchase | |
| A7007 | Large Volume Nebulizer, Disposable, Unfilled, Used With Aerosol Compressor | \$ | 4.20 | Purchase | |
| A7008 | Large Volume Nebulizer, Disposable, Prefilled, Used With Aerosol Compressor | \$ | 12.11 | Purchase | |
| A7009 | Reservoir Bottle, Non-Disposable, Used With Large Volume Ultrasonic Nebulizer | \$ | 46.31 | Purchase | |
| A7010 | Corrugated Tubing, Disposable, Used With Large Volume Nebulizer, 100 Feet | \$ | 23.33 | Purchase | |
| A7012 | Water Collection Device, Used With Large Volume Nebulizer | \$ | 3.94 | Purchase | |

| A7013 Compressor Or Ultrasonic Generator \$ 0.83 Purchase A7014 Compressor Or Ultrasonic Generator \$ 1.88 Purchase A7015 Aerosol Mask, Used With Dre Nebulizer \$ 1.88 Purchase A7017 Plastic, Bottle Type, Not Used With Oxygen \$ 11.20 Capped Rental A7017 Plastic, Bottle Type, Not Used With Oxygen \$ 11.20 Capped Rental Mobulizer, 1000 MI \$ 0.38 Purchase \$ A7018 Nebulizer, 1000 MI \$ 0.38 Purchase Minefrace For Cough Stimulating Device, Includes \$ 17.04 Purchase A7020 All Components, Replacement Only \$ 17.04 Purchase West, Replacement For Use With Patient Owned \$ 478.98 Purchase A7026 Equipment, Each \$ 31.65 Purchase Combination Oral/Nasal Mask, Used With \$ 31.65 Purchase Continuous Positive Airway Pressure Device, \$ 165.66 Purchase A7027 Each \$ 165.66 Purchase | |
|---|--|
| Filter, Nondisposable, Used With Aerosol 4.17 Purchase A7014 Compressor Or Ultrasonic Generator \$ 4.17 Purchase A7015 Aerosol Mask, Used With Dme Nebulizer \$ 1.88 Purchase A7017 Plastic, Bottle Type, Not Used With Oxygen \$ 11.20 Capped Rental A7017 Plastic, Bottle Type, Not Used With Oxygen \$ 11.20 Capped Rental A7018 Nebulizer, Durable, Glass Or Autoclavable \$ 0.38 Purchase A7018 Nebulizer, 1000 MI \$ 0.38 Purchase A7020 All Components, Replacement Only \$ 17.04 Purchase High Frequency Chest Wall Oscillation System Vest, Replacement For Use With Patient Owned \$ 478.98 Purchase A7026 Equipment, Each \$ 478.98 Purchase \$ 47026 Kontinuous Positive Airway Pressure Device, \$ 165.66 Purchase \$ 47027 Broken Combination Oral/Nasal Mask, Used With \$ 44.95 Purchase \$ 44.95 A7027 Each \$ 165.66 Purchase \$ 47028 Replacement Only, Each \$ 165.66 Purchase \$ 47029 Nasal Pillows For Combination Oral/N | |
| A7014 Compressor Or Ultrasonic Generator \$ 4.17 Purchase A7015 Aerosol Mask, Used With Dme Nebulizer \$ 1.88 Purchase Nebulizer, Durable, Glass Or Autoclavable 11.20 Capped Rental A7017 Plastic, Bottle Type, Not Used With Oxygen \$ 11.20 Capped Rental Water, Distilled, Used With Large Volume \$ 0.38 Purchase A7018 Nebulizer, 1000 Ml \$ 0.38 Purchase A7020 All Components, Replacement Only \$ 17.04 Purchase A7025 Equipment, Each \$ 478.98 Purchase A7026 Equipment, Each \$ 31.65 Purchase A7027 Each \$ 165.66 Purchase A7027 Each \$ 165.66 Purchase A7028 Replacement Only, Pair \$ 19.24 Purchase A7029 Replacement Only, Pair \$ 19.24 Purchase A7028 Replacement Only, Pair \$ 19.24 Purchase A7029 Replacement Only, Pair \$ 19.24 Purchase A7030 Replacement Only, Each \$ 19.24 Purchase Face Mask | |
| A7015 Aerosol Mask, Used With Dme Nebulizer \$ 1.88 Purchase Nebulizer, Durable, Glass Or Autoclavable \$ 11.20 Capped Rental A7017 Plastic, Botte Type, Not Used With Dxygen \$ 11.20 Capped Rental Water, Distilled, Used With Large Volume \$ 0.38 Purchase A7018 Nebulizer, 1000 Ml \$ 0.38 Purchase A7020 All Components, Replacement Only \$ 17.04 Purchase High Frequency Chest Wall Oscillation System Vest, Replacement For Use With Patient Owned \$ 478.98 Purchase A7025 Equipment, Each \$ 31.65 Purchase \$ High Frequency Chest Wall Oscillation System Hose, Replacement For Use With Patient Owned \$ \$ A7027 Each \$ 165.66 Purchase \$ Oral Cushion For Combination Oral/Nasal Mask, \$ \$ \$ A7028 Replacement Only, Each \$ 19.24 Purchase Nasal Pillows For Combination Oral/Nasal Mask, \$ \$ \$ A7028 Replacement Only, Pair \$ 19.24 Purchase \$ A7030 Pressure Device, Each \$ 56.61 | |
| Nebulizer, Durable, Glass Or Autoclavable 11.20 Capped Rental A7017 Plastic, Bottle Type, Not Used With Oxygen \$ 11.20 Capped Rental Water, Distilled, Used With Large Volume \$ 0.38 Purchase A7018 Nebulizer, 1000 MI \$ 0.38 Purchase Interface For Cough Stimulating Device, Includes \$ 17.04 Purchase A7020 All Components, Replacement Only \$ 17.04 Purchase High Frequency Chest Wall Oscillation System Vest, Replacement For Use With Patient Owned \$ 478.98 Purchase A7025 Equipment, Each \$ 31.65 Purchase \$ A7026 Equipment, Each \$ 31.65 Purchase \$ A7027 Each \$ 165.66 Purchase \$ A7028 Replacement For Use With Patient Owned \$ 19.24 Purchase A7028 Replacement Only, Each \$ 19.24 Purchase A7028 Replacement Only, Each \$ 19.24 Purchase A7030 Pressure Device, Each \$ 19.24 Purchase Fuil Face Mask Interface, Replac | |
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| Nasal Interface (Mask Or Cannula Type) Used With Positive Airway Pressure Device, With Or | |
| With Positive Airway Pressure Device, With Or | |
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| | |
| Headgear Used With Positive Airway Pressure | |
| A7035 Device \$ 31.74 Purchase | |
| Chinstrap Used With Positive Airway Pressure | |
| A7036 Device \$ 15.78 Purchase | |
| Tubing Used With Positive Airway Pressure | |
| A7037 Device \$ 28.63 Purchase | |
| Filter, Disposable, Used With Positive Airway | |
| A7038 Pressure Device \$ 4.08 Purchase | |
| Filter, Non Disposable, Used With Positive Airway | |
| A7039 Pressure Device \$ 11.64 Purchase | |
| A7040 One Way Chest Drain Valve \$ 45.13 Purchase | |
| Water Seal Drainage Container And Tubing For | |
| A7041 Use With Implanted Chest Tube \$ 84.77 Purchase | |
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| Oral Interface Used With Positive Airway A7044 Pressure Device, Each \$ 101.04 Purchase | |
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| Exhalation Port With Or Without Swivel Used | |
| With Accessories For Positive Airway Devices, A7045 Replacement Only \$ 17.32 | |
| A7045 Replacement Only \$ 17.32 Purchase Water Chamber For Humidifier, Used With | |
| | |
| Positive Airway Pressure Device, Replacement, A7046 Each \$ 18.07 | |
| | |
| Oral Interface Used With Respiratory Suction | |
| A7047 Pump, Each \$ 133.13 Purchase | |
| Vacuum Drainago Collection Unit And Tubing Kit | |
| Vacuum Drainage Collection Unit And Tubing Kit, Including All Supplies Needed For Collection Unit | |
| | |
| A7048 Change, For Use With Implanted Catheter, Each \$ 47.18 Purchase | |

| A7501 | Tracheostoma Valve, Including Diaphragm, Each Replacement Diaphragm/Faceplate For | \$ | 115.63 | Purchase | |
|----------------|---|----|------------------------------------|------------|---|
| A7502 | Tracheostoma Valve, Each | \$ | 54.97 | Purchase | |
| | Filter Holder Or Filter Cap, Reusable, For Use In | | | | |
| | A Tracheostoma Heat And Moisture Exchange | • | 10.10 | | |
| A7503 | System, Each | \$ | 12.49 | Purchase | |
| A7504 | Filter For Use In A Tracheostoma Heat And Moisture Exchange System, Each | \$ | 0.76 | Purchase | |
| | | Ť | | | |
| | Housing, Reusable Without Adhesive, For Use In | | | | |
| A 7505 | A Heat And Moisture Exchange System And/Or | ¢ | F 47 | Dunchasa | |
| A7505 | With A Tracheostoma Valve, Each Adhesive Disc For Use In A Heat And Moisture | \$ | 5.17 | Purchase | |
| | | | | | |
| A7506 | Exchange System And/Or With Tracheostoma Valve, Any Type Each | \$ | 0.36 | Purchase | |
| 11000 | Filter Holder And Integrated Filter Without | Ψ | 0.00 | | |
| | Adhesive, For Use In A Tracheostoma Heat And | | | | |
| A7507 | Moisture Exchange System, Each | \$ | 2.92 | Purchase | |
| / | Housing And Integrated Adhesive, For Use In A | Ψ | 2.02 | | |
| | Tracheostoma Heat And Moisture Exchange | | | | |
| | System And/Or With A Tracheostoma Valve, | | | | |
| A7508 | Each | \$ | 3.37 | Purchase | |
| | Filter Holder And Integrated Filter Housing, And | | | | |
| | Adhesive, For Use As A Tracheostoma Heat And | | | | |
| A7509 | Moisture Exchange System, Each | \$ | 1.55 | Purchase | |
| | | | | | |
| | Tracheostomy/Laryngectomy Tube, Non-Cuffed, | | | | |
| A7520 | Polyvinylchloride (Pvc), Silicone Or Equal, Each | \$ | 55.93 | Purchase | |
| | | | | | |
| | Tracheostomy/Laryngectomy Tube, Cuffed, | | | | |
| A7521 | Polyvinylchloride (Pvc), Silicone Or Equal, Each | \$ | 55.78 | Purchase | |
| | | | | | |
| | Tracheostomy/Laryngectomy Tube, Stainless | | | | |
| A7522 | Steel Or Equal (Sterilizable And Reusable), Each | \$ | | Purchase | |
| A7523 | Tracheostomy Shower Protector, Each | | Price By Report | | |
| A7524 | Tracheostoma Stent/Stud/Button, Each | \$ | | Purchase | |
| A7525 | Tracheostomy Mask, Each | \$ | | Purchase | |
| A7526 | Tracheostomy Tube Collar/Holder, Each | \$ | 3.98 | Purchase | |
| 47507 | Tracheostomy/Laryngectomy Tube Plug/Stop, | • | 1.00 | D | |
| A7527 | Each | \$ | 4.22 | Purchase | |
| 10000 | Helmet, Protective, Soft, Prefabricated, Includes | ¢ | 400.00 | Durahaaa | |
| A8000 | All Components And Accessories Helmet, Protective, Hard, Prefabricated, Includes | \$ | 168.88 | Purchase | |
| A8001 | All Components And Accessories | \$ | 168.88 | Purchase | |
| A0001 | Helmet, Protective, Soft, Custom Fabricated, | φ | 100.00 | r uiciiase | |
| A8002 | Includes All Components And Accessories | \$ | 487.10 | Purchase | |
| A0002 | | Ψ | 407.10 | | |
| | Helmet, Protective, Hard, Custom Fabricated, | | | | |
| A8003 | Includes All Components And Accessories | \$ | 487 10 | Purchase | |
| A8004 | Soft Interface For Helmet, Replacement Only | ¥ | Price By Report | | |
| A9155 | Artificial Saliva, 30 MI | | Price By Report | | |
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| A9180 | Pediculosis (Lice Infestation) Treatment, Topical, For Administration By Patient/Caretaker | | Price By Report | Purchase | |
| | Wound Suction, Disposable, Includes Dressing, | | | | |
| | All Accessories And Components, Any Type, | | | | |
| | | | Price By Report | Purchase | |
| A9272 | Each | | | i | 1 |
| A9272 | Cold Or Hot Fluid Bottle, Ice Cap Or Collar, Heat | | | | |
| A9272 A9273 | | | Price By Report | Purchase | |
| | Cold Or Hot Fluid Bottle, Ice Cap Or Collar, Heat | | Price By Report | Purchase | |
| | Cold Or Hot Fluid Bottle, Ice Cap Or Collar, Heat And/Or Cold Wrap, Any Type | | Price By Report Price By Report | | |

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|--------------|--|----|-----------------|------------------------|--------------|
| A9275 | Home Glucose Disposable Monitor, Includes Test Strips | | Price By Report | Purchase | |
| N0210 | Sensor; Invasive (E.G. Subcutaneous), | | т пес Бу Кероп | | |
| | Disposable, For Use With Interstitial Continuous | | | | |
| | Glucose Monitoring System, One Unit = 1 Day | | | | |
| A9276 | Supply | | Price By Report | Purchase | PA Required |
| 10210 | | | Theo By Report | | |
| | Transmitter; External, For Use With Interstitial | | | | |
| A9277 | Continuous Glucose Monitoring System | | Price By Report | Purchase | PA Required |
| 10211 | | | т пос Бу Керен | | I / Required |
| | Receiver (Monitor); External, For Use With | | | | |
| A9278 | Interstitial Continuous Glucose Monitoring System | | Price By Report | Purchaso | PA Required |
| K9Z10 | Monitoring Feature/Device, Stand-Alone Or | | Flice by Kepoli | r uichas c | FARequired |
| | Integrated, Any Type, Includes All Accessories, | | | | |
| | Components And Electronics, Not Otherwise | | | | |
| A9279 | Classified | \$ | 300.03 | Purchase | |
| K9219 | Foot Pressure Off Loading/Supportive Device, | φ | 529.25 | r uiciidə c | |
| A9283 | Any Type, Each | | Price By Report | Purchaso | |
| A9203 | Spirometer, Non-Electronic, Includes All | | ГПСЕ Ву Кероп | r uiciidə c | |
| A9284 | Accessories | | Price By Report | Purchaso | |
| | Inversion/Eversion Correction Device | | | | |
| A9285 | | | Price By Report | FUICHASE | |
| A9999 | Miscellaneous Dme Supply Or Accessory, Not | | Drice Dy Deport | Durchasa | |
| A9999 | Otherwise Specified Cane, Includes Canes Of All Materials, Adjustable | | Price By Report | Fuicidse | |
| E0100 | | | 21.01 | Purchase | |
| EUTUU | Or Fixed, With Tip | \$ | 21.01 | Pulchase | |
| | Oran Overd On Three Design Includes Orange Of | | | | |
| | Cane, Quad Or Three Prong, Includes Canes Of | ¢ | 50.00 | Durahaaa | |
| E0105 | All Materials, Adjustable Or Fixed, With Tips | \$ | 50.80 | Purchase | |
| | Crutches, Forearm, Includes Crutches Of Various | | | | |
| E0440 | Materials, Adjustable Or Fixed, Pair, Complete | ¢ | 05.44 | Dunchase | |
| E0110 | With Tips And Handgrips | \$ | 85.44 | Purchase | |
| | Crutch Forearm, Includes Crutches Of Various | | | | |
| E0444 | Materials, Adjustable Or Fixed, Each, With Tip | ¢ | 54.00 | Dunchase | |
| E0111 | And Handgrips | \$ | 54.30 | Purchase | |
| E0440 | Crutches Underarm, Wood, Adjustable Or Fixed, | ¢ | 00.77 | Dunchase | |
| E0112 | Pair, With Pads, Tips And Handgrips | \$ | 39.77 | Purchase | |
| E0440 | Crutch Underarm, Wood, Adjustable Or Fixed, | ¢ | 00.00 | Dunchase | |
| E0113 | Each, With Pad, Tip And Handgrip | \$ | 23.28 | Purchase | |
| | Crutches Underarm, Other Than Wood, | | | | |
| | Adjustable Or Fixed, Pair, With Pads, Tips And | • | = 1 0 = | | |
| E0114 | Handgrips | \$ | 51.97 | Purchase | |
| | Crutch, Underarm, Other Than Wood, Adjustable | | | | |
| | Or Fixed, With Pad, Tip, Handgrip, With Or | • | | | |
| E0116 | Without Shock Absorber, Each | \$ | 30.56 | Purchase | |
| | Crutch, Underarm, Articulating, Spring Assisted, | ¢ | 000.01 | Dunch a | |
| E0117 | Each | \$ | 226.91 | Purchase | |
| E0140 | Crutch Substitute, Lower Leg Platform, With Or | | | Durchase | |
| E0118 | Without Wheels, Each | | Price By Report | Purchase | |
| E0400 | Walker, Rigid (Pickup), Adjustable Or Fixed | ¢ | F0.04 | Durohaca | |
| E0130 | Height | \$ | 56.84 | Purchase | |
| E0405 | Walker, Folding (Pickup), Adjustable Or Fixed | ¢ | 00 50 | Durahaaa | |
| E0135 | Height | \$ | 62.58 | Purchase | |
| F04.40 | Walker, With Trunk Support, Adjustable Or Fixed | ¢ | ~~ ~ · | | |
| E0140 | Height, Any Type | \$ | 26.34 | Capped Rental | |
| | Walker, Rigid, Wheeled, Adjustable Or Fixed | ¢ | | Dunch a | |
| E0141 | Height | \$ | 79.25 | Purchase | |
| | Walker, Folding, Wheeled, Adjustable Or Fixed | | | | |
| E0143 | Height | \$ | 81.59 | Purchase | |
| | Walker, Enclosed, Four Sided Framed, Rigid Or | | | | |
| E0144 | Folding, Wheeled With Posterior Seat | \$ | 281.25 | Purchase | |
| | Walker, Heavy Duty, Multiple Braking System, | | | | |
| E0147 | Variable Wheel Resistance | \$ | 483.65 | Purchase | |

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|-------|---|----|-----------------|---------------|-------------|
| | Walker, Heavy Duty, Without Wheels, Rigid Or | | | | |
| E0148 | Folding, Any Type, Each | \$ | 103.04 | Purchase | |
| | Walker, Heavy Duty, Wheeled, Rigid Or Folding, | | | | |
| E0149 | Any Type | \$ | 166.50 | Purchase | |
| E0153 | Platform Attachment, Forearm Crutch, Each | \$ | 63.25 | Purchase | |
| E0154 | Platform Attachment, Walker, Each | \$ | | Purchase | |
| 20104 | Wheel Attachment, Rigid Pick-Up Walker, Per | Ψ | 77.75 | | |
| | | ¢ | 22.57 | Durahaaa | |
| E0155 | Pair | \$ | | Purchase | |
| E0156 | Seat Attachment, Walker | \$ | | Purchase | |
| E0157 | Crutch Attachment, Walker, Each | \$ | 87.12 | Purchase | |
| | | | | | |
| E0158 | Leg Extensions For Walker, Per Set Of Four (4) | \$ | 32.88 | Purchase | |
| | Brake Attachment For Wheeled Walker, | | | | |
| E0159 | Replacement, Each | \$ | 18.12 | Purchase | |
| | Sitz Type Bath, Portable, Fits Over Commode | | | | |
| E0160 | Seat | \$ | 33.13 | Purchase | |
| | Sitz Type Bath, Portable, Fits Over Commode | + | | | |
| E0161 | Seat, With Faucet Attachments | \$ | 24.54 | Purchase | |
| LUIUI | Commode Chair, Mobile Or Stationary, With | Ψ | 24.04 | | |
| E0400 | Fixed Arms | ¢ | 00.00 | Dunchasa | |
| E0163 | | \$ | 83.99 | Purchase | |
| | Commode Chair, Mobile Or Stationary, With | | | | |
| E0165 | Detachable Arms | \$ | 165.60 | Purchase | |
| | Pail Or Pan For Use With Commode Chair, | | | | |
| E0167 | Replacement Only | \$ | 12.21 | Purchase | |
| | Commode Chair, Extra Wide And/Or Heavy Duty, | | | | |
| | Stationary Or Mobile, With Or Without Arms, Any | | | | |
| E0168 | Type, Each | \$ | 143.61 | Purchase | |
| _0.00 | Commode Chair With Integrated Seat Lift | Ť | | | |
| E0170 | Mechanism, Electric, Any Type | \$ | 144.01 | Capped Rental | |
| LUITO | Commode Chair With Integrated Seat Lift | Ψ | 144.01 | Capped Kental | |
| E0474 | | ¢ | 07.40 | Conned Dental | |
| E0171 | Mechanism, Non-Electric, Any Type | \$ | 27.19 | Capped Rental | |
| | Seat Lift Mechanism Placed Over Or On Top Of | | | | |
| E0172 | Toilet, Any Type | | Price By Report | Purchase | |
| | | | | | |
| E0175 | Foot Rest, For Use With Commode Chair, Each | \$ | 70.44 | Purchase | |
| | Powered Pressure Reducing Mattress | | | | |
| | Overlay/Pad, Alternating, With Pump, Includes | | | | |
| E0181 | Heavy Duty | \$ | 18.65 | Capped Rental | |
| | Pump For Alternating Pressure Pad, For | | | | |
| E0182 | Replacement Only | \$ | 21.07 | Capped Rental | |
| E0184 | Dry Pressure Mattress | \$ | | Purchase | |
| L0104 | Gel Or Gel-Like Pressure Pad For Mattress, | Ψ | 174.51 | | |
| E0405 | | ¢ | 007.00 | Durahaaa | |
| E0185 | Standard Mattress Length And Width | \$ | | Purchase | |
| E0186 | Air Pressure Mattress Decubitus Ulcers | \$ | | Purchase | |
| E0187 | Water Pressure Mattress | \$ | 294.32 | Purchase | |
| E0188 | Synthetic Sheepskin Pad | \$ | 24.74 | Purchase | |
| E0189 | Lambswool Sheepskin Pad, Any Size | \$ | 48.63 | Purchase | |
| | | 1 | | | |
| | Positioning Cushion/Pillow/Wedge, Any Shape Or | | | | |
| E0190 | Size, Includes All Components And Accessories | | Price By Report | Purchase | |
| E0191 | Heel Or Elbow Protector, Each | \$ | , , | Purchase | |
| -0101 | Powered Air Flotation Bed (Low Air Loss | Ψ | 10.01 | | |
| E0102 | | ¢ | 656 AD | Cannod Pontal | PA Required |
| E0193 | Therapy), Per Day | \$ | | Capped Rental | PA Required |
| E0194 | Air Fluidized Bed | \$ | | Capped Rental | PA Required |
| E0196 | Gel Pressure Mattress | \$ | 342.72 | Purchase | |
| | Air Pressure Pad For Mattress, Standard Mattress | | | | |
| E0197 | Length And Width | \$ | 242.55 | Purchase | |
| | Water Pressure Pad For Mattress, Standard | 1 | | | |
| E0198 | Mattress Length And Width | \$ | 235.63 | Purchase | |
| | Dry Pressure Pad For Mattress, Standard | + | _00.00 | | |
| E0100 | Mattress Length And Width | \$ | 22 /0 | Purchase | |
| | | Ψ | 33.40 | i ululase | |
| E0199 | | | | | |
| E0199 | Heat Lamp, Without Stand (Table Model), Includes Bulb, Or Infrared Element | \$ | 71.67 | Purchase | |

| F0000 | Phototherapy (Bilirubin) Light With Photometer, | ¢ | F4 00 | Doily Dontol | |
|-------|---|----|-----------------|----------------|-------------|
| E0202 | Rental Per Day | \$ | 51.33 | Daily Rental | |
| F0000 | Therapeutic Lightbox, Minimum 10,000 Lux, | | Drice Dr Denert | Durahaaa | DA Deguired |
| E0203 | Table Top Model | | Price By Report | Purchase | PA Required |
| E0205 | Heat Lamp, With Stand, Includes Bulb, Or Infrared Element | ¢ | 17 10 | Conned Bontol | |
| E0205 | Paraffin Bath Unit, Portable (See Medical Supply | \$ | 17.19 | Capped Rental | |
| E0225 | | ¢ | 12.46 | Conned Bontol | |
| E0235 | Code A4265 For Paraffin) | \$ | 13.46 | Capped Rental | |
| E0240 | Bath/Shower Chair, With Or Without Wheels, Any | ¢ | 400.62 | Durchago | |
| E0240 | Size | \$ | | Purchase | |
| E0244 | Raised Toilet Seat | \$ | | Purchase | |
| E0245 | Tub Stool Or Bench | \$ | 70.85 | Purchase | |
| E0247 | Transfer Bench For Tub Or Toilet With Or Without | | Price By Report | Burchasa | |
| E0247 | Commode Opening Transfer Bench, Heavy Duty, For Tub Or Toilet | | FIICE ВУ Кероп | Fuicidse | |
| E0240 | | | Drice Dy Depart | Durchago | |
| E0248 | With Or Without Commode Opening Pad For Water Circulating Heat Unit, For | | Price By Report | Purchase | |
| E0249 | Replacement Only | \$ | 105.90 | Purchase | |
| L0249 | Hospital Bed, Fixed Height, With Any Type Side | φ | 105.90 | r uiciidse | |
| E0250 | Rails, With Mattress | \$ | 50.06 | Capped Rental | |
| L0230 | Hospital Bed, Fixed Height, With Any Type Side | Ψ | 53.00 | Capped Kental | |
| E0251 | Rails, Without Mattress | \$ | 53.93 | Capped Rental | |
| L0231 | Hospital Bed, Variable Height, Hi-Lo, With Any | Ψ | 00.00 | Capped Rental | |
| E0255 | Type Side Rails, With Mattress | \$ | 71.09 | Capped Rental | |
| L0200 | Hospital Bed, Variable Height, Hi-Lo, With Any | Ψ | 71.00 | Capped Rental | |
| E0256 | Type Side Rails, Without Mattress | \$ | 58.58 | Capped Rental | |
| 20200 | Hospital Bed, Seimi-Electric (Head And Foot | Ŷ | 00.00 | ouppourtonia | |
| | Adjustment), With Any Type Side Rails, With | | | | |
| E0260 | Mattress | \$ | 81.96 | Capped Rental | |
| _0_00 | Hospital Bed, Semi-Electric (Head And Foot | Ŷ | 0.100 | e appearterna. | |
| | Adjustment), With Any Type Side Rails, Without | | | | |
| E0261 | Mattress | \$ | 80.54 | Capped Rental | |
| | Hospital Bed, Total Electric (Head, Foot And | • | | | |
| | Height Adjustments), With Any Type Side Rails, | | | | |
| E0265 | With Mattress | \$ | 137.09 | Capped Rental | |
| | Hospital Bed, Total Electric (Head, Foot And | | | | |
| | Height Adjustments), With Any Type Side Rails, | | | | |
| E0266 | Without Mattress | \$ | 121.62 | Capped Rental | |
| | Hospital Bed, Institutional Type Includes: | | | | |
| | Oscillating, Circulating And Stryker Frame, With | | | | |
| E0270 | Mattress | | Price By Report | Capped Rental | |
| E0271 | Mattress, Innerspring | \$ | 236.10 | Purchase | |
| E0272 | Mattress, Foam Rubber | \$ | | Purchase | |
| E0273 | Bed Board | | Price By Report | | |
| E0275 | Bed Pan, Standard, Metal Or Plastic | \$ | 16.27 | Purchase | |
| E0276 | Bed Pan, Fracture, Metal Or Plastic | \$ | 14.14 | Purchase | |
| E0277 | Powered Pressure-Reducing Air Mattress | \$ | 361.14 | Capped Rental | PA Required |
| | Hospital Bed, Fixed Height, Without Side Rails, | | | | |
| E0290 | With Mattress | \$ | 54.13 | Capped Rental | |
| | Hospital Bed, Fixed Height, Without Side Rails, | | | | |
| E0291 | Without Mattress | \$ | 40.60 | Capped Rental | |
| | Hospital Bed, Variable Height, Hi-Lo, Without | | | | |
| E0292 | Side Rails, With Mattress | \$ | 59.17 | Capped Rental | |
| | Hospital Bed, Variable Height, Hi-Lo, Without | | | | |
| E0293 | Side Rails, Without Mattress | \$ | 52.51 | Capped Rental | |
| | | | | | |
| Face | Hospital Bed, Semi-Electric (Head And Foot | | | | |
| E0294 | Adjustment), Without Side Rails, With Mattress | \$ | 78.07 | Capped Rental | |
| | Hospital Bed,Semi-Electric (Head And Foot | | | | |
| 50005 | Adjustment), Without Side Rails, Without | ¢ | | | |
| E0295 | Mattress | \$ | /6./5 | Capped Rental | |

| | Hospital Bed, Total Electric (Head, Foot And | | | | |
|----------------|---|----|-----------------|-------------------|-------------|
| | Height Adjustments). Without Side Rails, With | | | | |
| E0296 | Mattress | ¢ | 112 20 | Capped Rental | |
| E0290 | Hospital Bed, Total Electric (Head, Foot And | \$ | 113.20 | Capped Rental | |
| | | | | | |
| E0207 | Height Adjustments), Without Side Rails, Without Mattress | ¢ | 05 50 | Conned Bontol | |
| E0297 | | \$ | 95.59 | Capped Rental | |
| E0000 | Pediatric Crib, Hospital Grade, Fully Enclosed, | ¢ | 040.47 | Conned Dental | |
| E0300 | With Or Without Top Enclosure | \$ | 213.17 | Capped Rental | |
| | Hospital Bed, Heavy Duty, Extra Wide, With | | | | |
| | Weight Capacity Greater Than 350 Pounds, But | | | | |
| | Less Than Or Equal To 600 Pounds, With Any | • | | | |
| E0301 | Type Side Rails, Without Mattress | \$ | 174.32 | Capped Rental | |
| | | | | | |
| | Hospital Bed, Extra Heavy Duty, Extra Wide, With | | | | |
| | Weight Capacity Greater Than 600 Pounds, With | • | | | |
| E0302 | Any Type Side Rails, Without Mattress | \$ | 485.70 | Capped Rental | |
| | Hospital Bed, Heavy Duty, Extra Wide, With | | | | |
| | Weight Capacity Greater Than 350 Pounds, But | | | | |
| | Less Than Or Equal To 600 Pounds, With Any | | | | |
| E0303 | Type Side Rails, With Mattress | \$ | 188.42 | Capped Rental | |
| | | | | | |
| | Hospital Bed, Extra Heavy Duty, Extra Wide, With | | | | |
| | Weight Capacity Greater Than 600 Pounds, With | | | | |
| E0304 | Any Type Side Rails, With Mattress | \$ | | Capped Rental | |
| E0305 | Bed Side Rails, Half Length | \$ | 13.77 | Capped Rental | |
| E0310 | Bed Side Rails, Full Length | \$ | 17.20 | Capped Rental | |
| | Safety Enclosure Frame/Canopy For Use With | | | | |
| E0316 | Hospital Bed, Any Type | \$ | 2,767.87 | Purchase | PA Required |
| E0325 | Urinal; Male, Jug-Type, Any Material | \$ | 9.79 | Purchase | |
| E0326 | Urinal; Female, Jug-Type, Any Material | \$ | 11.18 | Purchase | |
| | Hospital Bed, Pediatric, Manual, 360 Degree Side | * | - | | |
| | Enclosures, Top Of Headboard, Footboard And | | | | |
| | Side Rails Up To 24 Inches Above The Spring, | | | | |
| E0328 | Includes Mattress | | Price By Report | Purchase | PA Required |
| | | | , , | | • |
| | Hospital Bed, Pediatric, Electric Or Semi-Electric, | | | | |
| | 360 Degree Side Enclosures, Top Of Headboard, | | | | |
| | Footboard And Side Rails Up To 24 Inches Above | | | | |
| E0329 | The Spring, Includes Mattress | | Price By Report | Purchase | PA Required |
| | Control Unit For Electronic Bowel | | | | |
| E0350 | Irrigation/Evacuation System | | Price By Report | Purchase | |
| 20000 | | | Theo By Report | | |
| | Disposable Pack (Water Reservoir Bag, | | | | |
| | Speculum, Valving Mechanism And Collection | | | | |
| | Bag/Box) For Use With The Electronic Bowel | | | | |
| E0352 | Irrigation/Evacuation System | | Price By Report | Capped Rental | |
| E0370 | Air Pressure Elevator For Heel | | Price By Report | | |
| 20070 | Nonpowered Advanced Pressure Reducing | | т пес ву пероп | Capped Rental | |
| | Overlay For Mattress, Standard Mattress Length | | | | |
| E0371 | And Width | \$ | 255.25 | Conned Pontal | |
| E0371 | | φ | 200.20 | Capped Rental | |
| E0272 | Powered Air Overlay For Mattress, Standard Mattress Length And Width | ¢ | 202.42 | Conned Bestel | |
| E0372 | | \$ | 292.12 | Capped Rental | |
| E0272 | Nonpowered Advanced Pressure Reducing | ¢ | 200 55 | Conned Bontel | |
| E0373 | Mattress | \$ | 322.55 | Capped Rental | |
| | Chatianan (Computer | | | | |
| | Stationary Compressed Gaseous Oxygen | | | | |
| | System, Rental; Includes Container, Contents, | | | | |
| | System, Rental; Includes Container, Contents, Regulator, Flowmeter, Humidifier, Nebulizer, | ¢ | | | |
| E0424 | System, Rental; Includes Container, Contents, | \$ | 136.04 | Continuous Rental | |
| E0424 | System, Rental; Includes Container, Contents, Regulator, Flowmeter, Humidifier, Nebulizer, Cannula Or Mask, And Tubing | \$ | 136.04 | Continuous Rental | |
| E0424 | System, Rental; Includes Container, Contents, Regulator, Flowmeter, Humidifier, Nebulizer, Cannula Or Mask, And Tubing Stationary Compressed Gas System, Purchase; | \$ | 136.04 | Continuous Rental | |
| E0424 E0425 | System, Rental; Includes Container, Contents, Regulator, Flowmeter, Humidifier, Nebulizer, Cannula Or Mask, And Tubing | \$ | | Continuous Rental | |

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|-------|---|----------|-----------------|-------------------|--|
| | Portable Gaseous Oxygen System, Purchase; | | | | |
| | Includes Regulator, Flowmeter, Humidifier, | | | | |
| E0430 | Cannula Or Mask, And Tubing | \$ | 361.14 | Purchase | |
| | Portable Gaseous Oxygen System, Rental; | | | | |
| | Includes Portable Container, Regulator, | | | | |
| | Flowmeter, Humidifier, Cannula Or Mask, And | | | | |
| E0431 | Tubing | \$ | 24.26 | Continuous Rental | |
| 20101 | labing | Ψ | 24.20 | | |
| | Partable Liquid Ourgan Suptam Bantal Llama | | | | |
| | 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 | | | | |
| E0433 | Reservoir And Contents Gauge | \$ | 43.55 | Continuous Rental | |
| | | | | | |
| | Portable Liquid Oxygen System, Rental; Includes | | | | |
| | Portable Container, Supply Reservoir, Humidifier, | | | | |
| | Flowmeter, Refill Adaptor, Contents Gauge, | | | | |
| E0434 | Cannula Or Mask, And Tubing | \$ | 43 55 | Continuous Rental | |
| L0434 | Carindia Or Mask, And Tubling | Ψ | 40.00 | Continuous Rentai | |
| | | | | | |
| | Portable Liquid Oxygen System, Purchase; | | | | |
| | Includes Portable Container, Supply Reservoir, | | | | |
| | Flowmeter, Humidifier, Contents Gauge, Cannula | | | | |
| E0435 | Or Mask, Tubing And Refill Adaptor | \$ | 2,203.52 | Purchase | |
| | Stationary Liquid Oxygen System, Rental; | | | | |
| | Includes Container, Contents, Regulator, | | | | |
| | Flowmeter, Humidifier, Nebulizer, Cannula Or | | | | |
| E0439 | Mask, & Tubing | \$ | 136.03 | Continuous Rental | |
| 20100 | Stationary Liquid Oxygen System, Purchase; | Ψ | 100.00 | | |
| | | | | | |
| | Includes Use Of Reservoir, Contents Indicator, | | | | |
| | Regulator, Flowmeter, Humidifier, Nebulizer, | • | | | |
| E0440 | Cannula Or Mask, And Tubing | \$ | 4,013.71 | Purchase | |
| | Stationary Oxygen Contents, Gaseous, 1 Month'S | | | | |
| E0441 | Supply = 1 Unit | \$ | 62.96 | Purchase | |
| | Stationary Oxygen Contents, Liquid, 1 Month'S | | | | |
| E0442 | Supply = 1 Unit | \$ | 62.96 | Purchase | |
| | Portable Oxygen Contents, Gaseous, 1 Month'S | | | | |
| E0443 | Supply = 1 Unit | \$ | 60.35 | Purchase | |
| | Portable Oxygen Contents, Liquid, 1 Month'S | Ŧ | | | |
| E0444 | Supply = 1 Unit | \$ | 60.35 | Purchase | |
| L0444 | Oximeter Device For Measuring Blood Oxygen | φ | 00.55 | Fulchase | |
| 50445 | 8 ,0 | ^ | 004 50 | | |
| E0445 | Levels Non-Invasively | \$ | 231.59 | Capped Rental | |
| | | | | | |
| | Topical Oxygen Delivery System, Not Otherwise | | | | |
| E0446 | Specified, Includes All Supplies And Accessories | | Price By Report | Purchase | |
| | | | | | |
| | Portable Oxygen Contents, Liquid, 1 Month'S | | | | |
| | Supply = 1 Unit, Prescribed Amount At Rest Or | | | | |
| E0447 | Nighttime Exceeds 4 Liters Per Minute (Lpm) | \$ | 70.46 | Purchase | |
| | ····g········ _······ _······· _······· (_p····/ | Ŧ | | | |
| E0455 | Oxygen Tent, Excluding Croup Or Pediatric Tents | | Price By Poport | Purchaso | |
| L0400 | Crygen rent, Encluding Croup Or Fediatric Terris | | Price By Report | | |
| | Lleme Mentileten Arritting Lle 134/91 La 1 | | | | |
| | Home Ventilator, Any Type, Used With Invasive | • | | | |
| E0465 | Interface, (E.G., Tracheostomy Tube) | \$ | 1,051.02 | Continuous Rental | |
| | Home Ventilator, Any Type, Used With Non- | | | | |
| E0466 | Invasive Interface, (E.G., Mask, Chest Shell) | \$ | 1,051.02 | Continuous Rental | |
| | | | | | |
| | 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 | \$ | 1,234.91 | Continuous Doutel | |
| E0467 | | | 1 7 KA U1 | Continuous Rental | |

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|----------------|---|----------|------------------------------------|----------------|-------------|
| | | | | | |
| | 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 | | | | |
| E0470 | Positive Airway Pressure Device) | \$ | 148.49 | Capped Rental | |
| | 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 | | | | |
| E0471 | Positive Airway Pressure Device) | \$ | 332.63 | Capped Rental | |
| | Respiratory Assist Device, Bi-Level Pressure | | | | |
| | Capability, With Backup Rate Feature, Used With | | | | |
| | Invasive Interface, E.G., Tracheostomy Tube | | | | |
| | (Intermittent Assist Device With Continuous | | | | |
| E0472 | Positive Airway Pressure Device) | \$ | 390.66 | Capped Rental | |
| | | | | | |
| E0480 | Percussor, Electric Or Pneumatic, Home Model | \$ | 34.96 | Capped Rental | |
| | Intrapulmonary Percussive Ventilation System | | | | |
| E0481 | And Related Accessories | | Price By Report | Purchase | |
| _0.0. | Cough Stimulating Device, Alternating Positive | | | | |
| E0482 | And Negative Airway Pressure | \$ | 386.97 | Capped Rental | PA Required |
| L0402 | | Ψ | 000.07 | Capped Rental | TArtequied |
| | High Frequency Chest Wall Oscillation System, | | | | |
| E0483 | Includes All Accessories And Supplies, Each | \$ | 975.51 | Capped Rental | PA Required |
| L0403 | Oscillatory Positive Expiratory Pressure Device, | φ | 975.51 | Capped Kental | FARequired |
| E0484 | Non-Electric, Any Type, Each | ¢ | 12 10 | Purchase | |
| E0484 | | \$ | 43.48 | Purchase | |
| | Oral Device/Appliance Used To Reduce Upper | | | | |
| | Airway Collapsibility, Adjustable Or Non- | | | | |
| 50405 | Adjustable, Prefabricated, Includes Fitting And | | D ² D D d | D | |
| E0485 | Adjustment | | Price By Report | Purchase | |
| | Oral Device/Appliance Used To Reduce Upper | | | | |
| | Airway Collapsibility, Adjustable Or Non- | | | | |
| | Adjustable, Custom Fabricated, Includes Fitting | | | | |
| E0486 | And Adjustment | | Price By Report | Purchase | |
| | | | | | |
| E0487 | Spirometer, Electronic, Includes All Accessories | | Price By Report | Purchase | |
| | Ippb Machine, All Types, With Built-In | | | | |
| | Nebulization; Manual Or Automatic Valves; | • | | | |
| E0500 | Internal Or External Power Source | \$ | 100.72 | Capped Rental | |
| | Humidifier, Durable For Extensive Supplemental | | | | |
| | Humidification During Ippb Treatments Or Oxygen | | | | |
| E0550 | Delivery | \$ | 47.55 | Capped Rental | |
| | Humidifier, Durable, Glass Or Autoclavable | | | | |
| | Plastic Bottle Type, For Use With Regulator Or | | | | |
| E0555 | Flowmeter | \$ | 42.15 | Purchase | |
| | Humidifier, Durable For Supplemental | | | | |
| | Humidification During Ippb Treatment Or Oxygen | | | | |
| E0560 | Delivery | \$ | 182.38 | Purchase | |
| | Humidifier, Non-Heated, Used With Positive | | | | |
| E0561 | Airway Pressure Device | \$ | 108.59 | Purchase | |
| | Humidifier, Heated, Used With Positive Airway | | - | | |
| E0562 | Pressure Device | \$ | 25.48 | Capped Rental | |
| - | | | | | |
| | Compressor, Air Power Source For Equipment | | | | |
| E0565 | Which Is Not Self- Contained Or Cylinder Driven | \$ | 53.00 | Capped Rental | |
| E0570 | Nebulizer, With Compressor | \$ | | Purchase | |
| 20010 | Aerosol Compressor, Adjustable Pressure, Light | Ψ | 110.02 | | |
| E0572 | Duty For Intermittent Use | \$ | 29.69 | Capped Rental | |
| 20012 | Ultrasonic/Electronic Aerosol Generator With | Ψ | 23.09 | Capped Menial | |
| | | ¢ | 26 40 | Cannod Pontal | |
| E0574 E0575 | Small Volume Nebulizer Nebulizer, Ultrasonic, Large Volume | \$ \$ | | Capped Rental | |
| | | | <u>чд</u> 31 | n annen kental | |

| | Nobulizar Durable, Class Or Autodovable | | | | |
|-------|---|----------|-----------------|-----------------|-------------|
| | Nebulizer, Durable, Glass Or Autoclavable | | | | |
| E0580 | Plastic, Bottle Type, For Use With Regulator Or Flowmeter | ¢ | 12 55 | Capped Rental | |
| E0585 | | \$ \$ | | Capped Rental | |
| E0303 | Nebulizer, With Compressor And Heater Respiratory Suction Pump, Home Model, Portable | φ | 25.95 | | |
| E0600 | Or Stationary, Electric | ¢ | 41.20 | Capped Rental | |
| E0000 | Continuous Positive Airway Pressure (Cpap) | \$ | 41.20 | Capped Remai | |
| E0601 | Device | \$ | 62.11 | Capped Rental | |
| E0602 | Breast Pump, Manual | э \$ | | Purchase | |
| E0002 | Bleast Pullip, Maliual | φ | 54.75 | Fulcidase | |
| E0603 | Breast Pump, Electric (Ac And/Or Dc), Any Type | \$ | 128 98 | Purchase | |
| 20005 | Breast Pump, Hospital Grade, Electric (Ac And / | Ψ | 120.00 | | |
| | Or Dc), Any Type After 1 Month Must Have A | | | | |
| E0604 | Prior Authorization | \$ | 60 42 | Capped Rental | |
| E0605 | Vaporizer, Room Type | \$ | | Purchase | |
| E0607 | Home Blood Glucose Monitor | \$ | | Purchase | |
| 20001 | Implantable Cardiac Event Recorder With | Ŷ | 10.00 | | |
| E0616 | Memory, Activator And Programmer | | Price By Report | Purchase | |
| | External Defibrillator With Integrated | | | | |
| E0617 | Electrocardiogram Analysis | \$ | 295.04 | Capped Rental | |
| E0618 | Apnea Monitor, Without Recording Feature | \$ | | Capped Rental | |
| E0619 | Apnea Monitor, With Recording Feature | \$ | | Capped Rental | |
| 20010 | Skin Piercing Device For Collection Of Capillary | Ψ | 000.14 | | |
| E0620 | Blood, Laser, Each | \$ | 962.64 | Purchase | |
| E0621 | Sling Or Seat, Patient Lift, Canvas Or Nylon | \$ | | Purchase | |
| | Patient Lift, Bathroom Or Toilet, Not Otherwise | Ŷ | 01100 | | |
| E0625 | Classified | \$ | 1.041.20 | Purchase | |
| E0627 | Seat Lift Mechanism, Electric, Any Type | \$ | | Capped Rental | |
| E0629 | Seat Lift Mechanism, Non-Electric, Any Type | \$ | | Purchase | |
| | Patient Lift, Hydraulic Or Mechanical, Includes | Ŷ | 010100 | | |
| E0630 | Any Seat, Sling, Strap(S) Or Pad(S) | \$ | 72.08 | Capped Rental | |
| E0635 | Patient Lift, Electric With Seat Or Sling | \$ | | Capped Rental | |
| | Multipositional Patient Support System, With | Ŷ | | e appear terrai | |
| E0636 | Integrated Lift, Patient Accessible Controls | \$ | 909.62 | Capped Rental | |
| | Combination Sit To Stand System, Any Size | Ŷ | 000.02 | | |
| | Including Pediatric, With Seatlift Feature, With Or | | | | |
| E0637 | Without Wheels | | Price By Report | Purchase | |
| | | | , , | | |
| | Standing Frame/Table System, One Position | | | | |
| | (E.G. Upright, Supine Or Prone Stander), Any | | | | |
| E0638 | Size Including Pediatric, With Or Without Wheels | | Price By Report | Purchase | |
| | Patient Lift, Moveable From Room To Room With | | | | |
| | Disassembly And Reassembly, Includes All | | | | |
| E0639 | Components/Accessories | \$ | 102.36 | Capped Rental | |
| | Patient Lift, Fixed System, Includes All | | | | |
| E0640 | Components/Accessories | \$ | 102.36 | Capped Rental | |
| | Standing Frame/Table System, Multi-Position | | | | |
| | (E.G. Three-Way Stander), Any Size Including | | | | |
| E0641 | Pediatric, With Or Without Wheels | | Price By Report | Purchase | |
| | | | | | |
| | Standing Frame/Table System, Mobile (Dynamic | | | | |
| E0642 | Stander), Any Size Including Pediatric | | Price By Report | Purchase | |
| | Pneumatic Compressor, Non-Segmental Home | | | | |
| E0650 | Model | \$ | 81.56 | Capped Rental | PA Required |
| | | | | | |
| | Pneumatic Compressor, Segmental Home Model | | | | |
| E0651 | Without Calibrated D Gradient Pressure | \$ | 86.09 | Capped Rental | PA Required |
| | Pneumatic Compressor, Segmental Home Model | | | | |
| E0652 | With Calibrated Gradient Pressure | \$ | 442.88 | Capped Rental | PA Required |
| | Non-Segmental Pneumatic Appliance For Use | | | | |
| E0655 | With Pneumatic Compressor, Half Arm | \$ | 114.78 | Purchase | PA Required |
| | Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Trunk | | | L | |
| E0656 | | \$ | 680.22 | Purchase | 1 |

| | Segmental Pneumatic Appliance For Use With | | | | |
|----------------------------------|--|----------------|--------------------------------|--|----------------------------|
| E0657 | Pneumatic Compressor, Chest | \$ | 639.05 | Purchase | |
| | Non-Segmental Pneumatic Appliance For Use | | | | |
| E0660 | With Pneumatic Compressor, Full Leg | \$ | 169.88 | Purchase | PA Required |
| | Non-Segmental Pneumatic Appliance For Use | | | | |
| E0665 | With Pneumatic Compressor, Full Arm | \$ | 145.69 | Purchase | PA Required |
| | Non-Segmental Pneumatic Appliance For Use | | | | |
| E0666 | With Pneumatic Compressor, Half Leg | \$ | 140.52 | Purchase | PA Required |
| | Segmental Pneumatic Appliance For Use With | | | | |
| E0667 | Pneumatic Compressor, Full Leg | \$ | 292.69 | Purchase | PA Required |
| | Segmental Pneumatic Appliance For Use With | | | | · · |
| E0668 | Pneumatic Compressor, Full Arm | \$ | 399.37 | Purchase | PA Required |
| | Segmental Pneumatic Appliance For Use With | | | | · |
| E0669 | Pneumatic Compressor, Half Leg | \$ | 194.94 | Purchase | PA Required |
| | Segmental Pneumatic Appliance For Use With | | | | |
| | Pneumatic Compressor, Integrated, 2 Full Legs | | | | |
| E0670 | And Trunk | \$ | 1,258.11 | Purchase | |
| 20070 | Segmental Gradient Pressure Pneumatic | Ψ | 1,200.11 | | |
| E0671 | Appliance, Full Leg | \$ | 489.05 | Purchase | PA Required |
| L0071 | | Ψ | 409.00 | r uichase | FAItequiled |
| E0670 | Segmental Gradient Pressure Pneumatic | ¢ | 270.00 | Durahaaa | |
| E0672 | Appliance, Full Arm | \$ | 379.98 | Purchase | PA Required |
| | Segmental Gradient Pressure Pneumatic | • | | . . | |
| E0673 | Appliance, Half Leg | \$ | 315.75 | Purchase | PA Required |
| | | | | | |
| | Pneumatic Compression Device, High Pressure, | | | | |
| | Rapid Inflation/Deflation Cycle, For Arterial | | | | |
| E0675 | Insufficiency (Unilateral Or Bilateral System) | \$ | 452.78 | Capped Rental | |
| | | | | | |
| | Intermittent Limb Compression Device (Includes | | | | |
| E0676 | All Accessories), Not Otherwise Specified | | Price By Report | Purchase | |
| | Ultraviolet Light Therapy System, Includes | | | | |
| | Bulbs/Lamps, Timer And Eye Protection; | | | | |
| E0691 | Treatment Area 2 Square Feet Or Less | \$ | 82.45 | Capped Rental | |
| | Ultraviolet Light Therapy System Panel, Includes | | | | |
| | Bulbs/Lamps, Timer And Eye Protection, 4 Foot | | | | |
| E0692 | Panel | \$ | 103.52 | Capped Rental | |
| | Ultraviolet Light Therapy System Panel, Includes | | | | |
| | Bulbs/Lamps, Timer And Eye Protection, 6 Foot | | | | |
| E0693 | Panel | \$ | 127.64 | Capped Rental | |
| | Ultraviolet Multidirectional Light Therapy System | Ŷ | | eapped Roma | |
| | In 6 Foot Cabinet, Includes Bulbs/Lamps, Timer | | | | |
| E0694 | And Eve Protection | \$ | 406.24 | Capped Rental | |
| E0705 | Transfer Device, Any Type, Each | \$ | 51.61 | Purchase | |
| L0703 | Transier Device, Any Type, Lacit | φ | 51.01 | r uichase | |
| | Transcutaneous Electrical Nerve Stimulation | | | | |
| E0720 | (Tens) Device, Two Lead, Localized Stimulation | ¢ | 10.75 | Conned Pontal | |
| E0720 | Transcutaneous Electrical Nerve Stimulation | \$ | 19.75 | Capped Rental | |
| | | | | | |
| | (Tens) Device, Four Or More Leads, For Multiple | ¢ | 10.01 | Conned Darital | |
| E0730 | Nerve Stimulation | \$ \$ | | Capped Rental | |
| | | • • | 77.36 | Capped Rental | |
| E0744 | Neuromuscular Stimulator For Scoliosis | Ψ | | | |
| | Neuromuscular Stimulator, Electronic Shock Unit, | | | · · · | |
| E0744 E0745 | Neuromuscular Stimulator, Electronic Shock Unit, Non-Clinical Model | \$ | 69.82 | Capped Rental | |
| E0745 | Neuromuscular Stimulator, Electronic Shock Unit, Non-Clinical Model Osteogenesis Stimulator, Electrical, Non- | \$ | | Capped Rental | |
| | Neuromuscular Stimulator, Electronic Shock Unit, Non-Clinical Model Osteogenesis Stimulator, Electrical, Non- Invasive, Other Than Spinal Applications | | | · · · | PA Required |
| E0745 E0747 | Neuromuscular Stimulator, Electronic Shock Unit, Non-Clinical Model Osteogenesis Stimulator, Electrical, Non- Invasive, Other Than Spinal Applications Osteogenic Stimulator, Noninvasive, Spinal | \$ | 4,311.95 | Capped Rental | |
| E0745 | Neuromuscular Stimulator, Electronic Shock Unit, Non-Clinical ModelOsteogenesis Stimulator, Electrical, Non- Invasive, Other Than Spinal ApplicationsOsteogenic Stimulator, Noninvasive, Spinal Applications | \$ | 4,311.95 | Capped Rental | PA Required PA Required |
| E0745 E0747 | Neuromuscular Stimulator, Electronic Shock Unit, Non-Clinical Model Osteogenesis Stimulator, Electrical, Non- Invasive, Other Than Spinal Applications Osteogenic Stimulator, Noninvasive, Spinal | \$ \$ \$ | 4,311.95 | Capped Rental Purchase | |
| E0745 E0747 | Neuromuscular Stimulator, Electronic Shock Unit, Non-Clinical ModelOsteogenesis Stimulator, Electrical, Non- Invasive, Other Than Spinal ApplicationsOsteogenic Stimulator, Noninvasive, Spinal Applications | \$ | 4,311.95 4,284.02 | Capped Rental Purchase | |
| E0745 E0747 E0748 | Neuromuscular Stimulator, Electronic Shock Unit, Non-Clinical Model Osteogenesis Stimulator, Electrical, Non- Invasive, Other Than Spinal Applications Osteogenic Stimulator, Noninvasive, Spinal Applications Ostogenesis Stimulator, Low Intensity Ultrasound, | \$ \$ \$ | 4,311.95 4,284.02 | Capped Rental Purchase Purchase | PA Required |
| E0745 E0747 E0748 | Neuromuscular Stimulator, Electronic Shock Unit, Non-Clinical Model Osteogenesis Stimulator, Electrical, Non- Invasive, Other Than Spinal Applications Osteogenic Stimulator, Noninvasive, Spinal Applications Ostogenesis Stimulator, Low Intensity Ultrasound, Non-Invasive | \$ \$ \$ | 4,311.95 4,284.02 | Capped Rental Purchase Purchase | PA Required |
| E0745 E0747 E0748 E0760 | Neuromuscular Stimulator, Electronic Shock Unit, Non-Clinical Model Osteogenesis Stimulator, Electrical, Non- Invasive, Other Than Spinal Applications Osteogenic Stimulator, Noninvasive, Spinal Applications Ostogenesis Stimulator, Low Intensity Ultrasound, Non-Invasive Non-Thermal Pulsed High Frequency Radiowaves, High Peak Power Electromagnetic | \$ \$ \$ | 4,311.95 4,284.02 356.00 | Capped Rental Purchase Purchase Capped Rental | PA Required |
| E0745 E0747 E0748 | Neuromuscular Stimulator, Electronic Shock Unit, Non-Clinical Model Osteogenesis Stimulator, Electrical, Non- Invasive, Other Than Spinal Applications Osteogenic Stimulator, Noninvasive, Spinal Applications Ostogenesis Stimulator, Low Intensity Ultrasound, Non-Invasive Non-Thermal Pulsed High Frequency | \$ \$ \$ | 4,311.95 4,284.02 | Capped Rental Purchase Purchase Capped Rental | PA Required |

| | 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 | | | | |
| E0764 | Training Program | \$ | 12,886.91 | Purchase | |
| 20704 | Fda Approved Nerve Stimulator, With | Ψ | 12,000.01 | | |
| | Replaceable Batteries, For Treatment Of Nausea | | | | |
| E0765 | And Vomiting | \$ | 99.06 | Purchase | |
| 20100 | | Ψ | 00.00 | | |
| | Electrical Stimulation Device Used For Cancer | | | | |
| E0766 | Treatment, Includes All Accessories, Any Type | \$ | 462.80 | Purchase | |
| 20700 | | Ψ | 402.00 | | |
| | Electrical Stimulation Or Electromagnetic Wound | | | | |
| E0769 | Treatment Device, Not Otherwise Classified | | Price By Report | Purchase | |
| 20703 | Treatment Device, Not Otherwise Classified | | т псе ву кероп | | |
| | Functional Electrical Stimulator, Transcutaneous | | | | |
| | Stimulation Of Nerve And/Or Muscle Groups, Any | | | | |
| E0770 | Type, Complete System, Not Otherwise Specified | | Price By Report | Purchase | |
| E0776 | Iv Pole | \$ | | Capped Rental | |
| LUTTO | Ambulatory Infusion Pump, Mechanical, | φ | 12.54 | Capped Rental | |
| E0779 | | ¢ | 15 10 | Cannod Pontal | |
| 20119 | Reusable, For Infusion 8 Hours Or Greater | \$ | 15.12 | Capped Rental | |
| E0700 | Ambulatory Infusion Pump, Mechanical, | ¢ | 11.42 | Purchase | |
| E0780 | Reusable, For Infusion Less Than 8 Hours Ambulatory Infusion Pump, Single Or Multiple | \$ | 11.42 | r uitilase | |
| | | | | | |
| E0704 | Channels, Electric Or Battery Operated, With | ¢ | 217 12 | Conned Bontol | |
| E0781 | Administrative Equipment, Worn By Patient | \$ | 217.13 | Capped Rental | |
| | Infusion Pump, Implantable, Non-Programmable | | | | |
| F 0 7 00 | (Includes All Components, E.G., Pump, Catheter, | • | 0 405 40 | D 1 | |
| E0782 | Connectors, Etc.) | \$ | 3,495.49 | Purchase | |
| | Infusion Pump System, Implantable, | | | | |
| | Programmable (Includes All Components, E.G., | | | | |
| E0783 | Pump, Catheter, Connectors, Etc.) | \$ | | Capped Rental | |
| E0784 | External Ambulatory Infusion Pump, Insulin | \$ | 4,418.10 | Purchase | |
| | Implantable Intraspinal (Epidural/Intrathecal) | | | | |
| | Catheter Used With Implantable Infusion Pump, | | | | |
| E0785 | Replacement | \$ | 553.72 | Purchase | |
| | Implantable Programmable Infusion Pump, | | | | |
| | Replacement (Excludes Implantable Intraspinal | | | | |
| E0786 | Catheter) | \$ | 9,402.72 | Purchase | |
| | External Ambulatory Infusion Pump, Insulin, | | | | |
| | Dosage Rate Adjustment Using Therapeutic | | | | |
| E0787 | Continuous Glucose Sensing | | Price By Report | Purchase | PA Required |
| | Parenteral Infusion Pump, Stationary, Single Or | | | | |
| E0791 | Multi-Channel | \$ | 239.69 | Capped Rental | |
| E0830 | Ambulatory Traction Device, All Types, Each | | Price By Report | | |
| | Traction Frame, Attached To Headboard, Cervical | | | | |
| E0840 | Traction | \$ | 5.89 | Capped Rental | |
| | Traction Equipment, Cervical, Free-Standing | | | | |
| | Stand/Frame, Pneumatic, Applying Traction Force | | | | |
| E0849 | To Other Than Mandible | \$ | 47.29 | Capped Rental | |
| | | | | | |
| E0850 | Traction Stand, Free Standing, Cervical Traction | \$ | 9.32 | Capped Rental | |
| | Cervical Traction Equipment Not Requiring | | | | |
| E0855 | Additional Stand Or Frame | \$ | 45.35 | Capped Rental | |
| | Cervical Traction Device, With Inflatable Air | | | | |
| | Bladder(S) | \$ | 181.36 | Purchase | |
| E0820 | | | | Purchase | |
| | | \$ | 42.44 | Fulchase | |
| | Traction Equipment, Overdoor, Cervical Traction Frame, Attached To Footboard, | \$ | 42.44 | Fulchase | |
| E0856 E0860 E0870 | Traction Equipment, Overdoor, Cervical Traction Frame, Attached To Footboard, | \$ \$ | 42.44 | | |
| E0860 | Traction Equipment, Overdoor, Cervical | | | Capped Rental | |

| | | | I | 1 |
|--------|--|----------------|-----------------|-------------|
| | Traction Frame, Attached To Footboard, Pelvic | • | | |
| E0890 | Traction | \$ 25.6 | 1 Capped Rental | |
| | Traction Stand, Free Standing, Pelvic Traction, | | | |
| E0900 | (E.G., Buck'S) | \$ 21.5 | 5 Capped Rental | |
| | Trapeze Bars, A/K/A Patient Helper, Attached To | | | |
| E0910 | Bed, With Grab Bar | \$ 12.2 | 5 Capped Rental | |
| | Trapeze Bar, Heavy Duty, For Patient Weight | | | |
| | Capacity Greater Than 250 Pounds, Attached To | | | |
| E0911 | Bed, With Grab Bar | \$ 454.1 | 4 Purchase | |
| | Trapeze Bar, Heavy Duty, For Patient Weight | | | |
| | Capacity Greater Than 250 Pounds, Free | | | |
| E0912 | Standing, Complete With Grab Bar | \$ 965.6 | 1 Purchase | |
| | Fracture Frame, Attached To Bed, Includes | * | | |
| E0920 | Weights | \$ 42.3 | 5 Capped Rental | |
| | | • .2.0 | | |
| E0930 | Fracture Frame, Free Standing, Includes Weights | \$ 41.8 | 8 Capped Rental | |
| 20000 | Continuous Passive Motion Exercise Device For | φ -1.0 | | |
| E0935 | Use On Knee Only | \$ 25.0 | 5 Daily Rental | PA Required |
| L0933 | | φ 23.0 | | FAIRequired |
| E0020 | Continuous Passive Motion Exercise Device For Use Other Than Knee | ¢ 044 | 8 Purchase | DA Dequired |
| E0936 | | \$ 24.1 | 8 Purchase | PA Required |
| F00.40 | Trapeze Bar, Free Standing, Complete With Grab | ¢ | | |
| E0940 | Bar | \$ 22.8 | | |
| E0941 | Gravity Assisted Traction Device, Any Type | \$ 39.8 | | |
| E0942 | Cervical Head Harness/Halter | \$ 19.6 | | |
| E0944 | Pelvic Belt/Harness/Boot | \$ 52.2 | 1 Purchase | |
| E0945 | Extremity Belt/Harness | \$ 47.1 | 3 Purchase | |
| | Fracture, Frame, Dual With Cross Bars, Attached | | | |
| E0946 | To Bed, (E.G. Balken, 4 Poster) | \$ 54.2 | 9 Capped Rental | |
| | Fracture Frame, Attachments For Complex Pelvic | | | |
| E0947 | Traction | \$ 57.7 | 0 Capped Rental | |
| | Fracture Frame, Attachments For Complex | | | |
| E0948 | Cervical Traction | \$ 53.8 | 0 Capped Rental | |
| E0950 | Wheelchair Accessory, Tray, Each | \$ 110.5 | | |
| | Heel Loop/Holder, Any Type, With Or Without | • | | |
| E0951 | Ankle Strap, Each | \$ 20.0 | 3 Purchase | |
| E0952 | Toe Loop/Holder, Any Type, Each | \$ 20.0 | | |
| L0002 | Wheelchair Accessory, Lateral Thigh Or Knee | φ 20.0 | | |
| | Support, Any Type Including Fixed Mounting | | | |
| E0953 | Hardware, Each | \$ 77.6 | 9 Purchase | |
| E0900 | | φ 11.0 | 9 Fulchase | |
| | Wheelchair Accessory, Foot Box, Any Type, | | | |
| F00F4 | Includes Attachment And Mounting Hardware, | ф г л 7 | C Durahara | |
| E0954 | Each Foot | \$ 51.7 | 6 Purchase | |
| | | | | |
| | Wheelchair Accessory, Headrest, Cushioned, Any | ^ | | |
| E0955 | Type, Including Fixed Mounting Hardware, Each | \$ 189.4 | 3 Purchase | |
| | Wheelchair Accessory, Lateral Trunk Or Hip | | | |
| | Support, Any Type, Including Fixed Mounting | | | |
| E0956 | Hardware, Each | \$ 91.8 | 2 Purchase | |
| | Wheelchair Accessory, Medial Thigh Support, | | | |
| | Any Type, Including Fixed Mounting Hardware, | | | |
| E0957 | Each | \$ 131.5 | 7 Purchase | |
| | Manual Wheelchair Accessory, One-Arm Drive | | | |
| E0958 | Attachment, Each | \$ 399.8 | 3 Purchase | PA Required |
| | Manual Wheelchair Accessory, Adapter For | | | |
| E0959 | Amputee, Each | \$ 49.5 | 6 Purchase | |
| | Wheelchair Accessory, Shoulder Harness/Straps | | | |
| | Or Chest Strap, Including Any Type Mounting | | | |
| E0960 | Hardware | \$ 92.3 | 3 Purchase | |
| | Manual Wheelchair Accessory, Wheel Lock | | | |
| E0961 | Brake Extension (Handle), Each | \$ 31.6 | 4 Purchase | |
| | Manual Wheelchair Accessory, Headrest | | | |
| E0966 | Extension, Each | \$ 73.6 | 8 Purchase | |
| -0000 | | Ψ 13.0 | | |

| | Manual Wheelchair Accessory, Hand Rim With | | | | |
|----------------|---|----------|-----------------|---------------|-------------|
| E0967 | Projections, Any Type, Replacement Only, Each | \$ | 7.08 | Capped Rental | |
| E0968 | Commode Seat, Wheelchair | \$ | | Purchase | |
| E0969 | Narrowing Device, Wheelchair | \$ | 12.87 | Capped Rental | |
| | | | | | |
| E0970 | No.2 Footplates, Except For Elevating Leg Rest | \$ | 44.07 | Purchase | |
| | Manual Wheelchair Accessory, Anti-Tipping | | | | |
| E0971 | Device, Each | \$ | 40.71 | Purchase | |
| | | | | | |
| | Wheelchair Accessory, Adjustable Height, | | | | |
| E0973 | Detachable Armrest, Complete Assembly, Each | \$ | 89.01 | Purchase | |
| | Manual Wheelchair Accessory, Anti-Rollback | | | | |
| E0974 | Device, Each | \$ | 71.37 | Purchase | |
| | Wheelchair Accessory, Positioning Belt/Safety | | | | |
| E0978 | Belt/Pelvic Strap, Each | \$ | | Purchase | |
| E0980 | Safety Vest, Wheelchair | \$ | 35.14 | Purchase | |
| | Wheelchair Accessory, Seat Upholstery, | • | 17.05 | | |
| E0981 | Replacement Only, Each | \$ | 47.85 | Purchase | |
| F 0000 | Wheelchair Accessory, Back Upholstery, | ^ | 50.00 | D | |
| E0982 | Replacement Only, Each | \$ | | Purchase | |
| E0985 | Wheelchair Accessory, Seat Lift Mechanism | \$ | 238.85 | Purchase | |
| F0000 | Manual Wheelchair Accessory, Push-Rim | ¢ | E E07 40 | Durahaaa | |
| E0986 | Activated Power Assist System | \$ | 5,537.10 | Purchase | PA Required |
| E0988 | Manual Wheelchair Accessory, Lever-Activated, Wheel Drive, Pair | ¢ | 252 47 | Conned Bontol | |
| E0900 | Wheelchair Accessory, Elevating Leg Rest, | \$ | 352.47 | Capped Rental | |
| E0990 | Complete Assembly, Each | \$ | 10.41 | Capped Rental | |
| E0992 | Solid Seat Insert | \$ | | Purchase | |
| E0992 | Arm Rest, Each | \$ | | Purchase | |
| L0334 | Wheelchair Accessory, Calf Rest/Pad, | Ψ | 10.00 | | |
| E0995 | Replacement Only, Each | \$ | 32.32 | Purchase | |
| 20000 | Wheelchair Accessory, Power Seating System, | Ψ | 52.52 | | |
| E1002 | Tilt Only | \$ | 3,557.03 | Purchase | PA Required |
| | | Ŧ | -, | | |
| | Wheelchair Accessory, Power Seating System, | | | | |
| E1003 | Recline Only, Without Shear Reduction | \$ | 4,456.53 | Purchase | PA Required |
| | | | | | |
| | Wheelchair Accessory, Power Seating System, | | | | |
| E1004 | Recline Only, With Mechanical Shear Reduction | \$ | 4,941.37 | Purchase | PA Required |
| | | | | | |
| | Wheelchair Accessory, Power Seatng System, | | | | |
| E1005 | Recline Only, With Power Shear Reduction | \$ | 5,348.64 | Purchase | PA Required |
| | Wheelchair Accessory, Power Seating System, | | | | |
| - | Combination Tilt And Recline, Without Shear | • | 0 == 4 00 | | |
| E1006 | Reduction | \$ | 6,551.60 | Purchase | PA Required |
| | Wheelchair Accessory, Power Seating System, | | | | |
| E1007 | Combination Tilt And Recline, With Mechanical | ¢ | 0 226 22 | Durahaaa | DA Dequired |
| E1007 | Shear Reduction Wheelchair Accessory, Power Seating System, | \$ | 8,336.32 | Purchase | PA Required |
| | Combination Tilt And Recline, With Power Shear | | | | |
| E1008 | Reduction | \$ | 8,141.68 | Purchase | PA Required |
| | Wheelchair Accessory, Addition To Power | Ψ | 0,141.00 | | |
| | Seating System, Mechanically Linked Leg | | | | |
| | Elevation System, Including Pushrod And Leg | | | | |
| E1009 | Rest, Each | 1 | Price By Report | Purchase | PA Required |
| - | Wheelchair Accessory, Addition To Power | 1 | , , ,,,,, | | |
| | | 1 | | | |
| | Seating System, Power Leg Elevation System, | | | | |
| E1010 | | \$ | 1,067.91 | Purchase | PA Required |
| E1010 | Seating System, Power Leg Elevation System, | \$ | 1,067.91 | Purchase | PA Required |
| E1010 E1011 | Seating System, Power Leg Elevation System, Including Leg Rest, Pair | \$ | 1,067.91 | Purchase | PA Required |

| | Wheelchair Accessory, Addition To Power | | | | |
|----------------|---|----------|-----------------|---------------|-------------|
| | Seating System, Center Mount Power Elevating | | | | |
| | Leg Rest/Platform, Complete System, Any Type, | | | | |
| E1012 | Each | \$ | 1,067.91 | Purchase | PA Required |
| | Reclining Back, Addition To Pediatric Size | • | | _ . | |
| E1014 | Wheelchair | \$ | 429.96 | Purchase | PA Required |
| E1015 | Shock Absorber For Manual Wheelchair, Each | \$ | 135.07 | Purchase | |
| E1016 | Shock Absorber For Power Wheelchair, Each | \$ | 122.29 | Purchase | |
| E1017 | Heavy Duty Shock Absorber For Heavy Duty Or Extra Heavy Duty Manual Wheelchair, Each | | Price By Report | Purchase | |
| | | | | | |
| E1018 | Heavy Duty Shock Absorber For Heavy Duty Or Extra Heavy Duty Power Wheelchair, Each | | Price By Report | Purchase | |
| E1020 | Residual Limb Support System For Wheelchair, Any Type | \$ | 247.01 | Purchase | |
| | Wheelchair Accessory, Manual Swingaway, Retractable Or Removable Mounting Hardware | Ţ | | | |
| E1028 | For Joystick, Other Control Interface Or | ¢ | 100.26 | Purchase | |
| E1028 E1029 | Positioning Accessory Wheelchair Accessory, Ventilator Tray, Fixed | \$ \$ | | Purchase | |
| L1020 | | Ψ | 010.02 | | |
| E1030 | Wheelchair Accessory, Ventilator Tray, Gimbaled | \$ | 1,182.59 | Purchase | PA Required |
| E1035 | Multi-Positional Patient Transfer System, With Integrated Seat, Operated By Care Giver, Patient Weight Capacity Up To And Including 300 Lbs | \$ | 531.78 | Capped Rental | |
| | Multi-Positional Patient Transfer System, Extra- Wide, With Integrated Seat, Operated By Caregiver, Patient Weight Capacity Greater Than | | | | |
| E1036 | 300 Lbs | \$ | 758.79 | Capped Rental | |
| | Fully-Reclining Wheelchair, Fixed Full Length | | | | |
| E1050 | Arms, Swing Away Detachable Elevating Leg Rests | \$ | 1,035.78 | Purchase | |
| 21000 | Fully-Reclining Wheelchair, Detachable Arms, | Ψ | 1,000.70 | | |
| | Desk Or Full Length, Swing Away Detachable | | | | |
| E1060 | Elevating Legrests | \$ | 1,179.07 | Purchase | |
| | Fully-Reclining Wheelchair, Detachable Arms | | | | |
| E1070 | (Desk Or Full Length) Swing Away Detachable Footrest | ¢ | 1 096 65 | Burchasa | |
| E1070 | Hemi-Wheelchair, Fixed Full Length Arms, Swing | \$ | 1,000.00 | Purchase | |
| E1083 | Away Detach Able Elevating Leg Rest | \$ | 768.02 | Purchase | |
| | Hemi-Wheelchair, Detachable Arms Desk Or Full | | | | |
| E4004 | Length Arms, Swing Away Detachable Elevating | ¢ | 075 00 | Durahas - | |
| E1084 | Leg Rests High Strength Lightweight Wheelchair,Fixed Full | \$ | 975.23 | Purchase | |
| | Length Arms, Swing Away Detachable Elevating | | | | |
| E1087 | Leg Rests | \$ | 1,227.96 | Purchase | |
| | High Strength Lightweight Wheelchair,Detachable Arms Desk Or Full Length, Swing Away | | | | |
| E1088 | Detachable Elevating Leg Rests | \$ | 1,674.37 | Purchase | |
| | High Strength Lightweight Wheelchair, Fixed | | | | |
| E1089 | Length Arms, Swing Away Detachable Footrest | \$ | 1,074.97 | Purchase | |
| | Wide Heavy Duty Wheel Chair, Detachable Arms | | | | |
| | | | | | |
| | Desk Of Full Length, Swing Away Detachable | | | | |
| E1092 | Elevating Leg Rests | \$ | 1,237.30 | Purchase | |
| E1092 | | \$ | 1,237.30 | Purchase | |

| | Semi-Reclining Wheelchair, Fixed Full Length | | | | |
|----------------|---|----------|-----------------|---------------|--------------|
| | Arms, Swing Away Detachable Elevating Leg | | | | |
| E1100 | Rests | \$ | 976.99 | Purchase | |
| LIIOO | | Ψ | 570.55 | | |
| | Semi-Reclining Wheelchair, Detachable Arms | | | | |
| E1110 | (Desk Or Full Length) Elevating Leg Rest | \$ | 1,055.83 | Purchase | |
| | Wheelchair, Fixed Full Length Arms, Swing Away | * | ., | | |
| E1160 | Detachable Elevating Legrests | \$ | 688.32 | Purchase | |
| | Manual Adult Size Wheelchair, Includes Tilt In | | | | |
| E1161 | Space | \$ | 2,605.23 | Purchase | PA Required |
| | | | | | · · · |
| | Amputee Wheelchair, Fixed Full Length Arms, | | | | |
| E1170 | Swing Away Detachable Elevating Legrests | \$ | 828.11 | Purchase | |
| | Amputee Wheelchair, Fixed Full Length Arms, | | | | |
| E1171 | Without Footrests Or Legrest | \$ | 797.08 | Purchase | |
| | | | | | |
| | Amputee Wheelchair, Detachable Arms (Desk Or | | | | |
| E1172 | Full Length) Without Footrests Or Legrest | \$ | 827.41 | Purchase | |
| | | | | | |
| E1490 | Amputee Wheelchair, Detachable Arms (Desk Or | ¢ | 000.04 | Burebace | |
| E1180 | Full Length) Swing Away Detachable Footrests | \$ | 969.91 | Purchase | |
| | Amputee Wheelchair, Detachable Arms (Desk Or Full Length) Swing Away Detachable Elevating | | | | |
| E1190 | Legrests | \$ | 1,091.39 | Purchase | |
| L1190 | | φ | 1,091.39 | r uichase | |
| | Heavy Duty Wheelchair, Fixed Full Length Arms, | | | | |
| E1195 | Swing Away Detachable Elevating Legrests | \$ | 1,063.39 | Purchase | |
| | Amputee Wheelchair, Fixed Full Length Arms, | * | 1,000100 | | |
| E1200 | Swing Away Detach- Able Footrest | \$ | 845.12 | Purchase | |
| | Wheelchair; Specially Sized Or Constructed, | * | | | |
| | (Indicate Brand Name, Model Number, If Any) | | | | |
| E1220 | And Justification | | Price By Report | Purchase | |
| E1221 | Wheelchair With Fixed Arm, Footrests | \$ | 55.97 | Capped Rental | |
| | | | | | |
| E1222 | Wheelchair With Fixed Arm, Elevating Legrests | \$ | 79.82 | Capped Rental | |
| | | | | | |
| E1223 | Wheelchair With Detachable Arms, Footrests | \$ | 87.15 | Capped Rental | |
| | Wheelchair With Detachable Arms, Elevating | | | | |
| E1224 | Legrests | \$ | 95.55 | Capped Rental | |
| | Wheelchair Accessory, Manual Semi-Reclining | | | | |
| E4005 | Back, (Recline Greater Than 15 Degrees, But | ¢ | 552.00 | Durahaaa | DA Deguized |
| E1225 | Less Than 80 Degrees), Each | \$ | 553.00 | Purchase | PA Required |
| | Wheelchair Accessory, Manual Fully Reclining | | | | |
| E1226 | Back, (Recline Greater Than 80 Degrees), Each | \$ | 549.93 | Purchase | PA Required |
| E1220 | Special Height Arms For Wheelchair | \$ | | Purchase | PA Required |
| E1227 | Special Back Height For Wheelchair | \$ | | Purchase | TARequired |
| L1220 | Wheelchair, Pediatric Size, Not Otherwise | Ψ | 55.00 | | |
| E1229 | Specified | | Price By Report | Purchase | |
| 20 | Wheelchair, Pediatric Size, Tilt-In-Space, Rigid, | | | | |
| E1231 | Adjustable, With Seating System | | Price By Report | Purchase | PA Required |
| | Wheelchair, Pediatric Size, Tilt-In-Space, Folding, | | | | |
| E1232 | Adjustable, With Seating System | \$ | 2,354.85 | Purchase | PA Required |
| | Wheelchair, Pediatric Size, Tilt-In-Space, Rigid, | | | | |
| E1233 | Adjustable, Without Seating System | \$ | 2,439.63 | Purchase | PA Required |
| | Wheelchair, Pediatric Size, Tilt-In-Space, Folding, | | | | |
| E1234 | Adjustable, Without Seating System | \$ | 2,124.00 | Purchase | PA Required |
| | Wheelchair, Pediatric Size, Rigid, Adjustable, | | | | |
| E1235 | With Seating System | \$ | 2,045.34 | Purchase | PA Required |
| | Wheelchair, Pediatric Size, Folding, Adjustable, | | | | |
| | | | 1 001 11 | Purchase | PA Required |
| E1236 | With Seating System | \$ | 1,804.41 | Fulchase | i A Required |
| E1236 E1237 | With Seating System Wheelchair, Pediatric Size, Rigid, Adjustable, Without Seating System | \$ \$ | | Purchase | PA Required |

| | Wheeleheir Dedictric Size Felding Adjustable | r | | | |
|----------------|---|---------|-----------------|-------------------|-------------|
| E1000 | Wheelchair, Pediatric Size, Folding, Adjustable, | \$ | 1 901 11 | Purebase | PA Required |
| E1238 | Without Seating System Power Wheelchair, Pediatric Size, Not Otherwise | ¢ | 1,804.41 | Purchase | PA Required |
| E1000 | Specified | | Drice Dy Deport | Durahaaa | |
| E1239 | Lightweight Wheelchair, Detachable Arms, (Desk | | Price By Report | Purchase | |
| | | | | | |
| E1240 | Or Full Length) Swing Away Detachable, | ¢ | 1,084.45 | Durahaaa | |
| E1240 | Elevating Legrest | \$ | 1,064.45 | Purchase | |
| | Lightweight Wheelchair, Fixed Full Length Arms, | | | | |
| E1270 | Swing Away Detachable Elevating Legrests | \$ | 783.27 | Purchase | |
| | Heavy Duty Wheelchair, Detachable Arms (Desk | φ | 103.21 | r uiciiase | |
| E1280 | Or Full Length) Elevating Legrests | \$ | 1,216.74 | Purchaso | |
| L1200 | Heavy Duty Wheelchair, Fixed Full Length Arms, | φ | 1,210.74 | r uiciiase | |
| E1285 | Swing Away Detachable Footrest | \$ | 1,072.73 | Burehasa | |
| L120J | Heavy Duty Wheelchair, Fixed Full Length Arms, | φ | 1,072.75 | r uiciiase | |
| E1295 | Elevating Legrest | \$ | 1,150.86 | Purchaso | |
| E1295 | Special Wheelchair Seat Height From Floor | э \$ | | Purchase | |
| L1290 | | φ | 522.00 | r uiciiase | |
| E1297 | Special Wheelchair Seat Depth, By Upholstery | \$ | 111 22 | Purchase | |
| L1297 | Special Wheelchair Seat Depth, by Opholsery Special Wheelchair Seat Depth And/Or Width, By | φ | 111.23 | Fulchase | |
| E1298 | Construction | \$ | 382.06 | Purchase | |
| E1298 | Whirlpool, Non-Portable (Built-In Type) | ۰ \$ | 2,283.59 | | PA Required |
| E1310 | Oxygen Accessory, Flow Regulator Capable Of | φ | 2,203.39 | Fulchase | FA Required |
| E1352 | Positive Inspiratory Pressure | | Drice Dy Deport | Durahaaa | |
| E1352 E1353 | | \$ | Price By Report | Purchase | |
| E1303 | Regulator | Ф | 33.20 | Purchase | |
| | Oxygen Accessory, Wheeled Cart For Portable Cylinder Or Portable Concentrator, Any Type, | | | | |
| E1354 | Replacement Only, Each | | Price By Report | Burehasa | |
| E1354 | Stand/Rack | \$ | | Purchase | |
| E1300 | | φ | 24.90 | Fulchase | |
| | Oxygen Accessory, Battery Pack/Cartridge For Portable Concentrator, Any Type, Replacement | | | | |
| E1356 | Only, Each | | Price By Report | Burehasa | |
| E1300 | Only, Each | | РПСЕ ВУ Кероп | Fulchase | |
| | Oxygen Accessory, Battery Charger For Portable | | | | |
| E1357 | Concentrator, Any Type, Replacement Only, Each | | Price By Report | Purchase | |
| L 1007 | Oxygen Accessory, Dc Power Adapter For | | т пес Бу Кероп | | |
| | Portable Concentrator, Any Type, Replacement | | | | |
| E1358 | Only, Each | | Price By Report | Purchase | |
| E1372 | Immersion External Heater For Nebulizer | \$ | | Capped Rental | |
| L1072 | Oxygen Concentrator, Single Delivery Port, | Ψ | 10.40 | | |
| | Capable Of Delivering 85 Percent Or Greater | | | | |
| | Oxygen Concentration At The Prescribed Flow | | | | |
| E1390 | Rate | \$ | 136.04 | Continuous Rental | |
| | Oxygen Concentrator, Dual Delivery Port, | Ŷ | | | |
| | Capable Of Delivering 85 Percent Or Greater | | | | |
| | Oxygen Concentration At The Prescribed Flow | | | | |
| E1391 | Rate, Each | \$ | 1,360.35 | Purchase | |
| E1392 | Portable Oxygen Concentrator, Rental | \$ | , | Continuous Rental | |
| E1399 | Durable Medical Equipment, Miscellaneous | | Price By Report | | |
| | Oxygen And Water Vapor Enriching System With | | | | |
| E1405 | Heated Delivery | \$ | 227.97 | Purchase | |
| | Oxygen And Water Vapor Enriching System | * | | | |
| E1406 | Without Heated Delivery | \$ | 211.86 | Purchase | |
| E1500 | Centrifuge, For Dialysis | | Price By Report | | |
| | Kidney, Dialysate Delivery Syst Kidney Machine, | | | | |
| | Pump Recirculating, Air Removal Syst, Flowrate | | | | |
| | Meter, Power Off, Heater And Temperature | | | | |
| | Control With Alarm, I.V. Poles, Pressure Gauge, | | | | |
| E1510 | Concentrate Container | | Price By Report | Capped Rental | |
| E1520 | Heparin Infusion Pump For Hemodialysis | | Price By Report | | |
| | Air Bubble Detector For Hemodialysis, Each, | | | | |
| E1530 | Replacement | | Price By Report | Capped Rental | |
| | | ļ | | | |

| | Deserves Alexes Foulless edialusis Foot | Γ | |
|--------|--|----------------------|-----------------|
| E1540 | Pressure Alarm For Hemodialysis, Each, | Drice Dy Deper | t Cannad Bantal |
| E1340 | Replacement | Рпсе ву керог | t Capped Rental |
| E1550 | Bath Conductivity Meter For Hemodialysis, Each | Price By Poper | t Capped Rental |
| L 1330 | Blood Leak Detector For Hemodialysis, Each, | т псе ву Керог | |
| E1560 | Replacement | Price By Repor | t Capped Rental |
| E1570 | Adjustable Chair, For Esrd Patients | | t Capped Rental |
| 21010 | | | |
| E1580 | Unipuncture Control System For Hemodialysis | Price By Repor | t Capped Rental |
| E1590 | Hemodialysis Machine | | t Capped Rental |
| | | | |
| E1592 | Automatic Intermittent Peritoneal Dialysis System | Price By Repor | t Capped Rental |
| | | | |
| E1594 | Cycler Dialysis Machine For Peritoneal Dialysis | Price By Repor | t Capped Rental |
| | Delivery And/Or Installation Charges For | | |
| E1600 | Hemodialysis Equipment | Price By Repor | t Capped Rental |
| | Reverse Osmosis Water Purification System, For | | |
| E1610 | Hemodialysis | Price By Repor | t Capped Rental |
| | Deionizer Water Purification System, For | | |
| E1615 | Hemodialysis | | t Capped Rental |
| E1620 | Blood Pump For Hemodialysis, Replacement | | t Capped Rental |
| E1625 | Water Softening System, For Hemodialysis | | t Capped Rental |
| E1630 | Reciprocating Peritoneal Dialysis System | | t Capped Rental |
| E1632 | Wearable Artificial Kidney, Each | | t Capped Rental |
| E1634 | Peritoneal Dialysis Clamps, Each | Price By Repor | t Purchase |
| | | | |
| E1635 | Compact (Portable) Travel Hemodialyzer System | Price By Repor | t Capped Rental |
| | | | |
| E1636 | Sorbent Cartridges, For Hemodialysis, Per 10 | Price By Repor | |
| E1637 | Hemostats, Each | | t Capped Rental |
| E1699 | Dialysis Equipment, Not Otherwise Specified | Price By Repor | t Capped Rental |
| E1700 | Jaw Motion Rehabilitation System | \$ 366.70 | Purchase |
| | Replacement Cushions For Jaw Motion | | |
| E1701 | Rehabilitation System, Pkg. Of 6 | \$ 11.27 | Purchase |
| | Replacement Measuring Scales For Jaw Motion | | |
| E1702 | Rehabilitation System, Pkg. Of 200 | \$ 24.00 | Purchase |
| | Dynamic Adjustable Elbow Extension/Flexion | | |
| E1800 | Device, Includes Soft Interface Material | \$ 112.40 | Capped Rental |
| | Static Progressive Stretch Elbow Device, | | |
| | Extension And/Or Flexion, With Or Without | | |
| | Range Of Motion Adjustment, Includes All | | |
| E1801 | Components And Accessories | \$ 116.13 | Capped Rental |
| | Dynamic Adjustable Forearm | | |
| | Pronation/Supination Device, Includes Soft | | |
| E1802 | Interface Material | \$ 299.87 | Capped Rental |
| | Dynamic Adjustable Wrist Extension / Flexion | | |
| E1805 | Device, Includes Soft Interface Material | \$ 115.94 | Capped Rental |
| | Static Progressive Stretch Wrist Device, Flexion | | |
| | And/Or Extension, With Or Without Range Of | | |
| | Motion Adjustment, Includes All Components And | · | |
| E1806 | Accessories | \$ 95.30 | Capped Rental |
| FACIS | Dynamic Adjustable Knee Extension / Flexion | • • • • • • • | |
| E1810 | Device, Includes Soft Interface Material | \$ 114.32 | Capped Rental |
| | Static Progressive Stretch Knee Device, | | |
| | Extension And/Or Flexion, With Or Without | | |
| FIGH | Range Of Motion Adjustment, Includes All | • • • • • • • | |
| E1811 | Components And Accessories | \$ 120.71 | Capped Rental |
| E4040 | Dynamic Knee, Extension/Flexion Device With | ф То о (| Conned Dentel |
| E1812 | Active Resistance Control | \$ 78.91 | Capped Rental |
| | Dynamic Adjustable Ankle Extension/Flexion Device, Includes Soft Interface Material | \$ 115.94 | Capped Rental |
| E1815 | | | |

| | Static Progressive Stretch Ankle Device, Flexion | | | | |
|-------|---|----------|----------------|---------------|--|
| | | | | | |
| | And/Or Extension, With Or Without Range Of | | | | |
| | Motion Adjustment, Includes All Components And | | | | |
| | Accessories | \$ | 122.58 | Capped Rental | |
| | Static Progressive Stretch Forearm Pronation / | | | | |
| | Supination Device, With Or Without Range Of | | | | |
| | Motion Adjustment, Includes All Components And | | | | |
| E1818 | Accessories | \$ | 125.15 | Capped Rental | |
| | | | | | |
| | Replacement Soft Interface Material, Dynamic | | | | |
| E1820 | Adjustable Extension/Flexion Device | \$ | 84.90 | Purchase | |
| | | | | | |
| | Replacement Soft Interface Material/Cuffs For Bi- | | | | |
| E1821 | Directional Static Progressive Stretch Device | \$ | 116.87 | Purchase | |
| | Dynamic Adjustable Finger Extension/Flexion | | | | |
| E1825 | Device, Includes Soft Interface Material | \$ | 115.94 | Capped Rental | |
| | Dynamic Adjustable Toe Extension/Flexion | | | | |
| | Device, Includes Soft Interface Material | \$ | 115.94 | Capped Rental | |
| | Static Progressive Stretch Toe Device, Extension | * | | | |
| | And/Or Flexion, With Or Without Range Of Motion | | | | |
| | Adjustment, Includes All Components And | | | | |
| E1831 | Accessories | \$ | 60.62 | Capped Rental | |
| 21001 | 76663501163 | Ψ | 00.02 | | |
| | Dynamic Adjustable Shoulder Flovien / Abdustion | | | | |
| | Dynamic Adjustable Shoulder Flexion / Abduction | ¢ | 251 17 | Conned Dentel | |
| E1840 | / Rotation Device, Includes Soft Interface Material | \$ | 351.17 | Capped Rental | |
| | Otatia Deservaçãos Otratals Obrauldas Davias Mikh | | | | |
| | Static Progressive Stretch Shoulder Device, With | | | | |
| -1011 | Or Without Range Of Motion Adjustment, | • | 445.05 | | |
| | Includes All Components And Accessories | \$ | 415.65 | Capped Rental | |
| | Communication Board, Non-Electronic | | | | |
| | Augmentative Or Alternative Communication | _ | | | |
| E1902 | Device | P | rice By Report | Purchase | |
| | Gastric Suction Pump, Home Model, Portable Or | | | | |
| | Stationary, Electric | \$ | 46.63 | Capped Rental | |
| | Blood Glucose Monitor With Integrated Voice | | | | |
| | Synthesizer | \$ | 708.19 | Purchase | |
| | Blood Glucose Monitor With Integrated | | | | |
| | Lancing/Blood Sample | \$ | 207.61 | Purchase | |
| | Pulse Generator System For Tympanic Treatment | | | | |
| E2120 | Of Inner Ear Endolymphatic Fluid | \$ | 333.85 | Capped Rental | |
| | Manual Wheelchair Accessory, Nonstandard Seat | | | | |
| | Frame, Width Greater Than Or Equal To 20 | | | | |
| E2201 | Inches And Less Than 24 Inches | \$ | 439.32 | Purchase | |
| | Manual Wheelchair Accessory, Nonstandard Seat | | | | |
| E2202 | Frame Width, 24-27 Inches | \$ | 46.29 | Capped Rental | |
| | | | | | |
| | Manual Wheelchair Accessory, Nonstandard Seat | | | | |
| E2203 | Frame Depth, 20 To Less Than 22 Inches | \$ | 564.06 | Purchase | |
| | Manual Wheelchair Accessory, Nonstandard Seat | • | | | |
| | Frame Depth, 22 To 25 Inches | \$ | 957.75 | Purchase | |
| | | * | 301.10 | | |
| | Manual Wheelchair Accessory, Handrim Without | | | | |
| | Projections (Includes Ergonomic Or Contoured), | | | | |
| | Any Type, Replacement Only, Each | \$ | 36.57 | Purchase | |
| 0 | | * | 00.01 | | |
| | Manual Wheelchair Accessory, Wheel Lock | | | | |
| E2206 | Assembly, Complete, Replacement Only, Each | \$ | 44.83 | Purchase | |
| | Wheelchair Accessory, Crutch And Cane Holder, | Ψ | 44.00 | | |
| | Each | \$ | 15 21 | Purchase | |
| L2201 | | Ψ | 45.34 | 1 0101030 | |
| E2200 | Wheelchair Accessory, Cylinder Tank Carrier, | ¢ | 104.00 | Burebase | |
| | Each | \$ | 124.22 | Purchase | |
| | Arm Trough, With Or Without Hand Support, | ¢ | 440.07 | Durahaac | |
| | Each | \$ | 112.07 | Purchase | |

| | Wheeleheir Accessory Decriment Any Tyre | | | |
|-------|---|-----------------|----------|-------------|
| E2210 | Wheelchair Accessory, Bearings, Any Type, | ¢ 644 | Purchase | |
| E2210 | Replacement Only, Each | \$ 6.14 | Purchase | |
| E0044 | Manual Wheelchair Accessory, Pneumatic | ¢ 40.50 | Dunchasa | |
| E2211 | Propulsion Tire, Any Size, Each | \$ 43.50 | Purchase | |
| F0040 | Manual Wheelchair Accessory, Tube For | ¢ 0.50 | Dunchasa | |
| E2212 | Pneumatic Propulsion Tire, Any Size, Each | \$ 6.58 | Purchase | |
| | Manual Wheelchair Accessory, Insert For | | | |
| | Pneumatic Propulsion Tire (Removable), Any | • • • • • | | |
| E2213 | Type, Any Size, Each | \$ 32.87 | Purchase | |
| | Manual Wheelchair Accessory, Pneumatic Caster | • • • • • | | |
| E2214 | Tire, Any Size, Each | \$ 38.29 | Purchase | |
| | Manual Wheelchair Accessory, Tube For | | | |
| E2215 | Pneumatic Caster Tire, Any Size, Each | \$ 10.05 | Purchase | |
| | Manual Wheelchair Accessory, Foam Filled | | | |
| E2216 | Propulsion Tire, Any Size, Each | \$ 45.36 | Purchase | |
| | Manual Wheelchair Accessory, Foam Filled | | | |
| E2217 | Caster Tire, Any Size, Each | \$ 40.13 | Purchase | |
| | Manual Wheelchair Accessory, Foam Propulsion | | | |
| E2218 | Tire, Any Size, Each | \$ 45.36 | Purchase | |
| | Manual Wheelchair Accessory, Foam Caster Tire, | | | |
| E2219 | Any Size, Each | \$ 41.21 | Purchase | |
| | Manual Wheelchair Accessory, Solid | | | |
| | (Rubber/Plastic) Propulsion Tire, Any Size, | | | |
| E2220 | Replacement Only, Each | \$ 27.51 | Purchase | |
| | Manual Wheelchair Accessory, Solid | | | |
| | (Rubber/Plastic) Caster Tire (Removable), Any | | | |
| E2221 | Size, Replacement Only, Each | \$ 28.32 | Purchase | |
| | Manual Wheelchair Accessory, Solid | | | |
| | (Rubber/Plastic) Caster Tire With Integrated | | | |
| E2222 | Wheel, Any Size, Replacement Only, Each | \$ 24.80 | Purchase | |
| | | | | |
| | Manual Wheelchair Accessory, Propulsion Wheel | | | |
| E2224 | Excludes Tire, Any Size, Replacement Only, Each | \$ 115.46 | Purchase | |
| | | | | |
| | Manual Wheelchair Accessory, Caster Wheel | | | |
| E2225 | Excludes Tire, Any Size, Replacement Only, Each | \$ 20.49 | Purchase | |
| | Manual Wheelchair Accessory, Caster Fork, Any | | | |
| E2226 | Size, Replacement Only, Each | \$ 44.47 | Purchase | |
| | Manual Wheelchair Accessory, Gear Reduction | | | |
| E2227 | Drive Wheel, Each | \$ 2,202.61 | Purchase | PA Required |
| | Manual Wheelchair Accessory, Wheel Braking | | | |
| E2228 | System And Lock, Complete, Each | \$ 1,102.42 | Purchase | |
| | Manual Wheelchair Accessory, Solid Seat | | | |
| | Support Base (Replaces Sling Seat), Includes | | | |
| E2231 | Any Type Mounting Hardware | \$ 180.94 | Purchase | |
| | Back, Planar, For Pediatric Size Wheelchair | | | |
| E2291 | Including Fixed Attaching Hardware | Price By Report | Purchase | |
| | Seat, Planar, For Pediatric Size Wheelchair | | | |
| E2292 | Including Fixed Attaching Hardware | Price By Report | Purchase | |
| | - | | | |
| | Back, Contoured, For Pediatric Size Wheelchair | | | |
| E2293 | Including Fixed Attaching Hardware | Price By Report | Purchase | |
| | | | | |
| | Seat, Contoured, For Pediatric Size Wheelchair | | | |
| E2294 | Including Fixed Attaching Hardware | Price By Report | Purchase | |
| | Manual Wheelchair Accessory, For Pediatric Size | , ,,,,,,, | | |
| | Wheelchair, Dynamic Seating Frame, Allows | | | |
| | Coordinated Movement Of Multiple Positioning | | | |
| E2295 | Features | Price By Report | Purchase | PA Required |
| | Wheelchair Accessory, Power Seat Elevation | . , | | |
| E2300 | System, Any Type | Price By Report | Purchase | PA Required |
| | | | | |

| r | | 1 | | | |
|----------------|--|------|----------|----------|----------------|
| | 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 | | | | |
| E2310 | Mounting Hardware | \$ 1 | ,187.61 | Purchase | |
| | | | | | |
| | 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, | | | | |
| E2311 | And Fixed Mounting Hardware | \$ 2 | ,206.49 | Purchase | |
| | Power Wheelchair Accessory, Hand Or Chin | | | | |
| | Control Interface, Mini-Proportional Remote | | | | |
| | Joystick, Proportional, Including Fixed Mounting | | | | |
| E2312 | Hardware | \$ 2 | ,374.60 | Purchase | PA Required |
| | Power Wheelchair Accessory, Harness For | | | | |
| | Upgrade To Expandable Controller, Including All | | | | |
| | Fasteners, Connectors And Mounting Hardware, | | | | |
| E2313 | Each | \$ | 364.81 | Purchase | |
| · · · · | Power Wheelchair Accessory, Hand Control | | - | | |
| l | Interface, Remote Joystick, Nonproportional, | | | | |
| | Including All Related Electronics, Mechanical | | | | |
| E2321 | Stop Switch, And Fixed Mounting Hardware | \$ 1 | ,612.71 | Purchase | PA Required |
| | Power Wheelchair Accessory, Hand Control | • | , | | |
| | Interface, Multiple Mechanical Switches, | | | | |
| | Nonproportional, Including All Related | | | | |
| | Electronics, Mechanical Stop Switch, And Fixed | | | | |
| E2322 | Mounting Hardware | \$ 1 | 431.34 | Purchase | PA Required |
| | | Ψ . | , 101.01 | | i / i ioquirou |
| | Power Wheelchair Accessory, Specialty Joystick | | | | |
| E2323 | Handle For Hand Control Interface, Prefabricated | \$ | 70.19 | Purchase | PA Required |
| | Power Wheelchair Accessory, Chin Cup For Chin | + | | | |
| E2324 | Control Interface | \$ | 44.46 | Purchase | PA Required |
| | Power Wheelchair Accessory, Sip And Puff | Ŷ | 111.10 | | i / i ioquirou |
| | Interface, Nonproportional, Including All Related | | | | |
| | Electronics, Mechanical Stop Switch, And Manual | | | | |
| E2325 | Swingaway Mounting Hardware | \$ 1 | 366 83 | Purchase | PA Required |
| L2020 | Power Wheelchair Accessory, Breath Tube Kit | ψ | ,000.00 | | T A Required |
| E2326 | For Sip And Puff Interface | \$ | 352.30 | Purchase | PA Required |
| L2020 | | Ψ | 002.00 | | T A Required |
| l | Power Wheelchair Accessory, Head Control | | | | |
| l | Interface, Mechanical, Proportional, Including All | | | | |
| l | Related Electronics, Mechanical Direction | | | | |
| E2327 | Change Switch, And Fixed Mounting Hardware | \$ 2 | ,651.18 | Purchase | PA Required |
| -2021 | Power Wheelchair Accessory, Head Control Or | Ψ 2 | ,001.10 | | |
| 1 | Extremity Control Interface, Electronic, | | | | |
| l | Proportional, Including All Related Electronics | | | | |
| E2328 | And Fixed Mounting Hardware | \$5 | ,028.93 | Purchase | PA Required |
| -2020 | Power Wheelchair Accessory, Head Control | ψ 5 | ,520.93 | | |
| l | Interface, Contact Switch Mechanism, | | | | |
| 1 | Nonproportional, Including All Related | | | | |
| | Electronics, Mechanical Stop Switch, Mechanical | | | | |
| | Direction Change Switch, Head Array, And Fixed | | | | |
| _ | | 1 | | | PA Required |
| E0000 | | ۸ D | 700 00 | | |
| E2329 | Mounting Hardware | \$ 1 | ,792.36 | Purchase | FA Required |
| E2329 | Mounting Hardware Power Wheelchair Accessory, Head Control | \$ 1 | ,792.36 | Purchase | ra Required |
| E2329 | Mounting Hardware Power Wheelchair Accessory, Head Control Interface, Proximity Switch Mechanism, | \$ 1 | ,792.36 | Purchase | |
| E2329 | Mounting Hardware Power Wheelchair Accessory, Head Control Interface, Proximity Switch Mechanism, Nonproportional, Including All Related | \$ 1 | ,792.36 | Purchase | FA Required |
| E2329 | Mounting Hardware Power Wheelchair Accessory, Head Control Interface, Proximity Switch Mechanism, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, Mechanical | \$ 1 | ,792.36 | Purchase | FA Required |
| E2329 E2330 | Mounting Hardware Power Wheelchair Accessory, Head Control Interface, Proximity Switch Mechanism, Nonproportional, Including All Related | | | Purchase | PA Required |

| - | | | | |
|--------------|---|-----------------------|----------|-------------|
| | Power Wheelchair Accessory, Attendant Control, | | | |
| F0004 | Proportional, Including All Related Electronics | | | |
| E2331 | And Fixed Mounting Hardware | Price By Report | Purchase | PA Required |
| | Power Wheelchair Accessory, Nonstandard Seat | • | | |
| E2340 | Frame Width, 20-23 Inches | \$ 421.94 | Purchase | |
| | Power Wheelchair Accessory, Nonstandard Seat | | | |
| E2341 | Frame Width, 24-27 Inches | \$ 632.98 | Purchase | |
| | Power Wheelchair Accessory, Nonstandard Seat | | | |
| E2342 | Frame Depth, 20 Or 21 Inches | \$ 527.49 | Purchase | |
| | Power Wheelchair Accessory, Nonstandard Seat | | | |
| E2343 | Frame Depth, 22-25 Inches | \$ 843.97 | Purchase | |
| | | | | |
| | Power Wheelchair Accessory, Electronic Interface | | | |
| | To Operate Speech Generating Device Using | | | |
| E2351 | Power Wheelchair Control Interface | \$ 709.00 | Purchase | PA Required |
| | Power Wheelchair Accessory, Group 34 Non- | | | |
| E2358 | Sealed Lead Acid Battery, Each | Price By Report | Purchase | |
| | Power Wheelchair Accessory, Group 34 Sealed | | | |
| | Lead Acid Battery, Each (E.G. Gel Cell, Absorbed | | | |
| E2359 | Glassmat) | \$ 205.04 | Purchase | |
| | Power Wheelchair Accessory, 22 Nf Non-Sealed | | | |
| E2360 | Lead Acid Battery, Each | \$ 119.47 | Purchase | |
| | Power Wheelchair Accessory, 22Nf Sealed Lead | • - | | |
| | Acid Battery, Each, (E.G. Gel Cell, Absorbed | | | |
| E2361 | Glassmat) | \$ 160.49 | Purchase | |
| 22001 | Power Wheelchair Accessory, Group 24 Non- | φ 100.10 | | |
| E2362 | Sealed Lead Acid Battery, Each | \$ 96.18 | Purchase | |
| LLOOL | Power Wheelchair Accessory, Group 24 Sealed | φ 00.10 | | |
| | Lead Acid Battery, Each (E.G. Gel Cell, Absorbed | | | |
| E2363 | Glassmat) | \$ 209.57 | Purchase | |
| L2303 | Power Wheelchair Accessory, U-1 Non-Sealed | ψ 209.57 | | |
| E2364 | Lead Acid Battery, Each | \$ 119.47 | Purchase | |
| L2304 | Power Wheelchair Accessory, U-1 Sealed Lead | φ 119.47 | Fulchase | |
| | Acid Battery, Each (E.G. Gel Cell, Absorbed | | | |
| E2365 | Glassmat) | \$ 117.30 | Purchase | |
| E2303 | Glassifial) | φ 117.30 | Fulchase | |
| | Dower Wheeleheir Assessory, Bettery Charger | | | |
| | Power Wheelchair Accessory, Battery Charger, Single Mode, For Use With Only One Battery | | | |
| E2366 | Type, Sealed Or Non-Sealed, Each | \$ 280.34 | Purchase | |
| E2300 | | φ 200.34 | Fulchase | |
| | Power Wheelchair Accessory, Battery Charger, | | | |
| F0007 | Dual Mode, For Use With Either Battery Type, | ¢ 000.04 | Dunchase | |
| E2367 | Sealed Or Non-Sealed, Each | \$ 280.34 | Purchase | |
| F0000 | Power Wheelchair Component, Drive Wheel | ¢ 504.04 | Dunchase | |
| E2368 | Motor, Replacement Only | \$ 524.24 | Purchase | |
| F0000 | Power Wheelchair Component, Drive Wheel Gear | ¢ 450.00 | Dunchase | |
| E2369 | Box, Replacement Only | \$ 456.62 | Purchase | |
| | Power Wheelchair Component, Integrated Drive | | | |
| Foote | Wheel Motor And Gear Box Combination, | <u>م</u> | | |
| E2370 | Replacement Only | \$ 814.78 | Purchase | |
| | Power Wheelchair Accessory, Group 27 Sealed | | | |
| Fac- | Lead Acid Battery, (E.G. Gel Cell, Absorbed | • | | |
| E2371 | Glassmat), Each | \$ 152.97 | Purchase | |
| Factor | Power Wheelchair Accessory, Group 27 Non- | D · D = | | |
| E2372 | Sealed Lead Acid Battery, Each | Price By Report | Purchase | |
| | | | | |
| | Power Wheelchair Accessory, Hand Or Chin | | | |
| | Control Interface, Compact Remote Joystick, | | L | |
| E2373 | Proportional, Including Fixed Mounting Hardware | \$ 777.83 | Purchase | PA Required |
| | Power Wheelchair Accessory, Hand Or Chin | | | |
| | | | | |
| | Control Interface, Standard Remote Joystick (Not | | | |
| | Control Interface, Standard Remote Joystick (Not Including Controller), Proportional, Including All | | | |
| | Control Interface, Standard Remote Joystick (Not | | Purchase | |

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|-------|---|----------|-----------------|---------------|-------------|
| | Power Wheelchair Accessory, Non-Expandable | | | | |
| | Controller, Including All Related Electronics And | | | | |
| E2375 | Mounting Hardware, Replacement Only | \$ | 869.28 | Purchase | |
| L2373 | Power Wheelchair Accessory, Expandable | Ψ | 009.20 | | |
| | Controller, Including All Related Electronics And | | | | |
| E2376 | Mounting Hardware, Replacement Only | \$ | 1,362.21 | Purchase | |
| 22010 | Power Wheelchair Accessory, Expandable | Ψ | 1,002.21 | | |
| | Controller, Including All Related Electronics And | | | | |
| | Mounting Hardware, Upgrade Provided At Initial | | | | |
| E2377 | Issue | \$ | 452.36 | Purchase | |
| | Power Wheelchair Component, Actuator, | + | .02.00 | | |
| E2378 | Replacement Only | \$ | 599.70 | Purchase | |
| | | + | | | |
| | Power Wheelchair Accessory, Pneumatic Drive | | | | |
| E2381 | Wheel Tire, Any Size, Replacement Only, Each | \$ | 76.00 | Purchase | |
| | Power Wheelchair Accessory, Tube For | | | | |
| | Pneumatic Drive Wheel Tire, Any Size, | | | | |
| E2382 | Replacement Only, Each | \$ | 20.70 | Purchase | |
| | | | | | |
| | Power Wheelchair Accessory, Insert For | | | | |
| | Pneumatic Drive Wheel Tire (Removable), Any | | | | |
| E2383 | Type, Any Size, Replacement Only, Each | \$ | 151.55 | Purchase | |
| | | | | | |
| | Power Wheelchair Accessory, Pneumatic Caster | | | | |
| E2384 | Tire, Any Size, Replacement Only, Each | \$ | 80.76 | Purchase | |
| | Power Wheelchair Accessory, Tube For | | | | |
| | Pneumatic Caster Tire, Any Size, Replacement | | | | |
| E2385 | Only, Each | \$ | 49.41 | Purchase | |
| | | | | | |
| | Power Wheelchair Accessory, Foam Filled Drive | ^ | 450.47 | . . | |
| E2386 | Wheel Tire, Any Size, Replacement Only, Each | \$ | 150.17 | Purchase | |
| | | | | | |
| F0007 | Power Wheelchair Accessory, Foam Filled Caster | ¢ | 04.70 | Dunchasa | |
| E2387 | Tire, Any Size, Replacement Only, Each | \$ | 64.79 | Purchase | |
| | Power Wheelchair Accessory, Foam Drive Wheel | | | | |
| E2388 | Tire, Any Size, Replacement Only, Each | \$ | 51.12 | Purchase | |
| L2300 | Power Wheelchair Accessory, Foam Caster Tire, | Ψ | 51.12 | | |
| E2389 | Any Size, Replacement Only, Each | \$ | 27.76 | Purchase | |
| 22000 | Power Wheelchair Accessory, Solid | Ψ | 21.10 | | |
| | (Rubber/Plastic) Drive Wheel Tire, Any Size, | | | | |
| E2390 | Replacement Only, Each | \$ | 43.43 | Purchase | |
| | Power Wheelchair Accessory, Solid | • | | | |
| | (Rubber/Plastic) Caster Tire (Removable), Any | | | | |
| E2391 | Size, Replacement Only, Each | \$ | 20.81 | Purchase | |
| | Power Wheelchair Accessory, Solid | | | | |
| | (Rubber/Plastic) Caster Tire With Integrated | | | | |
| E2392 | Wheel, Any Size, Replacement Only, Each | \$ | 54.69 | Purchase | |
| | | | | | |
| | Power Wheelchair Accessory, Drive Wheel | | | | |
| E2394 | Excludes Tire, Any Size, Replacement Only, Each | \$ | 77.90 | Purchase | |
| | | | | | |
| | Power Wheelchair Accessory, Caster Wheel | | | | |
| E2395 | Excludes Tire, Any Size, Replacement Only, Each | \$ | 55.34 | Purchase | |
| | Power Wheelchair Accessory, Caster Fork, Any | | | | |
| E2396 | Size, Replacement Only, Each | \$ | 58.43 | Purchase | |
| | Power Wheelchair Accessory, Lithium-Based | | | | |
| E2397 | Battery, Each | \$ | 487.64 | Purchase | |
| | Wheelchair Accessory, Dynamic Positioning | | | | |
| E2398 | Hardware For Back | | Price By Report | Purchase | PA Required |
| | Negative Pressure Wound Therapy Electrical | | | | |
| E2402 | Pump, Stationary Or Portable | \$ | 962.81 | Capped Rental | PA Required |
| E2402 | Pump, Stationary Or Portable | \$ | 962.81 | Capped Rental | PA Required |

| | Speech Generating Device, Digitized Speech, | | | | |
|--------------|--|--|-------|------------|-------------------|
| | Using Pre-Recorded Messages, Less Than Or | | | | |
| E2500 | Equal To 8 Minutes Recording Time | \$ 434 | 1 26 | Purchase | PA Required |
| 22000 | Speech Generating Device, Digitized Speech, | ψ -10- | 1.20 | | 1 / T T C Quillou |
| | Using Pre-Recorded Messages, Greater Than 8 | | | | |
| | Minutes But Less Than Or Equal To 20 Minutes | | | | |
| E2502 | Recording Time | \$ 1,316 | a 66 | Purchase | PA Required |
| L2302 | Speech Generating Device, Digitized Speech, | φ 1,510 | 5.00 | T dicinase | T A Required |
| | Using Pre-Recorded Messages, Greater Than 20 | | | | |
| | Minutes But Less Than Or Equal To 40 Minutes | | | | |
| E2504 | Recording Time | \$ 1,857 | 7 3 2 | Purchase | PA Required |
| L2304 | Speech Generating Device, Digitized Speech, | ψ 1,007 | .52 | | T A Required |
| | Using Pre-Recorded Messages, Greater Than 40 | | | | |
| E2506 | Minutes Recording Time | \$ 2,546 | 3 77 | Purchase | PA Required |
| L2300 | | φ 2,040 | 5.77 | Fulchase | r A Nequileu |
| | Speech Generating Device, Synthesized Speech, | | | | |
| | Requiring Message Formulation By Spelling And | | | | |
| E2508 | Access By Physical Contact With The Device | \$ 3,939 | 16 | Purchase | PA Required |
| L2300 | Speech Generating Device, Synthesized Speech, | ψ 3,938 | 9.10 | Fulchase | r A Nequileu |
| | Permitting Multiple Methods Of Message | | | | |
| | Formulation And Multiple Methods Of Message | | | | |
| E2510 | Access | ¢ 7.45 | 0 45 | Purchase | BA Boquirod |
| E2010 | Access | \$ 7,452 | 2.40 | Puichase | PA Required |
| | Creach Constating Software Program For | | | | |
| E2511 | Speech Generating Software Program, For | ¢)(| 00 | Durahaaa | DA Doguirod |
| EZƏTT | Personal Computer Or Personal Digital Assistant | \$ 30 |).89 | Purchase | PA Required |
| 50540 | Accessory For Speech Generating Device, | ¢ | 4 5 7 | Durahara | |
| E2512 | Mounting System | \$ 444 | 1.57 | Purchase | PA Required |
| 50500 | Accessory For Speech Generating Device, Not | • • • • • • • • • • • • • • • • • • • | | | |
| E2599 | Otherwise Classified | \$ 201 | 1.81 | Purchase | PA Required |
| F0004 | General Use Wheelchair Seat Cushion, Width | • • | | | |
| E2601 | Less Than 22 Inches, Any Depth | \$ 56 | 5.94 | Purchase | |
| | General Use Wheelchair Seat Cushion, Width 22 | ^ | | | |
| E2602 | Inches Or Greater, Any Depth | \$ 121 | 1.17 | Purchase | |
| | Skin Protection Wheelchair Seat Cushion, Width | • | | | |
| E2603 | Less Than 22 Inches, Any Depth | \$ 141 | 1.18 | Purchase | |
| | Skin Protection Wheelchair Seat Cushion, Width | ^ | | | |
| E2604 | 22 Inches Or Greater, Any Depth | \$ 191 | 1.21 | Purchase | |
| | Positioning Wheelchair Seat Cushion, Width Less | • • • • • • | | | |
| E2605 | Than 22 Inches, Any Depth | \$ 273 | 3.16 | Purchase | |
| | Positioning Wheelchair Seat Cushion, Width 22 | • | | | |
| E2606 | Inches Or Greater, Any Depth | \$ 426 | 5.16 | Purchase | |
| | | | | | |
| | Skin Protection And Positioning Wheelchair Seat | • | | | |
| E2607 | Cushion, Width Less Than 22 Inches, Any Depth | \$ 269 | 9.95 | Purchase | |
| | | | | | |
| | Skin Protection And Positioning Wheelchair Seat | | | | |
| E2608 | Cushion, Width 22 Inches Or Greater, Any Depth | \$ 353 | 3.26 | Purchase | |
| | Custom Fabricated Wheelchair Seat Cushion, | | | | |
| E2609 | Any Size | Price By Re | | | PA Required |
| E2610 | Wheelchair Seat Cushion, Powered | Price By Re | eport | Purchase | |
| | General Use Wheelchair Back Cushion, Width | | | | |
| | Less Than 22 Inches, Any Height, Including Any | | | | |
| E2611 | Type Mounting Hardware | \$ 290 | 0.91 | Purchase | |
| | General Use Wheelchair Back Cushion, Width 22 | | | | |
| | Inches Or Greater, Any Height, Including Any | | | | |
| E2612 | Type Mounting Hardware | \$ 393 | 3.53 | Purchase | |
| | | | | | |
| | Positioning Wheelchair Back Cushion, Posterior, | | | | |
| | Width Less Than 22 Inches, Any Height, Including | | | | |
| E2613 | Any Type Mounting Hardware | \$ 366 | 5.04 | Purchase | |
| | · · | | | | |

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|----------------|--|----------|-----------------|----------------------|-------------|
| | | | | | |
| | Positioning Wheelchair Back Cushion, Posterior, | | | | |
| | Width 22 Inches Or Greater, Any Height, | ^ | | | |
| E2614 | Including Any Type Mounting Hardware | \$ | 506.58 | Purchase | |
| | | | | | |
| | Positioning Wheelchair Back Cushion, Posterior- | | | | |
| | Lateral, Width Less Than 22 Inches, Any Height, | | | | |
| E2615 | Including Any Type Mounting Hardware | \$ | 421.25 | Purchase | |
| | | | | | |
| | Positioning Wheelchair Back Cushion, Posterior- | | | | |
| | Lateral, Width 22 Inches Or Greater, Any Height, | | | | |
| E2616 | Including Any Type Mounting Hardware | \$ | 566.78 | Purchase | |
| | | | | | |
| | Custom Fabricated Wheelchair Back Cushion, | | | | |
| E2617 | Any Size, Including Any Type Mounting Hardware | | Price By Report | Purchase | PA Required |
| | Replacement Cover For Wheelchair Seat | | | | |
| E2619 | Cushion Or Back Cushion, Each | \$ | 47.80 | Purchase | |
| | Positioning Wheelchair Back Cushion, Planar | • | | | |
| | Back With Lateral Supports, Width Less Than 22 | | | | |
| | Inches, Any Height, Including Any Type Mounting | | | | |
| E2620 | Hardware | \$ | 642.05 | Purchase | |
| L2020 | Positioning Wheelchair Back Cushion, Planar | Ψ | 042.00 | | |
| | Back With Lateral Supports, Width 22 Inches Or | | | | |
| | Greater, Any Height, Including Any Type Mounting | | | | |
| E2621 | | ¢ | E2E 20 | Purchase | |
| E2021 | | \$ | 535.30 | Purchase | |
| | Skin Protection Wheelchair Seat Cushion, | | | | |
| F 0000 | Adjustable, Width Less Than 22 Inches, Any | • | 000 70 | _ | |
| E2622 | Depth | \$ | 308.70 | Purchase | |
| | Skin Protection Wheelchair Seat Cushion, | | | | |
| | Adjustable, Width 22 Inches Or Greater Any | | | | |
| E2623 | Depth | \$ | 392.81 | Purchase | |
| | Skin Protection And Positioning Wheelchair Seat | | | | |
| | Cushion, Adjustable, Width Less Than 22 Inches, | | | | |
| E2624 | Any Depth | \$ | 311.24 | Purchase | |
| | Skin Protection And Positioning Wheelchair Seat | | | | |
| | Cushion, Adjustable, Width 22 Or Greater, Any | | | | |
| E2625 | Depth | \$ | 394.01 | Purchase | |
| | Wheelchair Accessory, Shoulder Elbow, Mobile | | | | |
| | Arm Support Attached To Wheelchair, Balanced, | | | | |
| E2626 | Adjustable | \$ | 621.65 | Purchase | |
| | Wheelchair Accessory, Shoulder Elbow, Mobile | | | | |
| | Arm Support Attached To Wheelchair, Balanced, | | | | |
| E2627 | Adjustable Rancho Type | \$ | 991.96 | Purchase | |
| | Wheelchair Accessory, Shoulder Elbow, Mobile | | | | |
| | Arm Support Attached To Wheelchair, Balanced, | | | | |
| E2628 | Reclining | \$ | 747.27 | Purchase | |
| | Wheelchair Accessory, Shoulder Elbow, Mobile | • | | | |
| | Arm Support Attached To Wheelchair, Balanced, | | | | |
| | Friction Arm Support (Friction Dampening To | | | | |
| E2629 | Proximal And Distal Joints) | \$ | 945.65 | Purchase | |
| | | Ŷ | 0-0.00 | | |
| | Wheelchair Accessory, Shoulder Elbow, Mobile | | | | |
| | Arm Support, Monosuspension Arm And Hand | | | | |
| | Support, Overhead Elbow Forearm Hand Sling | | | | |
| E2630 | Support, Overnead Elbow Poreann Hand Sling Support, Yoke Type Suspension Support | \$ | 661.30 | Purchase | |
| L2000 | Wheelchair Accessory, Addition To Mobile Arm | ψ | 001.30 | i uiciiase | |
| E2624 | | ¢ | 064 50 | Durobaca | |
| E2631 | Support, Elevating Proximal Arm | \$ | 264.53 | Purchase | |
| | Wheelchair Accessory, Addition To Mobile Arm Support, Offset Or Lateral Rocker Arm With | | | | |
| | ISUBDOT UTEOLULI STOPS ROCKOR (I'm With | | | | |
| FOCOC | | ¢ | 400.00 | Durah | |
| E2632 | Elastic Balance Control | \$ | 168.22 | Purchase | |
| E2632 E2633 | | \$ \$ | | Purchase Purchase | |

| | Gait Trainer, Pediatric Size, Posterior Support, | | | | |
|----------------|---|---------|---|----------------------|-------------|
| E8000 | Includes All Accessories And Components | | Price By Report | Purchase | PA Required |
| | Gait Trainer, Pediatric Size, Upright Support, | | | _ . | |
| E8001 | Includes All Accessories And Components | | Price By Report | Purchase | PA Required |
| E8002 | Gait Trainer, Pediatric Size, Anterior Support, | | Drice Dy Depart | Burohaga | DA Required |
| E0002 K0001 | Includes All Accessories And Components Standard Wheelchair | \$ | Price By Report | Capped Rental | PA Required |
| K0001 K0002 | Standard Hemi (Low Seat) Wheelchair | Գ Տ | | Capped Rental | PA Required |
| K0002 K0003 | Lightweight Wheelchair | Գ Տ | | Capped Rental | PA Required |
| K0003 K0004 | High Strength, Lightweight Wheelchair | э \$ | | Capped Rental | PA Required |
| K0004 K0005 | Ultralightweight Wheelchair | \$ | | Purchase | PA Required |
| K0005 | Heavy Duty Wheelchair | э \$ | | Capped Rental | PA Required |
| K0007 | Extra Heavy Duty Wheelchair | \$ | | Capped Rental | PA Required |
| K0008 | Custom Manual Wheelchair/Base | Ψ | Price By Report | | |
| K0009 | Other Manual Wheelchair/Base | \$ | | Capped Rental | PA Required |
| | Standard - Weight Frame Motorized/Power | Ŷ | 00.22 | | |
| K0010 | Wheelchair | \$ | 407.28 | Capped Rental | PA Required |
| | Standard - Weight Frame Motorized/Power | | | | |
| | Wheelchair With Programmable Control | | | | |
| | Parameters For Speed Adjustment, Tremor | | | | |
| K0011 | Dampening, Acceleration Control And Braking | \$ | 484.46 | Capped Rental | PA Required |
| K0012 | Lightweight Portable Motorized/Power Wheelchair | \$ | 304.65 | Capped Rental | PA Required |
| K0013 | Custom Motorized/Power Wheelchair Base | • | Price By Report | | PA Required |
| K0014 | Other Motorized/Power Wheelchair Base | | Price By Report | | PA Required |
| | Detachable, Non-Adjustable Height Armrest, | | , | | |
| K0015 | Replacement Only, Each | \$ | 190.01 | Purchase | |
| | Detachable, Adjustable Height Armrest, Base, | | | | |
| K0017 | Replacement Only, Each | \$ | 53.42 | Purchase | |
| | Detachable, Adjustable Height Armrest, Upper | | | | |
| K0018 | Portion, Replacement Only, Each | \$ | 29.87 | Purchase | |
| K0019 | Arm Pad, Replacement Only, Each | \$ | | Purchase | |
| K0020 | Fixed, Adjustable Height Armrest, Pair | \$ | | Purchase | |
| K0037 | High Mount Flip-Up Footrest, Each | \$ | | Purchase | |
| K0038 K0039 | Leg Strap, Each | \$ | | Purchase Purchase | |
| K0039 K0040 | Leg Strap, H Style, Each Adjustable Angle Footplate, Each | э \$ | 78.07 | Purchase | |
| K0040 K0041 | Large Size Footplate, Each | Դ Տ | | Purchase | |
| K0041 | Standard Size Footplate, Each Standard Size Footplate, Replacement Only, | φ | 00.00 | Fulchase | |
| K0042 | Each | \$ | 32.91 | Purchase | |
| 110042 | Footrest, Lower Extension Tube, Replacement | Ψ | 52.91 | | |
| K0043 | Only, Each | \$ | 20.42 | Purchase | |
| | Footrest, Upper Hanger Bracket, Replacement | Ψ | 20.12 | | |
| K0044 | Only, Each | \$ | 17.38 | Purchase | |
| | Footrest, Complete Assembly, Replacement Only, | • | | | |
| K0045 | Each | \$ | 51.17 | Purchase | |
| | Elevating Legrest, Lower Extension Tube, | | | | |
| K0046 | Replacement Only, Each | \$ | 20.42 | Purchase | |
| | Elevating Legrest, Upper Hanger Bracket, | | | | |
| K0047 | Replacement Only, Each | \$ | | Purchase | |
| K0050 | Ratchet Assembly, Replacement Only | \$ | 33.96 | Purchase | |
| | Cam Release Assembly, Footrest Or Legrest, | * | | L | |
| K0051 | Replacement Only, Each | \$ | 54.99 | Purchase | |
| KOOFO | Swingaway, Detachable Footrests, Replacement | ¢ | 00 0 7 | Durahazz | |
| K0052 | Only, Each | \$ | 96.67 | Purchase | |
| KOOFO | Elevating Footrests, Articulating (Telescoping), | ¢ | 400.07 | Purchass | |
| K0053 | Each Seat Height Less Than 17" Or Equal To Or | \$ | 106.67 | Purchase | |
| | Greater Than 21" For A High Strength, | | | | |
| K0056 | Lightweight, Or Ultralightweight Wheelchair | \$ | 103.11 | Purchase | |
| K0050 K0065 | Spoke Protectors, Each | ֆ \$ | | Purchase | |
| | | Ψ | 14.07 | | |

| | Rear Wheel Assembly, Complete, With Solid | | | |
|---------|--|-----------------|-------------------|-------------|
| K0069 | Tire, Spokes Or Molded, Replacement Only, Each | \$ 106.11 | Purchase | |
| | Rear Wheel Assembly, Complete, With | | | |
| | Pneumatic Tire, Spokes Or Molded, Replacement | | | |
| K0070 | Only, Each | \$ 185.69 | Purchase | |
| | Front Caster Assembly, Complete, With | | | |
| K0071 | Pneumatic Tire, Replacement Only, Each | \$ 114.24 | Purchase | |
| | | • | | |
| | Front Caster Assembly, Complete, With Semi- | | | |
| K0072 | Pneumatic Tire, Replacement Only, Each | \$ 69.17 | Purchase | |
| K0073 | Caster Pin Lock,Each | | Purchase | |
| 110010 | Front Caster Assembly, Complete, With Solid | φ 01.00 | | |
| K0077 | Tire, Replacement Only, Each | \$ 61.30 | Purchase | |
| 110011 | Drive Belt For Power Wheelchair, Replacement | φ 01.00 | | |
| K0098 | Only | \$ 26.78 | Purchase | |
| K0105 | Iv Hanger, Each | | Purchase | |
| K0103 | Other Accessories | Price By Report | | PA Required |
| NU I UU | | гисе ву кероп | r uichase | FA Required |
| K0195 | Elevationg Leg Rests, Pair (Foruse With Capped Rental Wheelchair Base) | \$ 21.54 | Capped Rental | |
| 10190 | Infusion Pump Used For Uninterrupted Parenteral | φ 21.34 | Capped Refilat | |
| | | | | |
| 10 155 | Administration Of Medication, (E.G., Epoprostenol | * | | |
| K0455 | Or Treprostinol) | \$ 286.00 | Continuous Rental | |
| 1/0 /00 | Temporary Replacement For Patient Owned | | | |
| K0462 | Quipment Being Repaired, Any Type | Price By Report | Purchase | |
| | | | | |
| | Supplies For External Non-Insulin Drug Infusion | • | | |
| K0552 | Pump, Syringe Type Cartridge, Sterile, Each | \$ 3.08 | Purchase | |
| | Supply Allowance For Therapeutic Continuous | | | |
| | Glucose Monitor (Cgm), Includes All Supplies | | | |
| | And Accessories, 1 Month Supply = 1 Unit Of | • | | |
| K0553 | Service | \$ 253.98 | Purchase | PA Required |
| | | | | |
| | Receiver (Monitor), Dedicated, For Use With | | | |
| K0554 | Therapeutic Glucose Continuous Monitor System | \$ 232.77 | Purchase | PA Required |
| | | | | |
| | Replacement Battery For External Infusion Pump | | | |
| K0601 | Owned By Patient, Silver Oxide, 1.5 Volt, Each | \$ 1.30 | Purchase | |
| | | | | |
| | Replacement Battery For External Infusion Pump | | | |
| K0602 | Owned By Patient, Silver Oxide, 3 Volt, Each | \$ 7.50 | Purchase | |
| | | | | |
| | Replacement Battery For External Infusion Pump | • | L . | |
| K0603 | Owned By Patient, Alkaline, 1.5 Volt, Each | \$ 0.67 | Purchase | |
| | | | | |
| | Replacement Battery For External Infusion Pump | | | |
| K0604 | Owned By Patient, Lithium, 3.6 Volt, Each | \$ 7.17 | Purchase | |
| | | | | |
| | Replacement Battery For External Infusion Pump | | | |
| K0605 | Owned By Patient, Lithium, 4.5 Volt, Each | \$ 17.19 | Purchase | |
| | | | | |
| | Automatic External Defibrillator, With Integrated | | | |
| K0606 | Electrocardiogram Analysis, Garment Type | \$ 2,965.15 | Capped Rental | |
| · · · · | Replacement Battery For Automated External | | | |
| K0607 | Defibrillator, Garment Type Only, Each | \$ 228.71 | Purchase | |
| | Replacement Garment For Use With Automated | | | |
| | | \$ 142.73 | Purchase | |
| K0608 | External Defibrillator, Each | φ 142.75 | | |
| K0608 | External Defibrillator, Each Replacement Electrodes For Use With | φ 142.73 | | |
| K0608 | | ψ 142.73 | | |

| | Wheelchair Accessory, Wheelchair Seat Or Back | | | | |
|---------|--|----------------|-------|-------------------|-------------|
| | Cushion, Does Not Meet Specific Code Criteria | | | | |
| | Or No Written Coding Verification From Dme | | | | |
| K0669 | Pdac | Price By Re | port | Purchase | |
| | Addition To Lower Extremity Orthosis, Removable | | 50011 | | |
| | Soft Interface, All Components, Replacement | | | | |
| K0672 | Only, Each | \$ 87 | 7.05 | Purchase | |
| | | | | | |
| K0730 | Controlled Dose Inhalation Drug Delivery System | \$ 1,898 | 3.19 | Purchase | |
| | Power Wheelchair Accessory, 12 To 24 Amp | | | | |
| | Hour Sealed Lead Acid Battery, Each (E.G., Gel | | | | |
| K0733 | Cell, Absorbed Glassmat) | \$ 30 | 0.66 | Purchase | |
| | Portable Gaseous Oxygen System, Rental; Home | | | | |
| | Compressor Used To Fill Portable Oxygen | | | | |
| | Cylinders; Includes Portable Containers, | | | | |
| 1/0700 | Regulator, Flowmeter, Humidifier, Cannula Or | • • • • | | | |
| K0738 | Mask, And Tubing | \$ 43 | 3.55 | Continuous Rental | |
| | Repair Or Nonroutine Service For Durable | | | | |
| | Medical Equipment Other Than Oxygen Requiring The Skill Of A Technician, Labor Component, Per | | | | |
| K0739 | 15 Minutes | \$ 16 | 5.18 | Purchase | |
| 1107 00 | Repair Or Nonroutine Service For Oxygen | φ | 5.10 | T dicitase | |
| | Equipment Requiring The Skill Of A Technician, | | | | |
| K0740 | Labor Componet, Per 15 Minutes | \$ 17 | 7.08 | Purchase | |
| | Suction Pump, Home Model, Portable, For Use | | | | |
| K0743 | On Wounds | Price By Re | eport | Purchase | |
| | Absorptive Wound Dressing For Use With | | | | |
| | Suction Pump, Home Model, Portable, Pad Size | | | | |
| K0744 | 16 Square Inches Or Less | Price By Re | eport | Purchase | |
| | Absorptive Wound Dressing For Use With | | | | |
| | Suction Pump, Home Model, Portable, Pad Size | | | | |
| | More Than 16 Square Inches But Less Than Or | | | | |
| K0745 | Equal To 48 Square Inches | Price By Re | eport | Purchase | |
| | Absorptive Wound Dressing For Use With | | | | |
| K0746 | Suction Pump, Home Model, Portable, Pad Size | Drice Dv De | nort | Durahaaa | |
| K0740 | Greater Than 48 Square Inches | Price By Re | spon | Fuicidase | |
| | Power Wheelchair, Group 1 Standard, Portable, | | | | |
| | Sling/Solid Seat And Back, Patient Weight | | | | |
| K0813 | Capacity Up To And Including 300 Pounds | \$ 2,042 | 2.46 | Purchase | PA Required |
| | Power Wheelchair, Group 1 Standard, Portable, | ÷ _,• := | | | |
| | Captains Chair, Patient Weight Capacity Up To | | | | |
| K0814 | And Including 300 Pounds | \$ 2,393 | 3.88 | Purchase | PA Required |
| | Power Wheelchair, Group 1 Standard, Sling/Solid | | | | |
| | Seat And Back, Patient Weight Capacity Up To | | | | |
| K0815 | And Including 300 Pounds | \$ 2,693 | 3.04 | Purchase | PA Required |
| | Power Wheelchair, Group 1 Standard, Captains | | | | |
| | Chair, Patient Weight Capacity Up To And | • | | | |
| K0816 | Including 300 Pounds | \$ 2,547 | 7.96 | Purchase | PA Required |
| | Dewer Wheeleheir Oreve 0.0tor deed De tabl | | | | |
| | Power Wheelchair, Group 2 Standard, Portable, Sling/Solid Seat/Back, Patient Weight Capacity | | | | |
| K0820 | Up To And Including 300 Pounds | \$ 2,144 | 1 0/ | Purchase | PA Required |
| 110020 | Power Wheelchair, Group 2 Standard, Portable, | Ψ 2,144 | 1.04 | | |
| | Captains Chair, Patient Weight Capacity Up To | | | | |
| K0821 | And Including 300 Pounds | \$ 2,521 | 1.32 | Purchase | PA Required |
| | Power Wheelchair, Group 2 Standard, Sling/Solid | ,52 | | | |
| | Seat/Back, Patient Weight Capacity Up To And | | | | |
| K0822 | Including 300 Pounds | \$ 2,920 | 0.38 | Purchase | PA Required |
| | Power Wheelchair, Group 2 Standard, Captains | | | | |
| | Chair, Patient Weight Capacity Up To And | | | | |
| K0823 | Including 300 Pounds | \$ 2,861 | 1.82 | Purchase | PA Required |
| | | | | | |

| | Power W/hoolehoir, Croup & Heavy Duty | | | | |
|---------|--|----------|-----------|----------|---------------|
| | Power Wheelchair, Group 2 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity | | | | |
| K0824 | Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds | \$ | 3,765.90 | Purchase | PA Required |
| 110024 | Power Wheelchair, Group 2 Heavy Duty, | Ψ | 3,703.90 | | |
| | Captains Chair, Patient Weight Capacity 301 To | | | | |
| K0825 | 450 Pounds | \$ | 3,463.86 | Purchase | PA Required |
| | Power Wheelchair, Group 2 Very Heavy Duty, | • | -, | | |
| | Sling/Solid Seat/Back, Patient Weight Capacity | | | | |
| K0826 | 451 To 600 Pounds | \$ | 5,460.42 | Purchase | PA Required |
| | Power Wheelchair, Group 2 Very Heavy Duty, | | | | |
| | Captains Chair, Patient Weight Capacity 451 To | | | | |
| K0827 | 600 Pounds | \$ | 4,701.18 | Purchase | PA Required |
| | Power Wheelchair, Group 2 Extra Heavy Duty, | | | | |
| 1/0000 | Sling/Solid Seat/Back, Patient Weight Capacity | <u>^</u> | | | |
| K0828 | 601 Pounds Or More | \$ | 6,358.32 | Purchase | PA Required |
| | Power Wheelchair, Group 2 Extra Heavy Duty, | | | | |
| K0829 | Captains Chair, Patient Weight 601 Pounds Or More | ¢ | 6,004.50 | Purchase | DA Dequired |
| KU029 | INDIE | \$ | 0,004.50 | Fulchase | PA Required |
| | Power Wheelchair, Group 2 Standard, Seat | | | | |
| | Elevator, Sling/Solid Seat/Back, Patient Weight | | | | |
| K0830 | Capacity Up To And Including 300 Pounds | \$ | 4,395.71 | Purchase | PA Required |
| | Power Wheelchair, Group 2 Standard, Seat | Ŧ | ., | | |
| | Elevator, Captains Chair, Patient Weight Capacity | | | | |
| K0831 | Up To And Including 300 Pounds | \$ | 4,395.71 | Purchase | PA Required |
| | Power Wheelchair, Group 2 Standard, Single | | | | |
| | Power Option, Sling/Solid Seat/Back, Patient | | | | |
| | Weight Capacity Up To And Including 300 | | | | |
| K0835 | Pounds | \$ | 3,059.34 | Purchase | PA Required |
| | | | | | |
| | Power Wheelchair, Group 2 Standard, Single | | | | |
| 1/0000 | Power Option, Captains Chair, Patient Weight | ¢ | 0.470.00 | Dunchase | DA De suize d |
| K0836 | Capacity Up To And Including 300 Pounds | \$ | 3,172.86 | Purchase | PA Required |
| | Power Wheelchair, Group 2 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient | | | | |
| K0837 | Weight Capacity 301 To 450 Pounds | \$ | 3,752.46 | Purchase | PA Required |
| 110007 | Power Wheelchair, Group 2 Heavy Duty, Single | Ψ | 5,752.40 | | T A Required |
| | Power Option, Captains Chair, Patient Weight | | | | |
| K0838 | Capacity 301 To 450 Pounds | \$ | 3,344.88 | Purchase | PA Required |
| | | • | -, | | |
| | Power Wheelchair, Group 2 Very Heavy Duty, | | | | |
| | Single Power Option Sling/Solid Seat/Back, | | | | |
| K0839 | Patient Weight Capacity 451 To 600 Pounds | \$ | 4,907.10 | Purchase | PA Required |
| | | | | | |
| | Power Wheelchair, Group 2 Extra Heavy Duty, | | | | |
| | Single Power Option, Sling/Solid Seat/Back, | | | | |
| K0840 | Patient Weight Capacity 601 Pounds Or More | \$ | 7,473.42 | Purchase | PA Required |
| | Power Wheelchair, Group 2 Standard, Multiple | | | | |
| | Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 | | | | |
| K0841 | Pounds | \$ | 3,327.30 | Purchase | PA Required |
| 100+1 | | Ψ | 5,527.50 | | |
| | Power Wheelchair, Group 2 Standard, Multiple | | | | |
| | Power Option, Captains Chair, Patient Weight | | | | |
| K0842 | Capacity Up To And Including 300 Pounds | \$ | 3,325.44 | Purchase | PA Required |
| | Power Wheelchair, Group 2 Heavy Duty, Multiple | | | | · |
| | Power Option, Sling/Solid Seat/Back, Patient | | | | |
| K0843 | Weight Capacity 301 To 450 Pounds | \$ | 3,982.20 | Purchase | PA Required |
| | Power Wheelchair, Group 3 Standard, Sling/Solid | | | | |
| | Seat/Back, Patient Weight Capacity Up To And | | | | |
| K0848 | Including 300 Pounds | \$ | 5,015.16 | Purchase | PA Required |
| | Power Wheelchair, Group 3 Standard, Captains | | | | |
| 1/00/10 | Chair, Patient Weight Capacity Up To And | <u>^</u> | 1 oc : == | | |
| K0849 | Including 300 Pounds | \$ | 4,821.72 | Purchase | PA Required |

| | Power Wheelchair, Group 3 Heavy Duty, | | | [| |
|-----------------|--|----------|-----------------|-----------|--------------|
| | Sling/Solid Seat/Back, Patient Weight Capacity | | | | |
| K0850 | 301 To 450 Pounds | \$ | 5,817.24 | Purchase | PA Required |
| 10000 | Power Wheelchair, Group 3 Heavy Duty, | Ŷ | 0,011.21 | | |
| | Captains Chair, Patient Weight Capacity 301 To | | | | |
| K0851 | 450 Pounds | \$ | 5,593.38 | Purchase | PA Required |
| | Power Wheelchair, Group 3 Very Heavy Duty, | | , | | |
| | Sling/Solid Seat/Back, Patient Weight Capacity | | | | |
| K0852 | 451 To 600 Pounds | \$ | 7,003.40 | Purchase | PA Required |
| | Power Wheelchair, Group 3 Very Heavy Duty, | | | | |
| | Captains Chair, Patient Weight Capacity 451 To | | | | |
| K0853 | 600 Pounds | \$ | 6,904.74 | Purchase | PA Required |
| | Power Wheelchair, Group 3 Extra Heavy Duty, | | | | |
| | Sling/Solid Seat/Back, Patient Weight Capacity | • | | | |
| K0854 | 601 Pounds Or More | \$ | 9,928.82 | Purchase | PA Required |
| | Power Wheelchair, Group 3 Extra Heavy Duty, | | | | |
| | Captains Chair, Patient Weight Capacity 601 | ¢ | 0 744 00 | Durahaaa | DA Deguired |
| K0855 | Pounds Or More Power Wheelchair, Group 3 Standard, Single | \$ | 8,714.92 | Purchase | PA Required |
| | Power Option, Sling/Solid Seat/Back, Patient | | | | |
| | Weight Capacity Up To And Including 300 | | | | |
| K0856 | Pounds | \$ | 5,383.08 | Purchase | PA Required |
| | | Ŷ | 0,000.00 | | |
| | Power Wheelchair, Group 3 Standard, Single | | | | |
| | Power Option, Captains Chair, Patient Weight | | | | |
| K0857 | Capacity Up To And Including 300 Pounds | \$ | 5,491.02 | Purchase | PA Required |
| | Power Wheelchair, Group 3 Heavy Duty, Single | | | | |
| | Power Option, Sling/Solid Seat/Back, Patient | | | | |
| K0858 | Weight 301 To 450 Pounds | \$ | 6,678.90 | Purchase | PA Required |
| | Power Wheelchair, Group 3 Heavy Duty, Single | | | | |
| | Power Option, Captains Chair, Patient Weight | | | | |
| K0859 | Capacity 301 To 450 Pounds | \$ | 6,369.60 | Purchase | PA Required |
| | | | | | |
| | Power Wheelchair, Group 3 Very Heavy Duty, Single Power Option, Sling/Solid Seat/Back, | | | | |
| K0860 | Patient Weight Capacity 451 To 600 Pounds | \$ | 9,541.68 | Purchase | PA Required |
| 10000 | Power Wheelchair, Group 3 Standard, Multiple | Ψ | 3,341.00 | i ulchase | I A Required |
| | Power Option, Sling/Solid Seat/Back, Patient | | | | |
| | Weight Capacity Up To And Including 300 | | | | |
| K0861 | Pounds | \$ | 5,391.72 | Purchase | PA Required |
| | Power Wheelchair, Group 3 Heavy Duty, Multiple | | | | |
| | Power Option, Sling/Solid Seat/Back, Patient | | | | |
| K0862 | Weight Capacity 301 To 450 Pounds | \$ | 6,678.90 | Purchase | PA Required |
| | | | | | |
| | Power Wheelchair, Group 3 Very Heavy Duty, | | | | |
| 10000 | Multiple Power Option, Sling/Solid Seat/Back, | • | 0 = 44 65 | | |
| K0863 | Patient Weight Capacity 451 To 600 Pounds | \$ | 9,541.68 | Purchase | PA Required |
| | Dower Wheeleheir, Crown 2 Evtre Heever Duty | | | | |
| | Power Wheelchair, Group 3 Extra Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, | | | | |
| K0864 | Patient Weight Capacity 601 Pounds Or More | \$ | 11,451.82 | Purchase | PA Required |
| | Power Wheelchair, Group 4 Standard, Sling/Solid | Ψ | 11,701.02 | | |
| | Seat/Back, Patient Weight Capacity Up To And | | | | |
| K0868 | Including 300 Pounds | | Price By Report | Purchase | PA Required |
| | Power Wheelchair, Group 4 Standard, Captains | | | | · |
| | Chair, Patient Weight Capacity Up To And | | | | |
| K0869 | Including 300 Pounds | | Price By Report | Purchase | PA Required |
| | Power Wheelchair, Group 4 Heavy Duty, | | | | |
| | Sling/Solid Seat/Back, Patient Weight Capacity | | | | |
| <0870 | 301 To 450 Pounds | \$ | 954.39 | Purchase | PA Required |
| | Power Wheelchair, Group 4 Very Heavy Duty, | | | | |
| 10071 | Sling/Solid Seat/Back, Patient Weight Capacity | | | | |
| K0871 | 451 To 600 Pounds | 1 | Price By Report | | PA Required |

| | Power Wheelchair, Group 4 Standard, Single | | [| |
|--------|--|------------------|--------------|--------------------|
| | Power Option, Sling/Solid Seat/Back, Patient | | | |
| | Weight Capacity Up To And Including 300 | | | |
| K0877 | Pounds | Price By Report | Purchase | PA Required |
| | | | | |
| | Power Wheelchair, Group 4 Standard, Single | | | |
| 10070 | Power Option, Captains Chair, Patient Weight | Dries Dr. Denart | Durahaaa | DA Deguized |
| K0878 | Capacity Up To And Including 300 Pounds | Price By Report | Purchase | PA Required |
| | Power Wheelchair, Group 4 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient | | | |
| K0879 | Weight Capacity 301 To 450 Pounds | Drice Dy Deport | Burebase | PA Required |
| KU079 | Weight Capacity 301 10 450 Founds | Price By Report | Fulchase | FA Required |
| | Power Wheelchair, Group 4 Very Heavy Duty, | | | |
| | Single Power Option, Sling/Solid Seat/Back, | | | |
| K0880 | Patient Weight 451 To 600 Pounds | Price By Report | Purchase | PA Required |
| | Power Wheelchair, Group 4 Standard, Multiple | | | |
| | Power Option, Sling/Solid Seat/Back, Patient | | | |
| | Weight Capacity Up To And Including 300 | | | |
| K0884 | Pounds | Price By Report | Purchase | PA Required |
| | | | | |
| | Power Wheelchair, Group 4 Standard, Multiple | | | |
| | Power Option, Captains Chair, Patient Weight | | | |
| K0885 | Capacity Up To And Including 300 Pounds | Price By Report | Purchase | PA Required |
| | Power Wheelchair, Group 4 Heavy Duty, Multiple | | | |
| | Power Option, Sling/Solid Seat/Back, Patient | | | |
| K0886 | Weight Capacity 301 To 450 Pounds | Price By Report | Purchase | PA Required |
| | Power Wheelchair, Group 5 Pediatric, Single | | | |
| | Power Option, Sling/Solid Seat/Back, Patient | | | |
| | Weight Capacity Up To And Including 125 | | | |
| K0890 | Pounds | Price By Report | Purchase | PA Required |
| | Power Wheelchair, Group 5 Pediatric, Multiple | | | |
| | Power Option, Sling/Solid Seat/Back, Patient | | | |
| 120001 | Weight Capacity Up To And Including 125 | Drice Dy Deport | Durahaaa | DA Dequired |
| K0891 | Pounds | Price By Report | | PA Required |
| K0898 | Power Wheelchair, Not Otherwise Classified Customized Durable Medical Equipment, Other | Price By Report | Purchase | PA Required |
| K0900 | Than Wheelchair | Price By Report | Purchaso | |
| 10900 | Disposable Collection And Storage Bag For | ГПСЕ Бу Кероп | r uichase | |
| K1005 | Breast Milk, Any Size, Any Type, Each | Price By Report | Purchase | |
| 111000 | Suction Pump, Home Model, Portable Or | т пес Бу Кероп | | |
| | Stationary, Electric, Any Type, For Use With | | | |
| K1006 | External Urine Management System | Price By Report | Purchase | |
| | 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, | | | |
| K1007 | Microprocessors, Sensors | Price By Report | Purchase | |
| | | | | |
| | Speech Volume Modulation System, Any Type, | | | |
| K1009 | Including All Components And Accessories | Price By Report | Purchase | |
| | | | L | |
| K1013 | Enema Tube, Any Type, Replacement Only, Each | Price By Report | Purchase | PA Required |
| | Addition, Endoskeletal Knee-Shin System, 4 Bar | | | |
| 14011 | Linkage Or Multiaxial, Fluid Swin G And Stance | | Durahan | |
| K1014 | Phase Control | Price By Report | Purcnase | PA Required |
| K1015 | Foot Adductus Positioning Device Adjustable | Drice Dy Deport | Burebase | PA Required |
| K1015 | Foot, Adductus Positioning Device, Adjustable | Price By Report | r ui ci lase | PA Required |
| | Transcutaneous Electrical Nerve Stimulator For | | | |
| K1016 | Electrical Stimulation Of The Tri Geminal Nerve | Price By Report | Purchase | PA Required |
| | Monthly Supplies For Use Of Device Coded At | т псе ву кероп | | |
| K1017 | K1016 | Price By Report | Purchase | PA Required |
| | | | | , , , roquirou |

| | External Upper Limb Tremor Stimulator Of The | | | | |
|-------|---|----------|-----------------|----------|-------------|
| K1018 | Peripheral Nerves Of The Wrist | | Price By Report | Purchase | PA Required |
| | Monthly Supplies For Use Of Device Coded At | | | | |
| K1019 | K1018 | | Price By Report | | PA Required |
| K1020 | Non-Invasive Vagus Nerve Stimulator | | Price By Report | Purchase | PA Required |
| | Cranial Cervical Orthosis, Congenital Torticollis | | | | |
| | Type, With Or Without Soft Interface Material, | | | | |
| L0112 | Adjustable Range Of Motion Joint, Custom Fabricated | \$ | 1 3/3 53 | Purchase | |
| LUTIZ | Cranial Cervical Orthosis, Torticollis Type, With | Ψ | 1,040.00 | | |
| | Or Without Joint, With Or Without Soft Interface | | | | |
| | Material, Prefabricated, Includes Fitting And | | | | |
| L0113 | Adjustment | \$ | 273.76 | Purchase | |
| | Cervical, Flexible, Non-Adjustable, Prefabricated, | | | | |
| L0120 | Off-The-Shelf (Foam Collar) | \$ | 23.56 | Purchase | |
| | Cervical, Flexible, Thermoplastic Collar, Molded | | | | |
| L0130 | To Patient | \$ | 144.85 | Purchase | |
| L0140 | Convical Somi Digid Adjustable (Plastic Caller) | \$ | 64.17 | Purchase | |
| L0140 | Cervical, Semi-Rigid, Adjustable (Plastic Collar) Cervical, Semi-Rigid, Adjustable Molded Chin | φ | 04.17 | | |
| | Cup (Plastic Collar With Mandibular/Occipital | | | | |
| L0150 | Piece) | \$ | 95.94 | Purchase | |
| | Cervical, Semi-Rigid, Wire Frame | | | | |
| | Occipital/Mandibular Support, Prefabricated, Off- | | | | |
| L0160 | The-Shelf | \$ | 139.05 | Purchase | |
| L0170 | Cervical, Collar, Molded To Patient Model | \$ | 572.58 | Purchase | |
| | | | | | |
| 10470 | Cervical, Collar, Semi-Rigid Thermoplastic Foam, | ^ | 117.00 | | |
| L0172 | Two-Piece, Prefabricated, Off-The-Shelf | \$ | 117.09 | Purchase | |
| | Cervical, Collar, Semi-Rigid, Thermoplastic Foam, Two Piece With Thoracic Extension, | | | | |
| L0174 | Prefabricated, Off-The-Shelf | \$ | 285.26 | Purchase | |
| 20174 | Cervical, Multiple Post Collar, | Ψ | 200.20 | | |
| L0180 | Occipital/Mandibular Supports, Adjustable | \$ | 328.96 | Purchase | |
| | Cervical, Multiple Post Collar, | | | | |
| | Occipital/Mandibular Supports, Adjustable | | | | |
| L0190 | Cervical Bars (Somi, Guilford, Taylor Types) | \$ | 456.66 | Purchase | |
| | Cervical, Multiple Post Collar, | | | | |
| | Occipital/Mandibular Supports, Adjustable | ^ | 105.05 | _ | |
| L0200 | Cervical Bars, And Thoracic Extension | \$ | | Purchase | |
| L0220 | Thoracic, Rib Belt, Custom Fabricated | \$ | 108.74 | Purchase | |
| | 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- | | | | |
| L0450 | Shelf | \$ | 138.88 | Purchase | |
| | | | | | |
| | 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 | | | | |
| L0452 | Straps And Closures, Custom Fabricated | | Price By Report | Purchase | |
| | | | | | |
| | TIso Flexible, Provides Trunk Support, Extends | | | | |
| | From Sacrococcygeal Junction To Above T-9 | | | | |
| | Vertebra, Restricts Gross Trunk Motion In The | | | | |
| | Sagittal Plane, Produces Intracavitary Pressure | | | | |
| 10454 | To Reduce Load On The Intervertebral Disks | ¢ | 050.01 | Dunches | |
| L0454 | With Rigid Stays Or Panel(S), Inc | \$ | 356.01 | 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 | \$ 281.05 | Purchase | |
|--------|--|-------------|----------|--|
| 1.0450 | 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 | ¢ 4000 04 | Durshoor | |
| L0456 | The Sagittal Plane, Produces 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 | | 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 | \$ 856.11 | Purchase | |
| L0460 | Tiso, 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 | | 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 | \$ 1,198.57 | 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 | | 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 | \$ 346.58 | 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 | \$ 301.81 | Purchase | |

| r | | | | |
|-------|---|-----------|----------|--|
| 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 | \$ 406.97 | 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 | \$ 367.23 | Purchase | |
| L0470 | TIso, 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 | \$ 566.04 | 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 | \$ 383.88 | Purchase | |
| L0480 | TIso, 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 | | Purchase | |
| L0482 | TIso, 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 | | 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 | | 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 | | 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 | | 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 | \$ 271.5 | 51 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 | \$ 737.2 | 24 Purchase |
| L0492 | Tlso, 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 | \$ 464.6 | 31 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 | \$ 92.4 | 13 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 | \$ 229.3 | 37 Purchase |
| L0623 | Sacroiliac Orthosis, Provides Pelvic-Sacral Support, With Rigid Or Semi-Rigid Panels Over The Sacrum And Abdomen, Reduces Motion About The Sacroiliac Joint, Includes Straps, Closures, May Include Pendulous Abdomen Design, Prefabricated, Off-The-Shelf | \$ 143.2 | 28 Purchase |
| 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 Repo | ort Purchase |
| 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 | \$ 49.6 | 7 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 | \$ 80.1 | 6 Purchase |

| | | | | I |
|-------|--|-----------------|----------|---|
| 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 | \$ 422.78 | 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 | \$ 75.62 | 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 | Purchase | |
| 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 | \$ | 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 | \$ 987.41 | 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 | Purchase | |
| 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 | \$ 294.95 | 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 | Purchase | |
| 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 | \$ 849.83 | Purchase | |

| | | | | 1 |
|-------|--|-------------|----------|---|
| 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 | \$ 1,478.86 | 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 | \$ 1,064.64 | 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 | \$ 1,353.89 | Purchase | |
| 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 | \$ 995.60 | 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 | \$ 1,074.13 | 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 | \$ 70.27 | 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 | \$ 370.58 | 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 | \$ 131.39 | 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 | \$ 925.51 | Purchase | |

| | 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 | | | | |
| L0649 | Pressure To Reduce Load On I | \$ | 232.68 | Purchase | |
| | 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 | | | | |
| L0650 | To Re | \$ | 989 26 | Purchase | |
| 20000 | | Ŷ | 000.20 | | |
| | Lumbar-Sacral Orthosis, Sagittal-Coronal Control, | | | | |
| | Rigid Shell(S)/Panel(S), Posterior Extends From | | | | |
| | Sacrococcygeal Junction To T-9 Vertebra, | | | | |
| | Anterior Extends From Symphysis Publis To | | | | |
| | | | | | |
| 1.0651 | Xyphoid, Produces Intracavitary Pressure To Reduce Load On The Intervert | ¢ | 000 22 | Durahaaa | |
| L0651 | | \$ | 090.33 | Purchase | |
| | Cervical-Thoracic-Lumbar-Sacral-Orthoses | | | | |
| | (Ctlso), Anterior-Posterior-Lateral Control, Molded | • | | | |
| L0700 | To Patient Model, (Minerva Type) | \$ | 1,815.82 | Purchase | |
| | Ctlso, Anterior-Posterior-Lateral-Control, Molded | | | | |
| | To Patient Model, With Interface Material, | | | | |
| L0710 | (Minerva Type) | \$ | 2,118.93 | Purchase | |
| | Halo Procedure, Cervical Halo Incorporated Into | | | | |
| L0810 | Jacket Vest | \$ | 2,392.52 | Purchase | |
| | Halo Procedures, Cervical Halo Incorporated Into | | | | |
| L0820 | Plaster Body Jacket | \$ | 2,069.83 | Purchase | |
| | Halo Procedures, Cervical Halo Incorporated Into | | | | |
| L0830 | Milwaukee Type Orthosis | \$ | 2,784.05 | Purchase | |
| | Addition To Halo Procedure, Magnetic | • | , | | |
| | Resonance Image Compatible Systems, Rings | | | | |
| L0859 | And Pins, Any Material | \$ | 1 442 12 | Purchase | |
| | Addition To Halo Procedure, Replacement | + | ., | | |
| L0861 | Liner/Interface Material | \$ | 206.90 | Purchase | |
| L0001 | Tiso, Corset Front | \$ \$ | | Purchase | |
| L0970 | Lso, Corset Front | \$ \$ | | Purchase | |
| | | | | | |
| L0974 | Tiso, Full Corset | \$ | | Purchase | |
| L0976 | Lso, Full Corset | \$ | | Purchase | |
| L0978 | Axillary Crutch Extension | \$ | 170.90 | Purchase | |
| | Peroneal Straps, Prefabricated, Off-The-Shelf, | | | | |
| L0980 | Pair | \$ | 15.51 | Purchase | |
| | Stocking Supporter Grips, Prefabricated, Off-The- | | | | |
| L0982 | Shelf, Set Of Four (4) | \$ | 14.45 | Purchase | |
| | Protective Body Sock, Prefabricated, Off-The- | | | | |
| L0984 | Shelf, Each | \$ | 59.16 | Purchase | |
| | Addition To Spinal Orthosis, Not Otherwise | | | | |
| L0999 | Specified | \$ | 360.47 | Purchase | |
| | Cervical-Thoracic-Lumbar-Sacral (Ctlso) | + | | | |
| | (Milwaukee), Inclusive Of Furnishing Initial | | | | |
| L1000 | Orthoses, Including Model | \$ | 2 100 45 | Purchase | |
| -1000 | Cervical Thoracic Lumbar Sacral Orthosis, | Ψ | 2,100.43 | | |
| | | | | | |
| 1 1001 | Immobilizer, Infant Size, Prefabricated, Includes | D=: | Dy Donort | Burebase | |
| L1001 | Fitting And Adjustment | Price | By Report | rurcnase | |
| 1 | | | | | |
| | | | | | |
| | Tension Based Scoliosis Orthosis And Accessory | | | I I | |
| L1005 | Pads, Includes Fitting And Adjustment | \$ | 3,072.39 | Purchase | |
| L1005 | Pads, Includes Fitting And Adjustment Additions To Cervical-Thoracic-Lumbar-Sacral | \$ | 3,072.39 | Purchase | |
| L1005 | Pads, Includes Fitting And Adjustment | \$ | 3,072.39 | Purchase | |

| | Additions To Ctlso Or Scoliosis Orthoses, | • | | | |
|-------|--|----------|-----------------|-----------|--|
| L1020 | Kyphosis Pad | \$ | 76.74 | Purchase | |
| | Addition To Ctlso Or Scoliosis Orthosis, Kyphosis | | | | |
| L1025 | Pad, Floating | \$ | 110.71 | Purchase | |
| | Additions To Ctlso Or Scoliosis Orthoses, Lumbar | | | | |
| L1030 | Bolster Pad | \$ | 56.48 | Purchase | |
| | Additions To Ctlso Or Scoliosis Orthoses, Lumbar | | | | |
| L1040 | Or Lumbar Rib Pad | \$ | 69.26 | Purchase | |
| L1040 | Additions To Ctlso Or Scoliosis Orthoses, Sternal | Ψ | 03.20 | | |
| 14050 | | ¢ | 70.00 | Dunchase | |
| L1050 | Pad | \$ | 73.93 | Purchase | |
| | Additions To Ctlso Or Scoliosis Orthoses, | | | | |
| L1060 | Thoracic Pad | \$ | 84.91 | Purchase | |
| | Additions To Ctlso Or Scoliosis Orthoses, | | | | |
| L1070 | Trapeze Sling | \$ | 79.89 | Purchase | |
| | Additions To Ctlso Or Scoliosis Orthoses, | | | | |
| L1080 | Outrigger | \$ | 63.13 | Purchase | |
| | Addition To Ctlso Or Scoliosis Orthosis, | | | | |
| L1085 | Outrigger, Bilateral With Vertical Extensions | \$ | 136.67 | Purchase | |
| 21000 | Additions To Ctlso Or Scoliosis Orthoses, Lumbar | Ψ | 100.01 | | |
| L1090 | Sling | \$ | 87.90 | Purchase | |
| L1090 | | φ | 07.90 | Fuicilase | |
| | Additions To Ctlso Or Scoliosis Orthoses, Ring | • | | | |
| L1100 | Flange, Plastic Or Leather | \$ | 141.19 | Purchase | |
| | Additions To Ctlso Or Scoliosis Orthoses, Ring | | | | |
| | Flange, Plastic Or Leather, Molded To Patient | | | | |
| L1110 | Model | \$ | 226.76 | Purchase | |
| | Additions To Ctlso Or Sio, Scoliosis Orthoses, | | | | |
| L1120 | Covers For Upright, Each | \$ | 38.12 | Purchase | |
| | Thoracic-Lumbar-Sacal-Orthoses (Tlso), Inclusive | Ŧ | | | |
| L1200 | Of Furnishing Initial Orthosis Only | \$ | 1 668 18 | Purchase | |
| L1200 | Additions To Tlso, (Low Profile) Lateral Thoracic | Ψ | 1,000.10 | | |
| 14040 | | ¢ | 000 74 | Dunchase | |
| L1210 | Extension | \$ | 309.74 | Purchase | |
| | Additions To TIso, (Low Profile) Anterior Thoracic | | | | |
| L1220 | Extension | \$ | 205.08 | Purchase | |
| | Additions To Tlso, (Low Profile) Milwaukee Type | | | | |
| L1230 | Superstructure | \$ | 670.84 | Purchase | |
| | Addition To TIso (Low Profile), Lumbar Derotation | | | | |
| L1240 | Pad | \$ | 68.94 | Purchase | |
| | | - | | | |
| L1250 | Addition To TIso (Low Profile), Anterior Asis Pad | \$ | 64 14 | Purchase | |
| | Addition To TIso (Low Profile), Anterior Thoracic | Ŷ | • | | |
| L1260 | Derotation Pad | \$ | 67 17 | Purchase | |
| L1200 | Derotation Fau | φ | 07.17 | Fuicilase | |
| | | • | | | |
| L1270 | Addition To Tlso (Low Profile), Abdominal Pad | \$ | 68.80 | Purchase | |
| | Addition To TIso (Low Profile), Rib Gusset | | | | |
| L1280 | (Elastic), Each | \$ | 76.59 | Purchase | |
| | Addition To TIso (Low Profile), Lateral | | | | |
| L1290 | Trochanteric Pad | \$ | 69.79 | Purchase | |
| | Other Scoliosis Procedures, Body Jacket Molded | | | | |
| L1300 | To Patient Model | \$ | 1,843.06 | Purchase | |
| | Other Scoliosis Procedures, Post-Operative Body | | , | | |
| L1310 | Jacket | \$ | 1,951.67 | Purchase | |
| L1499 | Spinal Orthosis, Not Otherwise Specified | - | Price By Report | | |
| L1433 | | | псе ву кероп | | |
| | Lin Orthopia Abdustion Operated Of Lin Jail (| | | | |
| | 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 | | | | |
| L1600 | Specific Patient By An Inidividual With Expertise | \$ | 117.01 | Purchase | |
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|-----------|--|----------|----------|-----------|--|
| | Hip Orthosis, Abduction Control Of Hip Joints, | | | | |
| | Flexible, (Freika Cover Only), Prefabricated Item | | | | |
| | That Has Been Trimmed, Bent, Molded, | | | | |
| | Assembled, Or Otherwise Customized To Fit A | | | | |
| L1610 | Specific Patient By An Individual With Expertise | \$ | 38.98 | Purchase | |
| | | | | | |
| | 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 | | | | |
| L1620 | Specific Patient By An Individual With Expertise | \$ | 118.95 | Purchase | |
| | Hip Orthosis, Abduction Control Of Hip Joints, | | | | |
| | Semi-Flexible (Von Rosen Type), Custom- | • | | | |
| L1630 | Fabricated | \$ | 150.44 | Purchase | |
| | Hip Orthosis, Abduction Control Of Hip Joints, | | | | |
| 1 4 0 4 0 | Static, Pelvic Band Or Spreader Bar, Thigh Cuffs, | ¢ | 500.04 | Dunchase | |
| L1640 | Custom-Fabricated | \$ | 502.64 | Purchase | |
| | Hin Orthopia Abduction Control Of Hin Jointo | | | | |
| | Hip Orthosis, Abduction Control Of Hip Joints, Static, Adjustable, (Ilfled Type), Prefabricated, | | | | |
| L1650 | | \$ | 221 64 | Purchase | |
| L1050 | Includes Fitting And Adjustment Hip Orthosis, Bilateral Thigh Cuffs With | φ | 231.04 | Fulchase | |
| | Adjustable Abductor Spreader Bar, Adult Size, | | | | |
| | Prefabricated, Includes Fitting And Adjustment, | | | | |
| L1652 | Any Type | \$ | 342.18 | Purchase | |
| | Hip Orthosis, Abduction Control Of Hip Joints, | • | | | |
| | Static, Plastic, Prefabricated, Includes Fitting And | | | | |
| L1660 | Adjustment | \$ | 151.94 | Purchase | |
| | Hip Orthosis, Abduction Control Of Hip Joints, | | | | |
| | Dynamic, Pelvic Control, Adjustable Hip Motion | | | | |
| | Control, Thigh Cuffs (Rancho Hip Action Type), | | | | |
| L1680 | Custom Fabricated | \$ | 1,081.76 | Purchase | |
| | Hip Orthosis, Abduction Control Of Hip Joint, | | | | |
| | Postoperative Hip Abduction Type, Custom | | | | |
| L1685 | Fabricated | \$ | 1,056.07 | Purchase | |
| | Lin Orthopic Abduction Control Of Lin Joint | | | | |
| | Hip Orthosis, Abduction Control Of Hip Joint, | | | | |
| L1686 | Postoperative Hip Abduction Type, Prefabricated, | \$ | 912.81 | Purchase | |
| L1000 | Includes Fitting And Adjustment Combination, Bilateral, Lumbo-Sacral, Hip, Femur | φ | 912.01 | r urchase | |
| | Orthosis Providing Adduction And Internal | | | | |
| | Rotation Control, Prefabricated, Includes Fitting | | | | |
| L1690 | And Adjustment | \$ | 1,984.99 | Purchase | |
| | Legg Perthes Orthosis, (Toronto Type), Custom- | | , | | |
| L1700 | Fabricated | \$ | 1,355.82 | Purchase | |
| | Legg Perthes Orthosis, (Newington Type), | | | | |
| L1710 | Custom Fabricated | \$ | 1,587.13 | Purchase | |
| | Legg Perthes Orthosis, Trilateral, (Tachdijan | | | | |
| L1720 | Type), Custom-Fabricated | \$ | 1,169.91 | Purchase | |
| | Legg Perthes Orthosis, (Scottish Rite Type), | | | | |
| L1730 | Custom-Fabricated | \$ | 1,006.52 | Purchase | |
| | Legg Perthes Orthosis, (Patten Bottom Type), | ^ | | | |
| L1755 | Custom-Fabricated | \$ | 1,405.66 | Purchase | |
| | Knop Orthogia Electic With Joints Destabute (| | | | |
| | Knee Orthosis, Elastic With Joints, Prefabricated | | | | |
| | Item That Has Been Trimmed, Bent, Molded, | | | | |
| L1810 | Assembled, Or Otherwise Customized To Fit A | \$ | 89.64 | Purchase | |
| | Specific Patient By An Individual With Expertise Knee Orthosis, Elastic With Joints, Prefabricated, | Ψ | 09.04 | | |
| L1812 | Off-The-Shelf | \$ | 90.31 | Purchase | |
| | | Ψ | 30.51 | | |

| | Knee Orthosis, Elastic With Condylar Pads And | | | | |
|---------|--|----|----------|----------|--|
| | Joints, With Or Without Patellar Control, | | | | |
| L1820 | Prefabricated, Includes Fitting And Adjustment | \$ | 125.90 | Purchase | |
| L1830 | Knee Orthosis, Immobilizer, Canvas Longitudinal, Prefabricated, Off-The-Shelf | \$ | 84.79 | Purchase | |
| L1030 | Knee Orthosis, Locking Knee Joint(S), Positional | Φ | 04.79 | Purchase | |
| | Orthosis, Prefabricated, Includes Fitting And | | | | |
| L1831 | Adjustment | \$ | 282.53 | Purchase | |
| | 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 | | | | |
| L1832 | By An Individual With Expertise | \$ | 539.78 | Purchase | |
| | | | | | |
| | Knee Orthosis, Adjustable Knee Joints (Unicentric Or Polycentric), Positional Orthosis, Rigid | | | | |
| L1833 | Support, Prefabricated, Off-The Shelf | \$ | 582.98 | Purchase | |
| | Knee Orthosis, Without Knee Joint, Rigid, Custom | | | | |
| L1834 | Fabricated | \$ | 728.02 | Purchase | |
| | Knee Orthosis, Rigid, Without Joint(S), Includes Soft Interface Material, Prefabricated, Off-The- | | | | |
| L1836 | Shelf | \$ | 122.78 | Purchase | |
| | | | | | |
| 1 40 40 | Knee Orthosis, Derotation, Medial-Lateral, | ¢ | 040.05 | | |
| L1840 | Anterior Cruciate Ligament, Custom Fabricated | \$ | 816.35 | Purchase | |
| | 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 | | | | |
| L1843 | Trimmed, Bent, Molded, | \$ | 921.07 | Purchase | |
| | Knop Orthogia Cingle Unright Thigh And Calf | | | | |
| | 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 | • | | | |
| L1844 | Adjustment, Custom Fabricated | \$ | 1,593.64 | Purchase | |
| | 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 | | | | |
| L1845 | Trimmed, Bent, Molded, | \$ | 749.48 | Purchase | |
| | | | | | |
| | 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 | | | | |
| L1846 | Adjustment, Custom Fabricated | \$ | 996.48 | Purchase | |
| | Knee Orthosis, Double Upright With Adjustable Joint, With Inflatable Air Support Chamber(S), | | | | |
| | Prefabricated Item That Has Been Trimmed, | | | | |
| | Bent, Molded, Assembled, Or Otherwise | | | | |
| L1847 | Customized To Fit A Specific Patient By An Individual With Expertise | \$ | 552.11 | Purchase | |
| | Knee Orthosis, Double Upright With Adjustable | Ψ | 002.11 | | |
| | Joint, With Inflatable Air Support Chamber(S), | | | | |
| L1848 | Prefabricated, Off-The-Shelf | \$ | 552.11 | Purchase | |

| | - | | |
|-------|---|-----------|----------|
| L1850 | Knee Orthosis, Swedish Type, Prefabricated, Off- The-Shelf | \$ 252.51 | 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 | \$ 825.59 | Purchase |
| | 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 | • | |
| L1852 | Adjustment, Prefabricated, Off-The-Shelf Knee Orthosis, Modification Of Supracondylar | \$ 774.82 | Purchase |
| L1860 | Prosthetic Socket, Custom-Fabricated (Sk) | \$ 952.70 | Purchase |
| L1900 | Ankle Foot Orthosis, Spring Wire, Dorsiflexion Assist Calf Band, Custom-Fabricated | \$ 261.19 | Purchase |
| L1902 | Ankle Orthosis, Ankle Gauntlet Or Similar, With Or Without Joints, Prefabricated, Off-The-Shelf | \$ 70.88 | Purchase |
| L1904 | Ankle Orthosis, Ankle Gauntlet Or Similar, With Or Without Joints, Custom Fabricated | \$ 417.49 | Purchase |
| L1906 | Ankle Foot Orthosis, Multiligamentous Ankle Support, Prefabricated, Off-The-Shelf | \$ 142.36 | Purchase |
| L1907 | Ankle Orthosis, Supramalleolar With Straps, With Or Without Interface/Pads, Custom Fabricated | \$ 577.58 | Purchase |
| L1910 | Ankle Foot Orthosis, Posterior, Single Bar, Clasp Attachment To Shoe Counter, Prefabricated, Includes Fitting And Adjustment | \$ 240.04 | Purchase |
| L1920 | Ankle Foot Orthosis, Single Upright With Static Or Adjustable Stop (Phelps Or Perlstein Type), Custom-Fabricated | \$ 390.38 | Purchase |
| L1930 | Ankle Foot Orthosis, Plastic Or Other Material, Prefabricated, Includes Fitting And Adjustment | | Purchase |
| L1932 | Afo, Rigid Anterior Tibial Section, Total Carbon Fiber Or Equal Material, Prefabricated, Includes Fitting And Adjustment | \$ 915.97 | Purchase |
| L1940 | Ankle Foot Orthosis, Plastic Or Other Material, Custom-Fabricated | \$ 439.07 | Purchase |
| L1945 | Ankle Foot Orthosis, Plastic, Rigid Anterior Tibial Section (Floor Reaction), Custom-Fabricated Ankle Foot Orthosis, Spiral, (Institute Of | \$ 845.63 | Purchase |
| L1950 | Rehabilitative Medicine Type), Plastic, Custom- Fabricated | \$ 715.48 | Purchase |
| L1951 | Ankle Foot Orthosis, Spiral, (Institute Of Rehabilitative Medicine Type), Plastic Or Other Material, Prefabricated, Includes Fitting And Adjustment | \$ 862.09 | Purchase |
| L1960 | Ankle Foot Orthosis, Posterior Solid Ankle, Plastic, Custom-Fabricated | \$ 492.12 | Purchase |
| L1970 | Ankle Foot Orthosis, Plastic With Ankle Joint, Custom-Fabricated | \$ 663.70 | Purchase |
| L1971 | Ankle Foot Orthosis, Plastic Or Other Material With Ankle Joint, Prefabricated, Includes Fitting And Adjustment | \$ 481.16 | Purchase |

| | | 1 | | | |
|--------|--|----------|-----------------|------------|-------------|
| | Ankle Foot Orthosis, Single Upright Free Plantar | | | | |
| | Dorsiflexion, Solid Stirrup, Calf Band/Cuff (Single | | | | |
| L1980 | Bar İbkî Orthosis), Custom-Fabricated | \$ | 351 32 | Purchase | |
| 21000 | | Ψ | 001.02 | 1 dionaso | |
| | Ankle Foot Orthosis, Double Upright Free Plantar | | | | |
| | Dorsiflexion, Solid Stirrup, Calf Band/Cuff (Double | | | | |
| L1990 | Bar Ïbkï Orthosis), Custom-Fabricated | \$ | 395.75 | Purchase | |
| | Knee Ankle Foot Orthosis, Single Upright, Free | • | | | |
| | Knee, Free Ankle, Solid Stirrup, Thigh And Calf | | | | |
| | Bands/Cuffs (Single Bar laki Orthosis), Custom- | | | | |
| L2000 | Fabricated | \$ | 933.03 | Purchase | |
| | 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 | | | | |
| L2005 | Fabricated | \$ | 4,214.76 | Purchase | |
| | | | | | |
| | 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 | | | | |
| L2006 | Without Ankle Joint(S), Custom Fabricated | | Price By Report | Purchase | PA Required |
| | Knee Ankle Foot Orthosis, Single Upright, Free | | | | |
| | Ankle, Solid Stirrup, Thigh And Calf Bands/Cuffs | | | | |
| | (Single Bar Ïakï Orthosis), Without Knee Joint, | • | | . . | |
| L2010 | Custom-Fabricated | \$ | 960.50 | Purchase | |
| | | | | | |
| | Knee Ankle Foot Orthosis, Double Upright, Free | | | | |
| 1 0000 | Ankle, Solid Stirrup, Thigh And Calf Bands/Cuffs | | 4 000 00 | Durahasa | |
| L2020 | (Double Bar Ïakï Orthosis), Custom-Fabricated | \$ | 1,036.68 | Purchase | |
| | Knee Ankle Foot Orthosis, Double Upright, Free | | | | |
| | Ankle, Solid Stirrup, Thigh And Calf Bands/Cuffs, | | | | |
| L2030 | (Double Bar Ïakï Orthosis), Without Knee Joint, Custom Fabricated | \$ | 900 40 | Purchase | |
| L2030 | | φ | 099.42 | r uichase | |
| | Knee Ankle Foot Orthosis, Full Plastic, Single | | | | |
| | Upright, With Or Without Free Motion Knee, | | | | |
| | Medial Lateral Rotation Control, With Or Without | | | | |
| L2034 | Free Motion Ankle, Custom Fabricated | \$ | 2,136.42 | Purchase | |
| 22004 | | Ψ | 2,100.42 | | |
| | Knee Ankle Foot Orthosis, Full Plastic, Static | | | | |
| | (Pediatric Size), Without Free Motion Ankle, | | | | |
| L2035 | Prefabricated, Includes Fitting And Adjustment | \$ | 166.30 | Purchase | |
| | Knee Ankle Foot Orthosis, Full Plastic, Double | - | | | |
| | Upright, With Or Without Free Motion Knee, With | | | | |
| | Or Without Free Motion Ankle, Custom | | | | |
| L2036 | Fabricated | \$ | 1,808.17 | Purchase | |
| | Knee Ankle Foot Orthosis, Full Plastic, Single | | | | |
| | Upright, With Or Without Free Motion Knee, With | | | | |
| | Or Without Free Motion Ankle, Custom | | | | |
| L2037 | Fabricated | \$ | 1,478.77 | Purchase | |
| | Knee Ankle Foot Orthosis, Full Plastic, With Or | | | | |
| | Without Free Motion Knee, Multi-Axis Ankle, | | | | |
| L2038 | Custom Fabricated | \$ | 1,269.37 | Purchase | |
| | Hip Knee Ankle Foot Orthosis, Torsion Control, | | | | |
| | Bilateral Rotation Straps, Pelvic Band/Belt, | | | | |
| L2040 | Custom Fabricated | \$ | 204.82 | Purchase | |
| | Hip Knee Ankle Foot Orthosis, Torsion Control, | | | | |
| | Bilateral Torsion Cables, Hip Joint, Pelvic | | | | |
| L2050 | Band/Belt, Custom-Fabricated | \$ | 467.94 | Purchase | |

| | Llin Knos Ankle Feet Orthogie Terrier Centrel | | | | |
|---------|--|----------|----------|------------|--|
| | Hip Knee Ankle Foot Orthosis, Torsion Control, | | | | |
| 1 0000 | Bilateral Torsion Cables, Ball Bearing Hip Joint, | ^ | 505 47 | | |
| L2060 | Pelvic Band/ Belt, Custom-Fabricated | \$ | 525.47 | Purchase | |
| | Hip Knee Ankle Foot Orthosis, Torsion Control, | | | | |
| | Unilateral Rotation Straps, Pelvic Band/Belt, | | | | |
| L2070 | Custom Fabricated | \$ | 119.40 | Purchase | |
| | Hip Knee Ankle Foot Orthosis, Torsion Control, | | | | |
| | Unilateral Torsion Cable, Hip Joint, Pelvic | | | | |
| L2080 | Band/Belt, Custom-Fabricated | \$ | 319.34 | Purchase | |
| | | | | | |
| | Hip Knee Ankle Foot Orthosis, Torsion Control, | | | | |
| | Unilateral Torsion Cable, Ball Bearing Hip Joint, | | | | |
| L2090 | Pelvic Band/ Belt, Custom-Fabricated | \$ | 432.78 | Purchase | |
| | Ankle Foot Orthosis, Fracture Orthosis, Tibial | | | | |
| | Fracture Cast Orthosis, Thermoplastic Type | | | | |
| L2106 | Casting Material, Custom-Fabricated | \$ | 603.66 | Purchase | |
| | Ankle Foot Orthosis, Fracture Orthosis, Tibial | + | | | |
| L2108 | Fracture Cast Orthosis, Custom-Fabricated | \$ | 1,080.23 | Purchase | |
| | Ankle Foot Orthosis, Fracture Orthosis, Tibial | Ψ | 1,000.20 | | |
| | Fracture Orthosis, Soft, Prefabricated, Includes | | | | |
| L2112 | | \$ | 414.23 | Purchase | |
| | Fitting And Adjustment Ankle Foot Orthosis, Fracture Orthosis, Tibial | φ | 414.23 | r uiciidse | |
| | | | | | |
| 10444 | Fracture Orthosis, Semi-Rigid, Prefabricated, | ^ | 540 55 | | |
| L2114 | Includes Fitting And Adjustment | \$ | 519.55 | Purchase | |
| | Ankle Foot Orthosis, Fracture Orthosis, Tibial | | | | |
| | Fracture Orthosis, Rigid, Prefabricated, Includes | | | | |
| L2116 | Fitting And Adjustment | \$ | 632.04 | Purchase | |
| | | | | | |
| | Knee Ankle Foot Orthosis, Fracture Orthosis, | | | | |
| | Femoral Fracture Cast Orthosis, Thermoplastic | | | | |
| L2126 | Type Casting Material, Custom-Fabricated | \$ | 1,193.89 | Purchase | |
| | Knee Ankle Foot Orthosis, Fracture Orthosis, | | | | |
| | Femoral Fracture Cast Orthosis, Custom- | | | | |
| L2128 | Fabricated | \$ | 1,522.40 | Purchase | |
| | Kafo, Fracture Orthosis, Femoral Fracture Cast | | | | |
| | Orthosis, Soft, Prefabricated, Includes Fitting And | | | | |
| L2132 | Adjustment | \$ | 926.06 | Purchase | |
| | Kafo, Fracture Orthosis, Femoral Fracture Cast | Ŧ | | | |
| | Orthosis, Semi-Rigid, Prefabricated, Includes | | | | |
| L2134 | Fitting And Adjustment | \$ | 858.69 | Purchase | |
| 2104 | Kafo, Fracture Orthosis, Femoral Fracture Cast | Ψ | 000.00 | | |
| | Orthosis, Rigid, Prefabricated, Includes Fitting | | | | |
| L2136 | And Adjustment | \$ | 1 100 12 | Durahasa | |
| L2130 | | φ | 1,100.13 | Purchase | |
| | Addition To Lower Extractity Frenchure Orth | | | | |
| 1.04.00 | Addition To Lower Extremity Fracture Orthosis, | ¢ | | Dunchase | |
| L2180 | Plastic Shoe Insert With Ankle Joints | \$ | 135.40 | Purchase | |
| | Addition To Lower Extremity Fracture Orthosis, | | - | L . | |
| L2182 | Drop Lock Knee Joint | \$ | 86.64 | Purchase | |
| | Addition To Lower Extremity Fracture Orthosis, | | | | |
| L2184 | Limited Motion Knee Joint | \$ | 120.47 | Purchase | |
| | | | | | |
| | Addition To Lower Extremity Fracture Orthosis, | | | | |
| L2186 | Adjustable Motion Knee Joint, Lerman Type | \$ | 160.05 | Purchase | |
| | Addition To Lower Extremity Fracture Othosis, | | | | |
| L2188 | Quadrilateral Brim | \$ | 265.90 | Purchase | |
| - | Addition To Lower Extremity Fracture Orthosis, | 1 | | | |
| L2190 | Waist Belt | \$ | 80.31 | Purchase | |
| | Addition To Lower Extremity Fracture Orthosis, | * | | | |
| | Hip Joint, Pelvic Band, Thigh Flange, And Pelvic | | | | |
| L2192 | Belt | \$ | 316.57 | Purchase | |
| | Additions To Lower Extremity, Limited Ankle | Ψ | 510.57 | | |
| 1 2200 | • | \$ | 56.00 | Purchasa | |
| L2200 | Motion, Each Joint | φ | 56.28 | Purchase | |

| | Addition To Lower Extremity, Dorsiflexion Assist | | | |
|----------------|--|---------------------|------------|---|
| L2210 | (Plantar Flexion Resist), Each Joint | \$ 79.5 | 7 Purchase | |
| | Addition To Lower Extremity, Dorsiflexion And | | | |
| L2220 | Plantar Flexion Assist/Resist, Each Joint | \$ 94.2 | 0 Purchase | |
| | Additions To Lower Extremity, Split Flat Caliper | • • • • | | |
| 1 2220 | | ¢ 74.0 | 2 Durahaaa | |
| L2230 | Stirrups And Plate Attachment | \$ 74.3 | 2 Purchase | |
| | | | | |
| | Addition To Lower Extremity Orthosis, Rocker | | | |
| | Bottom For Total Contact Ankle Foot Orthosis, | | | |
| L2232 | For Custom Fabricated Orthosis Only | \$ 92.2 | 3 Purchase | |
| | Additions To Lower Extremity, Round Caliper And | | | |
| L2240 | Plate Attach- Ment | \$ 74.2 | 6 Purchase | |
| LLLTU | Additions To Lower Extremity, Foot Plate, Molded | ψ 14.2 | | |
| 1.0050 | | ¢ 070 / | C Durahasa | |
| L2250 | To Patient Model, Stirrup Attachment | \$ 373.4 | 6 Purchase | |
| | Additions To Lower Extremity, Reinforced Solid | | | |
| L2260 | Stirrup (Scott-Craig Type) | \$ 203.5 | 2 Purchase | |
| | | | | |
| L2265 | Addition To Lower Extremity, Long Tongue Stirrup | \$ 104.5 | 6 Purchase | |
| | Additions To Lower Extremity, Varus/Valgus | • | | |
| | Correction ("T") Strap, Padded/Lined Or Malleolus | | | |
| L2270 | Pad | \$ 52.3 | 5 Purchase | |
| L2270 | Pad | ۵ (¢ | Purchase | |
| | | | | |
| | Addition To Lower Extremity, Varus/Valgus | | | |
| L2275 | Correction, Plastic Modification, Padded/Lined | \$ 132.2 | 6 Purchase | |
| | | | | |
| L2280 | Additions To Lower Extremity, Molded Inner Boot | \$ 402.0 | 2 Purchase | |
| | , | + | | |
| | Additions To Lower Extremity, Abduction Bar | | | |
| 1 0000 | | ¢ | Durahaaa | |
| L2300 | (Bilateral Hip Involvement), Jointed, Adjustable | \$ 239.0 | 4 Purchase | |
| | Additions To Lower Extremity, Abduction Bar- | | | |
| L2310 | Straight | \$ 118.5 | 5 Purchase | |
| | Addition To Lower Extremity, Non-Molded Lacer, | | | |
| L2320 | For Custom Fabricated Orthosis Only | \$ 233.1 | 2 Purchase | |
| | Addition To Lower Extremity, Lacer Molded To | | | |
| | Patient Model, For Custom Fabricated Orthosis | | | |
| L2330 | Only | \$ 384.2 | 5 Purchase | |
| L2330 | Only | ψ 304.2 | | |
| 1 0005 | | * 044.6 | | |
| L2335 | Addition To Lower Extremity, Anterior Swing Band | \$ 211.6 | 4 Purchase | |
| | Additions To Lower Extremity, Pre-Tibial Shell, | | | |
| L2340 | Molded To Patient Model | \$ 396.8 | 0 Purchase | |
| | Additions To Lower Extremity, Prosthetic Type, | | | |
| | (Bk) Socket, Molded To Patient Model, (Used For | | | |
| L2350 | 'Ptb' 'Afo' Orthoses) | \$ 924.0 | 1 Purchase | |
| | Additions To Lower Extremity, Extended Steel | ¢ 02.110 | | |
| L2360 | Shank | ¢ 51.0 | E Durahaaa | |
| | | \$ 51.0 | | |
| L2370 | Addition To Lower Extremity, Patten Bottom | \$ 227.9 | 1 Purchase | |
| | Addition To Lower Extremity, Torsion Control, | | | |
| L2375 | Ankle Joint And Half Solid Stirrup | \$ 100.3 | 1 Purchase | |
| | Addition To Lower Extremity, Torsion Control, | | | |
| L2380 | Straight Knee Joint, Each Joint | \$ 145.7 | 4 Purchase | |
| | Addition To Lower Extremity, Straight Knee Joint, | | | |
| L2385 | Heavy Duty, Each Joint | \$ 158.5 | 6 Purchase | |
| 22000 | | ψ 100.0 | | |
| | Addition To Lower Extremity, Polycentric Knee | | | |
| | Joint, For Custom Fabricated Knee Ankle Foot | • • • • • | | |
| L2387 | Orthosis, Each Joint | \$ 146.9 | 3 Purchase | |
| | Addition To Lower Extremity, Offset Knee Joint, | | | |
| L2390 | Each Joint | \$ 129.5 | 8 Purchase | |
| | Addition To Lower Extremity, Offset Knee Joint, | | | |
| L2395 | Heavy Duty, Each Joint | \$ 165.0 | 5 Purchase | |
| 22030 | Addition To Lower Extremity Orthosis, | ψ 103.0 | | |
| | | ¢ | Durahas | |
| 1 0007 | | | | 1 |
| L2397 L2405 | Suspension Sleeve Addition To Knee Joint, Drop Lock, Each | \$ 114.3 \$ 83.6 | 3 Purchase | |

| r | | 1 | | · · · · · · · · · · · · · · · · · · · | |
|--------|--|----------|----------|---------------------------------------|--|
| | Addition To Knee Lock With Integrated Release | | | | |
| | Mechanism (Bail, Cable, Or Equal), Any Material, | | | | |
| L2415 | Each Joint | \$ | 129.61 | Purchase | |
| L2413 | | Ψ | 123.01 | i ulcilase | |
| | Addition To Knee Joint, Disc Or Dial Lock For | | | | |
| L2425 | Adjustable Knee Flexion, Each Joint | \$ | 152.92 | Purchase | |
| | | | | | |
| | Addition To Knee Joint, Ratchet Lock For Active | | | | |
| 1 2420 | | ¢ | 127 62 | Purchase | |
| L2430 | And Progressive Knee Extension, Each Joint | \$ | 137.63 | Pulchase | |
| | Addition To Knee Joint, Lift Loop For Drop Lock | | | | |
| L2492 | Ring | \$ | 113.36 | Purchase | |
| - | Additions To Lower Extremity, Thigh/Weight | | | | |
| L2500 | Bearing, Gulteal/ Ischial Weight Bearing, Ring | \$ | 280.09 | Purchase | |
| L2300 | | φ | 260.09 | Fuicilase | |
| | Additions To Lower Extremity, Thigh/Weight | | | | |
| | Bearing, Quadri- Lateral Brim, Molded To Patient | | | | |
| L2510 | Model | \$ | 644.90 | Purchase | |
| 22010 | Additions To Lower Extremity, Thigh/Weight | Ŷ | 011.00 | | |
| | | • | | | |
| L2520 | Bearing, Quadri- Lateral Brim, Custom Fitted | \$ | 437.73 | Purchase | |
| | Addition To Lower Extremity, Thigh/Weight | | | | |
| | Bearing, Ischial Containment/Narrow M-L Brim | | | | |
| L2525 | Molded To Patient Model | ¢ | 1 216 05 | Purchasa | |
| 12020 | | \$ | r,∠10.ŏ3 | Purchase | |
| | Addition To Lower Extremity, Thigh/Weight | | | | |
| | Bearing, Ischial Containment/Narrow M-L Brim, | | | | |
| L2526 | Custom Fitted | \$ | 787.70 | Purchase | |
| 22020 | | Ψ | 101.10 | | |
| 1.0500 | Additions To Lower Extremity, Thigh-Weight | ^ | 0.76 | | |
| L2530 | Bearing, Lacer, Non-Molded | \$ | 278.14 | Purchase | |
| | Additions To Lower Extremity, Thigh/Weight | | | | |
| L2540 | Bearing, Lacer, Molded To Patient Model | \$ | 426.04 | Purchase | |
| 22040 | | Ψ | 420.04 | | |
| | Additions To Lower Extremity, Thigh/Weight | | | | |
| L2550 | Bearing, High Roll Cuff | \$ | 339.99 | Purchase | |
| | | | | | |
| | Addition To Lower Extremity, Pelvic Control, Hip | | | | |
| 1.0570 | | \$ | 100.00 | Purchase | |
| L2570 | Joint, Clevis Type Two Position Joint, Each | Φ | 422.88 | Pulchase | |
| | Addition To Lower Etremity, Pelvic Control, Pelvic | | | | |
| L2580 | Sling | \$ | 538.96 | Purchase | |
| | | | | | |
| | Additions To Lower Extremity, Pelvic Control, Hip | | | | |
| | | ^ | 400.00 | | |
| L2600 | Joint, Clevis Type, Or Thrust Bearing, Free, Each | \$ | 198.00 | Purchase | |
| | | | | | |
| | Additions To Lower Extremity, Pelvic Control, Hip | | | | |
| L2610 | Joint, Clevis Or Thrust Bearing, Lock, Each | \$ | 225.71 | Purchase | |
| L2010 | | Ψ | 220.71 | i ulchase | |
| | Additions To Lower Extremity, Pelvic Control, Hip | | | | |
| L2620 | Joint, Heavy Duty, Each | \$ | 237.38 | Purchase | |
| | Addition To Lower Extremity, Pelvic Control, Hip | | | | |
| L2622 | Joint, Adjustable Flexion, Each | \$ | 272.26 | Purchase | |
| | | Ψ | 212.20 | | |
| | Addition To Lower Extremity, Pelvic Control, Hip | | | | |
| | Joint, Adjustable Flexion, Extension, Abduction | | | | |
| L2624 | Control, Each | \$ | 294.00 | Purchase | |
| | Addition To Lower Extremity, Pelvic Control, | | | | |
| | | | | | |
| | Plastic, Molded To Patient Model, Reciprocating | | | I | |
| L2627 | Hip Joint And Cables | \$ | 2,029.35 | Purchase | |
| | | | | | |
| | Addition To Lower Extremity, Pelvic Control, Metal | | | | |
| 1 2620 | 5. | ¢ | 1 000 00 | Purchaso | |
| L2628 | Frame, Reciprocating Hip Joint And Cables | \$ | 1,983.29 | Purchase | |
| | Additions To Lower Extremity, Pelvic Control, | | | | |
| L2630 | Band And Belt, Unilateral | \$ | 293.13 | Purchase | |
| | Additions To Lower Extremity, Pelvic Control, | | | | |
| L2640 | Band And Belt, Bilateral | \$ | 298.36 | Purchase | |
| L2040 | | Ψ | 230.30 | | |
| | Additions To Lower Extremity, Pelvic And | | | | |
| L2650 | Thoracic Control, Gluteal Pad, Each | \$ | 106.54 | Purchase | |
| | Additions To Lower Extremity, Thoracic Control, | 1 | | | |
| L2660 | Thoracic Band | \$ | 220.63 | Purchase | |
| L2000 | | Ψ | 220.03 | | |
| | Additions To Lower Extremity, Thoracic Control, | | | | |
| L2670 | Paraspinal Uprights | \$ | 201.93 | Purchase | |
| | | | | 1 1 | |

| | Additions To Lower Extremity, Thoracic Control, | | | | |
|-------|---|----|-----------------|----------|--|
| L2680 | Lateral Support Uprights | \$ | 185.24 | Purchase | |
| | Addition To Lower Extremity Orthosis, Plating | • | | | |
| L2750 | Chrome Or Nickel, Per Bar | \$ | 74.21 | Purchase | |
| L2755 | Addition To Lower Extremity Orthosis, High Strength, Lightweight Material, All Hybrid Lamination/Prepreg Composite, Per Segment, For Custom Fabricated Orthosis Only Additions To Lower Extremity Orthoses, | \$ | 125.39 | Purchase | |
| L2760 | Extension, Per Extension, Per Bar (For Lineal Adjustment For Growth) | \$ | 71.93 | Purchase | |
| L2768 | Orthotic Side Bar Disconnect Device, Per Bar | \$ | 133.76 | Purchase | |
| L2780 | Addition To Lower Extremity Orthosis, Non- Corrosive Finish, Per Bar | \$ | 60.09 | Purchase | |
| L2785 | Addition To Lower Extremity Orthosis, Drop Lock Retainer, Each | \$ | 28.13 | Purchase | |
| L2795 | Addition To Lower Extremity Orthosis, Knee Control, Full Kneecap | \$ | 75.44 | Purchase | |
| L2800 | Addition To Lower Extremity Orthosis, Knee Control, Knee Cap, Medial Or Lateral Pull, For Use With Custom Fabricated Orthosis Only Addition To Lower Extremity Orthosis, Knee | \$ | | Purchase | |
| L2810 | Control, Condylar Pad | \$ | 69.35 | Purchase | |
| L2820 | Addition To Lower Extremity Orthosis, Soft Interface For Molded Plastic, Below Knee Section | \$ | 102.80 | Purchase | |
| L2830 | Addition To Lower Extremity Orthosis, Soft Interface For Molded Plastic, Above Knee Section | \$ | 111.21 | Purchase | |
| L2840 | Addition To Lower Extremity Orthosis, Tibial Length Sock, Fracture Or Equal, Each | \$ | 38.79 | Purchase | |
| L2850 | Addition To Lower Extremity Orthosis, Femoral Length Sock, Fracture Or Equal, Each | \$ | 70.60 | Purchase | |
| L2861 | Addition To Lower Extremity Joint, Knee Or Ankle, Concentric Adjustable Torsion Style Mechanism For Custom Fabricated Orthotics Only, Each | | Price By Report | Purchase | |
| L2999 | Lower Extremity Orthoses, Not Otherwise Specified | | Price By Report | Purchase | |
| L3000 | Foot, Insert, Removable, Molded To Patient Model, "Ucb" Type, Berkeley Shell, Each | \$ | 301.51 | Purchase | |
| L3001 | Foot, Insert, Removable, Molded To Patient Model, Spenco, Each | \$ | 126.96 | Purchase | |
| L3002 | Foot, Insert, Removable, Molded To Patient Model, Plastazote Or Equal, Each | \$ | 155.02 | Purchase | |
| L3003 | Foot, Insert, Removable, Molded To Patient Model, Silicone Gel, Each | \$ | 167.26 | Purchase | |
| L3010 | Foot, Insert, Removable, Molded To Patient Model, Longitudinal Arch Support, Each | \$ | 167.26 | Purchase | |
| L3020 | Foot, Insert, Removable, Molded To Patient Model, Longitudinal/ Metatarsal Support, Each Foot, Insert, Removable, Formed To Patient Foot, | \$ | 190.44 | Purchase | |
| L3030 | Each Foot, Insert/Plate, Removable, Addition To Lower Extremity Orthosis, High Strength, Lightweight | \$ | 73.22 | Purchase | |
| L3031 | Material, All Hybrid Lamination/Prepreg Composite, Each | \$ | 122.51 | Purchase | |

| | Foot, Arch Support, Removable, Premolded, | | | |
|--------|---|----------|-----------------|-----------|
| L3040 | Longitudinal, Each | \$ | 45.19 | Purchase |
| | Foot, Arch Support, Removable, Premolded, | | | |
| L3050 | Metatarsal, Each | \$ | 45.19 | Purchase |
| | Foot, Arch Support, Removable, Premolded, | | | |
| L3060 | Longitudinal/ Metatarsal, Each | \$ | 70.81 | Purchase |
| | Foot, Arch Support, Non-Removable Attached To | | | |
| L3070 | Shoe, Longitudinal, Each | \$ | 30.52 | Purchase |
| 20070 | Foot, Arch Support, Non-Removable Attached To | Ψ | 50.52 | |
| 1 2000 | | ¢ | 20 52 | Durchasa |
| L3080 | Shoe, Metatarsal, Each | \$ | 30.52 | Purchase |
| | | | | |
| | Foot, Arch Support, Non-Removable Attached To | | | |
| L3090 | Shoe, Longitudinal/Metatarsal, Each | \$ | 39.03 | Purchase |
| | Hallus-Valgus Night Dynamic Splint, | | | |
| L3100 | Prefabricated, Off-The-Shelf | \$ | 41.50 | Purchase |
| | Foot, Rotation Positioning Device, Including | | | |
| L3140 | Shoe(S) | \$ | 85.46 | Purchase |
| | Foot, Rotation Positioning Device, Without | Ŧ | 00110 | |
| L3150 | Shoe(S) | \$ | 70 12 | Purchase |
| L3130 | 5106(3) | φ | 70.15 | Fuicidase |
| | | | | |
| L3160 | Foot, Adjustable Shoe-Styled Positioning Device | - | Price By Report | Purchase |
| | Foot, Plastic, Silicone Or Equal, Heel Stabilizer, | | | |
| L3170 | Prafabricated, Off-The-Shelf, Each | \$ | 48.84 | Purchase |
| | Orthopedic Shoe, Oxford With Supinator Or | | | |
| L3201 | Pronator, Infant | \$ | 78.55 | Purchase |
| | Orthopedic Shoe, Oxford With Supinator Or | | | |
| L3202 | Pronator, Child | \$ | 97.88 | Purchase |
| L3202 | Orthopedic Shoe, Oxford With Supinator Or | Ψ | 37.00 | |
| 1 0000 | | | | Durahasa |
| L3203 | Pronator, Junior | | Price By Report | Purchase |
| | Orthopedic Shoe, Hightop With Supinator Or | | | |
| L3204 | Pronator, Infant | \$ | 101.48 | Purchase |
| | Orthopedic Shoe, Hightop With Supinator Or | | | |
| L3206 | Pronator, Child | \$ | 68.65 | Purchase |
| | Orthopedic Shoe, Hightop With Supinator Or | | | |
| L3207 | Pronator, Junior | | Price By Report | Purchase |
| L3208 | Surgical Boot, Each, Infant | \$ | | Purchase |
| L3209 | Surgical Boot, Each, Child | \$ | | Purchase |
| | | φ | | |
| L3211 | Surgical Boot, Each, Junior | • | Price By Report | |
| L3212 | Benesch Boot, Pair, Infant | \$ | | Purchase |
| L3213 | Benesch Boot, Pair, Child | \$ | 94.28 | Purchase |
| L3214 | Benesch Boot, Pair, Junior | \$ | 94.28 | Purchase |
| | | | | |
| L3215 | Orthopedic Footwear, Ladies Shoe, Oxford, Each | \$ | 94.06 | Purchase |
| | Orthopedic Footwear, Ladies Shoe, Depth Inlay, | | | |
| L3216 | Each | \$ | 103 00 | Purchase |
| 20210 | Orthopedic Footwear, Ladies Shoe, Hightop, | Ψ | 100.00 | |
| L3217 | | | Price By Report | Burghasa |
| LJZTI | Depth Inlay, Each | | Рисе ву кероп | Fuicilase |
| | | | | |
| L3219 | Orthopedic Footwear, Mens Shoe, Oxford, Each | \$ | 125.56 | Purchase |
| | Orthopedic Footwear, Mens Shoe, Depth Inlay, | | | |
| L3221 | Each | \$ | 130.92 | Purchase |
| | Orthopedic Footwear, Mens Shoe, Hightop, Depth | | | |
| L3222 | Inlay, Each | \$ | 136.08 | Purchase |
| | | | | |
| | Orthopedic Footwear, Woman'S Shoe, Oxford, | | | |
| L3224 | Used As An Integral Part Of A Brace (Orthosis) | \$ | E1 00 | Purchase |
| LU224 | USCU AS AN INTEGRALE AT OF A DIALE (UTTIOSIS) | Ψ | 54.29 | |
| | Orthomodia Facture - Marilo Ol - O. (111 | | | |
| 1 0005 | Orthopedic Footwear, Man'S Shoe, Oxford, Used | ^ | | |
| | As An Integral Part Of A Brace (Orthosis) | \$ | 72.45 | Purchase |
| L3225 | | | | |
| L3225 | Orthopedic Footwear, Custom Shoe, Depth Inlay, Each | \$ | | Purchase |

| | | 1 | | |
|--------|---|----------|-----------------|-------------------|
| | Orthopedic Footwear, Custom Molded Shoe, | | | |
| L3250 | Removable Inner Mold, Prosthetic Shoe, Each | | Price By Report | Purchase |
| L3230 | Foot, Shoe Molded To Patient Model, Silicone | | гисе ву кероп | Fucilase |
| L3251 | Shoe, Each | | Prico By Poport | Purchaso |
| L3201 | | | Price By Report | Fucilase |
| | Foot Shoo Moldod To Patient Model Plastazata | | | |
| L3252 | Foot, Shoe Molded To Patient Model, Plastazote | ¢ | 400 AF | Durchase |
| L3232 | (Or Similar), Custom Fabricated, Each | \$ | 409.45 | Purchase |
| 10050 | Foot, Molded Shoe Plastazote (Or Similar) | ¢ | 50.02 | Durchase |
| L3253 | Custom Fitted, Each | \$ | | Purchase |
| L3254 | Non-Standard Size Or Width | | Price By Report | |
| L3255 | Non-Standard Size Or Length | | Price By Report | Purchase |
| | Orthopedic Footwear, Additional Charge For Split | ^ | | |
| L3257 | Size | \$ | | Purchase |
| L3260 | Surgical Boot/Shoe, Each | \$ | | Purchase |
| L3265 | Plastazote Sandal, Each | \$ | 37.10 | Purchase |
| | Lift, Elevation, Heel, Tapered To Metatarsals, Per | • | | |
| L3300 | Inch | \$ | 50.06 | Purchase |
| | Lift, Elevation, Heel And Sole, Neoprene, Per | | | |
| L3310 | Inch | \$ | | Purchase |
| L3320 | Lift, Elevation, Heel And Sole, Cork, Per Inch | \$ | | Purchase |
| L3330 | Lift, Elevation, Metal Extension (Skate) | \$ | 543.25 | Purchase |
| | Lift, Elevation, Inside Shoe, Tapered, Up To One- | | | |
| L3332 | Half Inch | \$ | 70.81 | Purchase |
| L3334 | Lift, Elevation, Heel, Per Inch | \$ | 36.65 | Purchase |
| L3340 | Heel Wedge, Sach | \$ | 81.78 | Purchase |
| L3350 | Heel Wedge | \$ | 21.94 | Purchase |
| L3360 | Sole Wedge, Outside Sole | \$ | 34.17 | Purchase |
| L3370 | Sole Wedge, Between Sole | \$ | 47.62 | Purchase |
| L3380 | Clubfoot Wedge | \$ | 47.62 | Purchase |
| L3390 | Outflare Wedge | \$ | | Purchase |
| L3400 | Metatarsal Bar Wedge, Rocker | \$ | | Purchase |
| L3410 | Metatarsal Bar Wedge, Between Sole | \$ | | Purchase |
| L3420 | Full Sole And Heel Wedge, Between Sole | \$ | | Purchase |
| L3430 | Heel, Counter, Plastic Reinforced | \$ | | Purchase |
| L3440 | Heel, Counter, Leather Reinforced | \$ | | Purchase |
| L3450 | Heel, Sach Cushion Type | \$ | | Purchase |
| L3455 | Heel, New Leather, Standard | \$ | | Purchase |
| L3460 | Heel, New Rubber, Standard | \$ | | Purchase |
| L3465 | Heel, Thomas With Wedge | \$ | | Purchase |
| L3470 | Heel, Thomas Extended To Ball | \$ | | Purchase |
| L3480 | Heel, Pad And Depression For Spur | \$ | | Purchase |
| L3485 | Heel, Pad, Removable For Spur | \$ | | Purchase |
| L3500 | Orthopedic Shoe Addition, Insole, Leather | \$ | | Purchase |
| L3500 | • | э \$ | | |
| L3310 | Orthopedic Shoe Addition, Insole, Rubber Orthopedic Shoe Addition, Insole, Felt Covered | Ψ | 20.00 | Purchase |
| 1 3520 | With Leather | ¢ | 20 F2 | Rurchaso |
| L3520 | Orthopedic Shoe Addition, Sole, Half | \$ \$ | | Purchase Purchase |
| L3530 | | | | |
| L3540 | Orthopedic Shoe Addition, Sole, Full | \$ | | Purchase |
| L3550 | Orthopedic Shoe Addition, Toe Tap Standard | \$ | 8.57 | Purchase |
| 1.0500 | | ¢ | <u></u> | Durahaaa |
| L3560 | Orthopedic Shoe Addition, Toe Tap, Horseshoe | \$ | 21.94 | Purchase |
| 10570 | Orthopedic Shoe Addition, Special Extension To | ^ | | |
| L3570 | Instep (Leather With Eyelets) | \$ | 81.78 | Purchase |
| | Orthopedic Shoe Addition, Convert Instep To | ¢ | | |
| L3580 | Velcro Closure | \$ | 62.25 | Purchase |
| | Orthopedic Shoe Addition, Convert Firm Shoe | | | |
| L3590 | Counter To Soft Counter | \$ | | Purchase |
| L3595 | | | 10.07 | I De una la acas |
| | Orthopedic Shoe Addition, March Bar | \$ | 40.27 | Purchase |
| L3600 | Orthopedic Shoe Addition, March Bar Transfer Of An Orthosis From One Shoe To Another, Caliper Plate, Existing | \$ | | Purchase |

| | Transfer Of An Orthosis From One Shoe To | • | | |
|--------|--|----------|-----------------|------------|
| L3610 | Another, Caliper Plate, New | \$ | 96.45 | Purchase |
| | Transfer Of An Orthosis From One Shoe To | | | |
| L3620 | Another, Solid Stirrup, Existing | \$ | 73.22 | Purchase |
| | Transfer Of An Orthosis From One Shoe To | | | |
| L3630 | Another, Solid Stirrup, New | \$ | 96.45 | Purchase |
| | Transfer Of An Orthosis From One Shoe To | | | |
| | Another, Dennis Browne Splint (Riveton), Both | | | |
| L3640 | Shoes | \$ | 41.50 | Purchase |
| | Orthopedic Shoe, Modification, Addition Or | | | |
| L3649 | Transfer, Not Otherwise Specified | | Price By Report | Purchase |
| | Shoulder Orthosis, Figure Of Eight Design | | | |
| | Abduction Restrainer, Prefabricated, Off-The- | | | |
| L3650 | Shelf | \$ | 51.53 | Purchase |
| | Shoulder Orthosis, Figure Of Eight Design | | | |
| | Abduction Restrainer, Canvas And Webbing, | | | |
| L3660 | Prefabricated, Off-The-Shelf | \$ | 116.55 | Purchase |
| | | • | | |
| | Shoulder Orthosis, Acromio/Clavicular (Canvas | | | |
| L3670 | And Webbing Type), Prefabricated, Off-The-Shelf | \$ | 98.24 | Purchase |
| | Shoulder Orthosis, Shoulder Joint Design, | 7 | 00.21 | |
| | Without Joints, May Include Soft Interface, Straps, | | | |
| | Custom Fabricated, Includes Fitting And | | | |
| L3671 | Adjustment | \$ | 841 78 | Purchase |
| 2007 1 | Shoulder Orthosis, Abduction Positioning | Ψ | 011110 | |
| | (Airplane Design), Thoracic Component And | | | |
| | Support Bar, With Or Without Nontorsion | | | |
| | Joint/Turnbuckle, May Include Soft Interface, | | | |
| | Straps, Custom Fabricated, Includes Fitting And | | | |
| L3674 | Adjustment | \$ | 1,032.68 | Purchase |
| L3074 | Shoulder Orthosis, Vest Type Abduction | Ψ | 1,002.00 | |
| | Restrainer, Canvas Webbing Type Or Equal, | | | |
| L3675 | Prefabricated, Off-The-Shelf | \$ | 163.94 | Purchase |
| L3073 | Shoulder Orthosis, Shoulder Joint Design, | φ | 103.94 | Fuiciliase |
| | 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 | | | |
| L3677 | Individual With Expertise | | Price By Report | Purchaso |
| L3077 | | | т псе ву кероп | |
| | Shoulder Orthosis, Shoulder Joint Design, Without Joints, May Include Soft Interface, Straps, | | | |
| L3678 | Prefabricated, Off-The-Shelf | | Price By Report | Burchasa |
| L3070 | | | FIICE Ву Кероп | Fuicilase |
| | Elbow Orthosis, Without Joints, May Include Soft | | | |
| 1 2702 | Interface, Straps, Custom Fabricated, Includes | ¢ | 260 75 | Purchasa |
| L3702 | Fitting And Adjustment | \$ | 269.75 | Purchase |
| 1 2740 | Elbow Orthosis, Elastic With Metal Joints, | ¢ | 407 40 | Durahaaa |
| L3710 | Prefabricated, Off-The-Shelf | \$ | 107.40 | Purchase |
| | Elbow Orthosis, Double Upright With | | | |
| 1.0700 | Forearm/Arm Cuffs, Free Motion, Custom- | ¢ | F00.05 | Durahasa |
| L3720 | Fabricated | \$ | 568.25 | Purchase |
| | Elbow Orthosis, Double Upright With | | | |
| 1.0700 | Forearm/Arm Cuffs, Extension/ Flexion Assist, | ¢ | 700 47 | Durahasa |
| L3730 | Custom-Fabricated | \$ | 783.17 | Purchase |
| | Elbow Orthosis, Double Upright With | | | |
| 107/0 | Forearm/Arm Cuffs, Adjustable Position Lock | ^ | 000 51 | |
| L3740 | With Active Control, Custom-Fabricated | \$ | 928.51 | Purchase |
| | | | | |
| | 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 | ¢ | | |
| L3760 | By An Individual With Expertise | \$ | 436.90 | Purchase |

| | Elbow Orthosis (Eo), With Adjustable Position | | | | |
|-------|--|----|-----------------|----------|--|
| L3761 | Locking Joint(S), Prefabricated, Off-The-Shelf | \$ | 451.67 | Purchase | |
| | Elbow Orthosis, Rigid, Without Joints, Includes | | | | |
| | Soft Interface Material, Prefabricated, Off-The- | | | | |
| L3762 | Shelf | \$ | 93.92 | Purchase | |
| | Elbow Wrist Hand Orthosis, Rigid, Without Joints, | | | | |
| | May Include Soft Interface, Straps, Custom | | | | |
| L3763 | Fabricated, Includes Fitting And Adjustment | \$ | 627.55 | Purchase | |
| | Elbow Wrist Hand Orthosis, Includes One Or | | | | |
| | More Nontorsion Joints, Elastic Bands, | | | | |
| | Turnbuckles, May Include Soft Interface, Straps, | | | | |
| L3764 | Custom Fabricated, Includes Fitting And Adjustment | \$ | 670 82 | Purchase | |
| 20704 | | Ψ | 010.02 | | |
| | Elbow Wrist Hand Finger Orthosis, Rigid, Without | | | | |
| | Joints, May Include Soft Interface, Straps, Custom | | | | |
| L3765 | Fabricated, Includes Fitting And Adjustment | \$ | 1,120.20 | Purchase | |
| | Elbow Wrist Hand Finger Orthosis, Includes One | | | | |
| | Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, | | | | |
| | Custom Fabricated, Includes Fitting And | | | | |
| L3766 | Adjustment | \$ | 1,186.21 | Purchase | |
| | Wrist Hand Finger Orthosis, Includes One Or | | | | |
| | More Nontorsion Joint(S), Turnbuckles, Elastic | | | | |
| | Bands/Springs, May Include Soft Interface | | | | |
| L3806 | Material, Straps, Custom Fabricated, Includes Fitting And Adjustment | \$ | 121 27 | Purchase | |
| L3000 | Wrist Hand Finger Orthosis, Without Joint(S), | φ | 424.37 | Fulchase | |
| | Prefabricated Item That Has Been Trimmed, | | | | |
| | Bent, Molded, Assembled, Or Otherwise | | | | |
| | Customized To Fit A Specific Patient By An | | | | |
| L3807 | Individual With Expertise | \$ | 218.42 | Purchase | |
| | Wrist Hand Finger Orthosis, Rigid Without Joints, | | | | |
| | May Include Soft Interface Material; Straps, Custom Fabricated, Includes Fitting And | | | | |
| L3808 | Adjustment | \$ | 339.04 | Purchase | |
| | Wrist Hand Finger Orthosis, Without Joint(S), | | | | |
| L3809 | Prefabricated, Off-The-Shelf, Any Type | \$ | 235.91 | Purchase | |
| | Addition To Upper Extremity Joint, Wrist Or | | | | |
| | Elbow, Concentric Adjustable Torsion Style Mechanism For Custom Fabricated Orthotics | | | | |
| L3891 | Only, Each | | Price By Report | Purchase | |
| 20001 | Wrist Hand Finger Orthosis, Dynamic Flexor | | | | |
| | Hinge, Reciprocal Wrist Extension/ Flexion, | | | | |
| | Finger Flexion/Extension, Wrist Or Finger Driven, | | | | |
| L3900 | Custom-Fabricated | \$ | 1,124.17 | Purchase | |
| | Wrist Hand Finger Orthosis, Dynamic Flexor | | | | |
| | Hinge, Reciprocal Wrist Extension/ Flexion, Finger Flexion/Extension, Cable Driven, Custom- | | | | |
| L3901 | Fabricated | \$ | 1,788.83 | Purchase | |
| | Wrist Hand Finger Orthosis, External Powered, | | | | |
| L3904 | Electric, Custom-Fabricated | \$ | 3,392.27 | Purchase | |
| | | | | | |
| | Wrist Hand Orthosis, Includes One Or More | | | | |
| | Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom | | | | |
| L3905 | Fabricated, Includes Fitting And Adjustment | \$ | 926.45 | Purchase | |
| | Wrist Hand Orthosis, Without Joints, May Include | | | | |
| | Soft Interface, Straps, Custom Fabricated, | | | | |
| L3906 | Includes Fitting And Adjustment | \$ | 355.28 | Purchase | |

| | Wrist Hand Orthosis, Wrist Extension Control | | |
|--------|---|----------------|----------|
| | Cock-Up, Non Molded, Prefabricated, Off-The- | | |
| L3908 | Shelf | \$ 52.05 | Purchase |
| | Hand Finger Orthosis (Hfo), Flexion Glove With | | |
| | Elastic Finger Control, Prefabricated, Off-The- | | |
| L3912 | Shelf | \$ 82.40 | Purchase |
| | Hand Finger Orthosis, Without Joints, May | | |
| 1 0040 | Include Soft Interface, Straps, Custom Fabricated, | ¢ 050.04 | |
| L3913 | Includes Fitting And Adjustment | \$ 253.01 | Purchase |
| | 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 | • ••••• | |
| L3915 | Specific Patient By An Indiv | \$ 464.41 | Purchase |
| L3916 | Wrist Hand Finger Orthosis, Includes One Or More Nontorsion Joint(S), Elastic Bands | \$ 501.58 | Purchase |
| L3910 | Hand Orthosis, Metacarpal Fracture Orthosis, | φ 501.56 | Fuchase |
| | Prefabricated Item That Has Been Trimmed, | | |
| | Bent, Molded, Assembled, Or Otherwise | | |
| | Customized To Fit A Specific Patient By An | | |
| L3917 | Individual With Expertise | \$ 98.66 | Purchase |
| 1 0040 | Hand Finger Orthosis, Metacarpal Fracture | * | |
| L3918 | Orthosis, Prefabricated, Off-The-Shelf | \$ 99.64 | Purchase |
| | Hand Orthosis, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes | | |
| L3919 | Fitting And Adjustment | \$ 253.01 | Purchase |
| | | • | |
| | Hand Finger Orthosis, Includes One Or More | | |
| | Nontorsion Joints, Elastic Bands, Turnbuckles, | | |
| 1 0004 | May Include Soft Interface, Straps, Custom | ¢ | |
| L3921 | Fabricated, Includes Fitting And Adjustment | \$ 280.59 | Purchase |
| | 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 | | |
| L3923 | Specific Patient By An Individual With Expertise | \$ 75.57 | Purchase |
| 1 2024 | Hand Finger Orthosis, Without Joints, May | ¢ 04.00 | Durahasa |
| L3924 | Include Soft Interface, Straps, And Adjustable | \$ 81.62 | Purchase |
| | Finger Orthosis, Proximal Interphalangeal | | |
| | (Pip)/Distal Interphalangeal (Dip), Non Torsion | | |
| | Joint/Spring, Extension/Flexion, May Include Soft | | |
| L3925 | Interface Material, Prefabricated, Off-The-Shelf | \$ 45.85 | Purchase |
| | Finger Orthosis, Proximal Interphalangeal | | |
| | (Pip)/Distal Interphalangeal (Dip), Without Joint/Spring, Extension/Flexion (E.G. Static Or | | |
| | Ring Type), May Include Soft Interface Material, | | |
| L3927 | Prefabricated, Off-The-Shelf | \$ 32.67 | Purchase |
| | 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 | | |
| L3929 | Otherwise Customized To Fit A Specific | \$ 72.62 | Purchase |
| | | - I 2.02 | |
| | Hand Finger Orthosis, Includes One Or More | | |
| | Nontorsion Joint(S), Turnbuckles, Prefabricated, | | |
| L3930 | Includes Fitting And Adjustment | \$ 73.36 | Purchase |

| r | Write Lland Finger Orthania Industry Orthan | | | | I |
|--------|---|------------|------|-----------|---|
| | Wrist Hand Finger Orthosis, Includes One Or | | | | |
| | More Nontorsion Joint(S), Turnbuckles, Elastic | | | | |
| | Bands/Springs, May Include Soft Interface | | | | |
| 1 2024 | Material, Straps, Prefabricated, Includes Fitting | ¢ 40 | | Durchase | |
| L3931 | And Adjustment | \$ 16 | 7.77 | Purchase | |
| | Finger Orthosis, Without Joints, May Include Soft | | | | |
| 1 2022 | Interface, Custom Fabricated, Includes Fitting | ¢ 10 | 0.22 | Burehaaa | |
| L3933 | And Adjustment | \$ 19 | 9.33 | Purchase | |
| | Finger Orthosis, Nontorsion Joint, May Include | | | | |
| 1 0005 | Soft Interface, Custom Fabricated, Includes | ¢ 00 | ~ | Dunchase | |
| L3935 | Fitting And Adjustment | \$ 20 | 6.44 | Purchase | |
| L3956 | Addition Of Joint To Upper Extremity Orthosis, Any Material; Per Joint | Dries Dy D | # | Durchase | |
| L3930 | | Price By R | epon | Purchase | |
| | Shoulder Elbow Wrist Hand Orthosis, Abduction | | | | |
| | Positioning, Airplane Design, Prefabricated, | | | | |
| L3960 | | \$ 63 | 8.50 | Purchase | |
| L3900 | Includes Fitting And Adjustment Shoulder Elbow Wrist Hand Orthosis, Shoulder | φ 03 | 0.00 | Fuicilase | |
| | Cap Design, Without Joints, May Include Soft | | | | |
| | Interface, Straps, Custom Fabricated, Includes | | | | |
| L3961 | Fitting And Adjustment | \$ 1,46 | 7.79 | Purchase | |
| 20001 | | φ 1,-0 | 1.15 | | |
| | Shoulder Elbow Wrist Hand Orthosis, Abduction | | | | |
| | Positioning, Erbs Palsey Design, Prefabricated, | | | | |
| L3962 | Includes Fitting And Adjustment | \$ 62 | 3.35 | Purchase | |
| | | ÷ | 0.00 | | |
| | Shoulder Elbow Wrist Hand Orthosis, Abduction | | | | |
| | Positioning (Airplane Design), Thoracic | | | | |
| | Component And Support Bar, Without Joints, May | | | | |
| | Include Soft Interface, Straps, Custom Fabricated, | | | | |
| L3967 | Includes Fitting And Adjustment | \$ 1,73 | 2.97 | Purchase | |
| | 5 , | | | | |
| | Shoulder Elbow Wrist Hand Orthosis, Shoulder | | | | |
| | Cap Design, Includes One Or More Nontorsion | | | | |
| | Joints, Elastic Bands, Turnbuckles, May Include | | | | |
| | Soft Interface, Straps, Custom Fabricated, | | | | |
| L3971 | Includes Fitting And Adjustment | \$ 1,64 | 4.96 | Purchase | |
| | | | | | |
| | 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, | | | | |
| L3973 | Custom Fabricated, Includes Fitting | \$ 1,73 | 2.97 | Purchase | |
| | Shoulder Elbow Wrist Hand Finger Orthosis, | | | | |
| | Shoulder Cap Design, Without Joints, May | | | | |
| | Include Soft Interface, Straps, Custom Fabricated, | | | | |
| L3975 | Includes Fitting And Adjustment | \$ 1,46 | 7.79 | Purchase | |
| | | | | | |
| | Shoulder Elbow Wrist Hand Finger Orthosis, | | | | |
| | Abduction Positioning (Airplane Design), Thoracic | | | | |
| | Component And Support Bar, Without Joints, May | | | | |
| 1 2070 | Include Soft Interface, Straps, Custom Fabricated, | ¢ 4.40 | 7 70 | Purchase | |
| L3976 | Includes Fitting And Adjustment | \$ 1,46 | 1.19 | Purchase | |
| | Shouldor Elbow Wrist Hand Einger Orthogia | | | | |
| | Shoulder Elbow Wrist Hand Finger Orthosis, Shoulder Cap Design, Includes One Or More | | | | |
| | Shoulder Cap Design, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, | | | | |
| | May Include Soft Interface, Straps, Custom | | | | |
| L3977 | Fabricated, Includes Fitting And Adjustment | \$ 1,64 | 1 06 | Purchase | |
| L0011 | r ashoatoa, molades r itting Ana Aujustment | ψ 1,04 | 1.00 | | |

| | Shoulder Elbow Wrist Hand Finger Orthosis, | | | | |
|----------------|--|----|-----------------|------------|--|
| I | Abduction Positioning (Airplane Design), Thoracic | | | | |
| | Component And Support Bar, Includes One Or | | | | |
| | More Nontorsion Joints, Elastic Bands, | | | | |
| I | Turnbuckles, May Include Soft Interface, Straps, | | | | |
| L3978 | Custom Fabricated, Includes Fitting | \$ | 1,732.97 | Purchase | |
| | | | | | |
| | Upper Extremity Fracture Orthosis, Humeral, | • | | | |
| L3980 | Prefabricated, Includes Fitting And Adjustment | \$ | 268.59 | Purchase | |
| | Upper Extremity Fracture Orthosis, Humeral, | | | | |
| | Prefabricated, Includes Shoulder Cap Design, | | | | |
| | With Or Without Joints, Forearm Section, May | | | | |
| 1 2004 | Include Soft Interface, Straps, Includes Fitting | ¢ | 004.45 | Durchase | |
| L3981 | And Adjustments | \$ | 881.15 | Purchase | |
| | Upper Extremity Fracture Orthosis, Radius/Ulnar, | | | | |
| L3982 | Prefabricated, Includes Fitting And Adjustment | \$ | 332.09 | Purchase | |
| L3902 | Freiablicated, includes Fitting And Aujustment | φ | 332.09 | r uiciidəe | |
| | Upper Extremity Fracture Orthosis, Wrist, | | | | |
| L3984 | Prefabricated, Includes Fitting And Adjustment | \$ | 343.60 | Purchase | |
| 20004 | Addition To Upper Extremity Orthosis, Sock, | Ψ | 040.00 | | |
| L3995 | Fracture Or Equal, Each | \$ | 28.41 | Purchase | |
| L3993 | | φ | 20.41 | r uiciiase | |
| L3999 | Upper Limb Orthosis, Not Otherwise Specified | | Price By Report | Purchase | |
| | | | <u></u> | | |
| L4000 | Replace Girdle For Spinal Orthosis (Ctlso Or So) | \$ | 1,283.84 | Purchase | |
| | Replacement Strap, Any Orthosis, Includes All | • | , | | |
| L4002 | Components, Any Length, Any Type | \$ | 39.46 | Purchase | |
| L4010 | Replace Trilateral Socket Brim | \$ | 645.89 | Purchase | |
| | Replace Quadrilateral Socket Brim, Molded To | Ŧ | | | |
| L4020 | Patient Model | \$ | 764.71 | Purchase | |
| | | • | - | | |
| L4030 | Replace Quadrilateral Socket Brim, Custom Fitted | \$ | 448.25 | Purchase | |
| | Replace Molded Thigh Lacer, For Custom | • | | | |
| L4040 | Fabricated Orthosis Only | \$ | 378.32 | Purchase | |
| | Replace Non-Molded Thigh Lacer, For Custom | | | | |
| L4045 | Fabricated Orthosis Only | \$ | 350.55 | Purchase | |
| | Replace Molded Calf Lacer, For Custom | | | | |
| L4050 | Fabricated Orthosis Only | \$ | 366.53 | Purchase | |
| | Replace Non-Molded Calf Lacer, For Custom | | | | |
| L4055 | Fabricated Orthosis Only | \$ | 237.35 | Purchase | |
| L4060 | Replace High Roll Cuff | \$ | | Purchase | |
| L4070 | Replace Proximal And Distal Upright For Ako | \$ | | Purchase | |
| | | | | | |
| L4080 | Replace Metal Bands Kafo-Afo, Proximal Thigh | \$ | 89.80 | Purchase | |
| | Replace Metal Bands Kafo-Afo, Calf Or Distal | | | | |
| L4090 | Thigh | \$ | 80.17 | Purchase | |
| L4100 | Replace Leather Cuff Kafo, Proximal Thigh | \$ | 92.61 | Purchase | |
| | Replace Leather Cuff Kafo-Afo, Calf Or Distal | | | | |
| L4110 | Thigh | \$ | 76.28 | Purchase | |
| L4130 | Replace Pretibial Shell | \$ | 506.22 | Purchase | |
| | Repair Of Orthotic Device, Labor Component, Per | | | | |
| L4205 | 15 Minutes | \$ | 31.94 | Purchase | |
| | | | | | |
| | Repair Of Orthotic Device, Repair Or Replace | | | | |
| L4210 | Minor Parts | \$ | 45.76 | Purchase | |
| L4210 | Minor Parts | \$ | 45.76 | Purchase | |
| L4210 | Minor Parts Ankle Control Orthosis, Stirrup Style, Rigid, | \$ | 45.76 | Purchase | |
| L4210 L4350 | Minor Parts | \$ | | Purchase | |

| | Walking Boot, Pneumatic And/Or Vacuum, With | | | |
|--------|---|------------|------------|-----|
| | Or Without Joints, With Or Without Interface | | | |
| | Material, Prefabricated Item That Has Been | | | |
| | Trimmed, Bent, Molded, Assembled, Or | | | |
| | Otherwise Customized To Fit A Specific Patient | | | |
| L4360 | By An Individual With Expertise | \$ 265.2 | 8 Purchase | |
| | | | | |
| | Walking Boot, Pneumatic And/Or Vacuum, With | | | |
| | Or Without Joints, With Or Without Interface | | | |
| L4361 | Material, Prefabricated, Off-The-Shelf | \$ 286.5 | 2 Purchase | |
| 1 4070 | Pneumatic Full Leg Splint, Prefabricated, Off-The- | ¢ 400.0 | 4 Durahasa | |
| L4370 | Shelf Walking Boot, Non-Pneumatic, With Or Without | \$ 183.8 | 4 Purchase | |
| | Joints, With Or Without Interface Material, | | | |
| | Prefabricated Item That Has Been Trimmed, | | | |
| | Bent, Molded, Assembled, Or Otherwise | | | |
| | Customized To Fit A Specific Patient By An | | | |
| L4386 | Individual With Expertise | \$ 152.1 | 9 Purchase | |
| | Walking Boot, Non-Pneumatic, With Or Without | | | |
| | Joints, With Or Without Interface Material, | | | |
| L4387 | Prefabricated, Off-The-Shelf | \$ 164.3 | 6 Purchase | |
| | | | | |
| L4392 | Replacement, Soft Interface Material, Static Afo | \$ 22.1 | 9 Purchase | |
| L4394 | Replace Soft Interface Material, Foot Drop Splint | \$ 16.1 | 8 Purchase | |
| L4394 | | φ 10.1 | | |
| | Static Or Dynamic Ankle Foot Orthosis, Including | | | |
| | Soft Interface Material, Adjustable For Fit, For | | | |
| | Positioning, May Be Used For Minimal | | | |
| | Ambulation, Prefabricated Item That Has Been | | | |
| | Trimmed, Bent, Molded, Assembled, Or | | | |
| L4396 | Otherwise Customized To Fit A Specific | \$ 158.1 | 9 Purchase | |
| | | | | |
| | Static Or Dynamic Ankle Foot Orthosis, Including | | | |
| | Soft Interface Material, Adjustable For Fit, For | | | |
| L4397 | Positioning, May Be Used For Minimal Ambulation, Prefabricated, Off-The-Shelf | \$ 170.8 | 6 Purchase | |
| L-1007 | Foot Drop Splint, Recumbent Positioning Device, | φ 170.0 | | |
| L4398 | Prefabricated, Off-The-Shelf | \$ 72.8 | 6 Purchase | |
| | | • | | |
| | 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 | | | |
| L4631 | Closures, Custom Fabricated | \$ 1,412.8 | 5 Purchase | |
| 1 5000 | Partial Foot, Shoe Insert With Longitudinal Arch, | ¢ 477.0 | 4 Durahasa | |
| L5000 | Toe Filler Partial Foot, Molded Socket, Ankle Height, With | \$ 477.9 | 1 Purchase | |
| L5010 | Toe Filler | \$ 1,263.3 | 1 Purchase | |
| 23010 | Partial Foot, Molded Socket, Tibial Tubercle | ψ 1,203.3 | | |
| L5020 | Height, With Toe Filler | \$ 2,216.5 | 3 Purchase | |
| L5050 | Ankle, Symes, Molded Socket, Sach Foot | \$ 2,354.8 | | |
| | Ankle, Symes, Metal Frame, Molded Leather | | | |
| L5060 | Socket, Articulated Ankle/Foot | \$ 3,191.8 | 3 Purchase | |
| L5100 | Below Knee, Molded Socket, Shin, Sach Foot | \$ 2,198.3 | 6 Purchase | |
| | Below Knee, Plastic Socket, Joints And Thigh | . | | |
| L5105 | Lacer, Sach Foot | \$ 3,604.6 | 8 Purchase | |
| | Knop Diparticulation (Or Through Knop) Molded | | | |
| L5150 | Knee Disarticulation (Or Through Knee), Molded Socket, External Knee Joints, Shin, Sach Foot | \$ 3,679.1 | 0 Purchase | |
| 23130 | Knee Disarticulation (Or Through Knee), Molded | φ 3,079.1 | | |
| | Socket, Bent Knee Configuration, External Knee | | | |
| L5160 | Joints, Shin, Sach Foot | \$ 4,051.6 | 6 Purchase | |
| | | 1,001.0 | | _L] |

| r | | - | | | |
|-----------|--|----------|-------------|-----------|--|
| | Above Knee, Molded Socket, Single Axis | • | | | |
| L5200 | Constant Friction Knee, Shin, Sach Foot | \$ | 3,124.68 | Purchase | |
| | Above Knee, Short Prosthesis, No Knee Joint | | | | |
| | ("Stubbies"), With Foot Blocks, No Ankle Joints, | | | | |
| L5210 | Each | \$ | 2,473.97 | Purchase | |
| | Above Knee, Short Prosthesis, No Knee Joint | | | | |
| | ("Stubbies"), With Articulated Ankle/Foot, | | | | |
| L5220 | Dynamically Aligned, Each | \$ | 2,850.65 | Purchase | |
| | Above Knee, For Proximal Femoral Focal | | | | |
| | Deficiency, Constant Friction Knee, Shin, Sach | | | | |
| L5230 | Foot | \$ | 4,797.70 | Purchase | |
| 20200 | Hip Disarticulation, Canadian Type; Molded | Ψ | 1,101110 | | |
| | Socket, Hip Joint, Single Axis Constant Friction | | | | |
| 1 5050 | | ¢ | C 4 C 4 C F | Durahaaa | |
| L5250 | Knee, Shin, Sach Foot | \$ | 0,104.00 | Purchase | |
| | Hip Disarticulation, Tilt Table Type; Molded | | | | |
| | Socket, Locking Hip Joint, Single Axis Constant | | | | |
| L5270 | Friction Knee, Shin, Sach Foot | \$ | 5,623.29 | Purchase | |
| | Hemipelvectomy, Canadian Type; Molded Socket, | | | | |
| | Hip Joint, Single Axis Constant Friction Knee, | | | | |
| L5280 | Shin, Sach Foot | \$ | 6,387.59 | Purchase | |
| | Below Knee, Molded Socket, Shin, Sach Foot, | | | | |
| L5301 | Endoskeletal System | \$ | 2,382.54 | Purchase | |
| | Knee Disarticulation (Or Through Knee), Molded | ¥ | 2,002.01 | | |
| | Socket, Single Axis Knee, Pylon, Sach Foot, | | | | |
| L5312 | Endoskeletal System | \$ | 3,449.68 | Purchase | |
| LJJIZ | | ÷ | 3,449.00 | r ulchase | |
| | | | | | |
| | Above Knee, Molded Socket, Open End, Sach | • | | | |
| L5321 | Foot, Endoskeletal System, Single Axis Knee | \$ | 3,474.91 | Purchase | |
| | Hip Disarticulation, Canadian Type, Molded | | | | |
| | Socket, Endoskeletal System, Hip Joint, Single | | | | |
| L5331 | Axis Knee, Sach Foot | \$ | 5,299.08 | Purchase | |
| | Hemipelvectomy, Canadian Type, Molded Socket, | | | | |
| | Endoskeletal System, Hip Joint, Single Axis Knee, | | | | |
| L5341 | Sach Foot | \$ | 5,737.82 | Purchase | |
| | Immediate Post Surgical Or Early Fitting, | | , | | |
| | Application Of Initial Rigid Dressing, Including | | | | |
| | Fitting, Alignment, Sus- Pension, And One Cast | | | | |
| L5400 | Change, Below Knee | \$ | 1 160 82 | Purchase | |
| LJ400 | Change, Below Rifee | Ψ | 1,100.02 | | |
| | lana adiata Daat Ovaniaal On Fashy Fitting | | | | |
| | Immediate Post Surgical Or Early Fitting, | | | | |
| | Application Of Initial Rigid Dressing, Including | | | | |
| | Fitting, Alignment And Suspension, Below Knee, | | | | |
| L5410 | Each Additional Cast Change And Realignment | \$ | 395.20 | Purchase | |
| | Immediate Post Surgical Or Early Fitting, | | | | |
| | Application Of Initial Rigid Dressing, Including | | | | |
| | Fitting, Alignment And Sus- Pension And One | | | | |
| L5420 | Cast Change Ak Or Knee Disarticulation | \$ | 1,616.97 | Purchase | |
| | 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 | | | | |
| L5430 | - | \$ | 475.98 | Purchase | |
| LJ430 | Realignment | φ | 410.90 | | |
| | Immediate Post Surgical Or Early Fitting, | | | | |
| 1 5 4 5 3 | Application Of Non- Weight Bearing Rigid | • | · · · · · | | |
| L5450 | Dressing, Below Knee | \$ | 463.45 | Purchase | |
| | Immediate Post Surgical Or Early Fitting, | | | | |
| | Application Of Non- Weight Bearing Rigid | | | | |
| L5460 | Dressing, Above Knee | \$ | 542.80 | Purchase | |
| | Initial, Below Knee "Ptb" Type Socket, "Usmc" Or | | | | |
| | Equal Pylon, No Cover, Sach Foot, Plaster | | | | |
| L5500 | Socket, Direct Formed | \$ | 1.600.32 | Purchase | |
| | | Ŧ | 1,000.0E | 1 | |

| | Initial Above Knee, Knee Disarticulation, Jachiel | | | | |
|-------|---|-----|----------|-----------|--|
| | Initial, Above Knee - Knee Disarticulation, Ischial Level Socket, 'Usmc' Or Equal Pylon, No Cover, | | | | |
| | | ¢ | 1 060 01 | Purchase | |
| L5505 | Sach Foot Plaster Socket, Direct Formed Preparatory, Below Knee "Ptb" Type Socket, | \$ | 1,002.01 | Fuicilase | |
| | | | | | |
| L5510 | 'Usmc' Or Equal Pylon, No Cover, Sach Foot, Plaster Socket, Molded To Model | ¢ | 1,594.49 | Purchase | |
| L0010 | Preparatory, Below Knee "Ptb" Type Socket, | \$ | 1,394.49 | Fuicilase | |
| | "Usmc" Or Equal Pylon, No Cover, Sach Foot, | | | | |
| L5520 | Thermoplastic Or Equal, Direct Formed | ¢ | 1 260 22 | Purchase | |
| L0020 | | \$ | 1,300.22 | Fuicilase | |
| | Preparatory, Below Knee "Ptb" Type Socket, | | | | |
| | "Usmc" Or Equal Pylon, No Cover, Sach Foot, | | | | |
| L5530 | Thermoplastic Or Equal, Molded To Model | \$ | 1 790 08 | Purchase | |
| 20000 | Preparatory, Below Knee "Ptb" Type Socket, | Ψ | 1,700.00 | | |
| | Usmc Or Equal Pylon, No Cover, Sach Foot, | | | | |
| L5535 | Prefabricated, Adjustable Open End Socket | \$ | 1 604 03 | Purchase | |
| 20000 | Preparatory, Below Knee "Ptb" Type Socket, | Ψ | 1,004.00 | | |
| | "Usmc" Or Equal Pylon, No Cover, Sach Foot, | | | | |
| L5540 | Laminated Socket, Molded To Model | \$ | 1 921 37 | Purchase | |
| | Preparatory, Above Knee- Knee Disarticulation, | + | .,0207 | | |
| | Ischial Level Socket, "Usmc" Or Equal Pylon, No | | | | |
| | Cover, Sach Foot, Plaster Socket, Molded To | | | | |
| L5560 | Model | \$ | 2,246.26 | Purchase | |
| | Preparatory, Above Knee-Knee Disarticulation, | + | , | | |
| | Ischial Level Socket, "Usmc" Or Equal Pylon, No | | | | |
| | Cover, Sach Foot, Thermoplastic Or Equal, Direct | | | | |
| L5570 | Formed | \$ | 2,430.85 | Purchase | |
| | Preparatory, Above Knee-Knee Disarticulation | | | | |
| | Ischial Level Socket, "Usmc" Or Equal Pylon, No | | | | |
| | Cover, Sach Foot, Thermoplastic Or Equal, | | | | |
| L5580 | Molded To Model | \$ | 2,730.45 | Purchase | |
| | Preparatory, Above Knee-Knee Disarticulation, | | | | |
| | Ischial Level Socket, "Usmc" Or Equal Pylon, No | | | | |
| | Cover, Sach Foot, Prefabricated Adjustable Open | | | | |
| L5585 | End Socket | \$ | 2,737.58 | Purchase | |
| | Preparatory, Above Knee-Knee Disarticulation | | | | |
| | Ischial Level Socket, "Usmc" Or Equal Pylon No | | | | |
| | Cover, Sach Foot, Laminated Socket, Molded To | • | | | |
| L5590 | Model | \$ | 2,903.96 | Purchase | |
| | Description , Lin Discritical descination , Lorein et an et annu | | | | |
| | Preparatory, Hip Disarticulation-Hemipelvectomy, | | | | |
| L5595 | Pylon, No Cover, Sach Foot, Thermoplastic Or Equal, Molded To Patient Model | ¢ | 3,808.57 | Purchase | |
| L0090 | | \$ | 3,000.57 | Purchase | |
| | Preparatory, Hip Disarticulation-Hemipelvectomy, | | | | |
| | Pylon, No Cover, Sach Foot, Laminated Socket, | | | | |
| L5600 | Molded To Patient Model | \$ | 4,205.81 | Purchase | |
| L0000 | Additions To Lower Extremity, Above Knee, | Ψ | 4,200.01 | | |
| L5610 | Hydracadence | \$ | 2,536.06 | Purchase | |
| 20010 | Addition To Lower Extremity, Above Knee-Knee | Ψ | 2,000.00 | | |
| | Disarticulation, 4 Bar Linkage, With Friction Swing | | | | |
| L5611 | Phase Control | \$ | 2,031.97 | Purchase | |
| | Addition To Lower Extremity, Above Knee-Knee | * | _, | | |
| | Disarticulation, 4 Bar Linkage, With Hydraulic | | | | |
| L5613 | Swing Phase Control | \$ | 2,906.03 | Purchase | |
| | Additions To Lower Extremity, Above Knee, | • | , | | |
| L5614 | Disarticulation, 4-Bar Link | \$ | 1,623.02 | Purchase | |
| | Additions To Lower Extremity, Above Knee, | • | , | | |
| | Universal Multiplex System, Friction Swing Phase | | | | |
| L5616 | Control | \$ | 1,686.85 | Purchase | |
| | | · · | | | |
| | Addition To Lower Extremity, Quick Change Self- | | | | |
| L5617 | Aligning Unit, Above Knee Or Below Knee, Each | \$ | 536.48 | Purchase | |
| | | • | - | ł | |

| | Additions To Lower Extremity, Test Socket, | | | |
|----------|---|----------|---------|----------|
| L5618 | Symes | \$ | 266.02 | Purchase |
| | Additions To Lower Extremity, Test Socket, Below | | | |
| L5620 | Knee | \$ | 262.97 | Purchase |
| | Additions To Lower Extremity, Test Socket, Knee | | | |
| L5622 | Disarticulat- Ion | \$ | 342.91 | Purchase |
| LOOZZ | Additions To Lower Extremity, Test Socket, Above | Ψ | 542.01 | |
| 1 5004 | • | ¢. | 244.05 | Durahaaa |
| L5624 | Knee | \$ | 344.95 | Purchase |
| | Additions To Lower Extremity, Test Socket, Hip | | | |
| L5626 | Disarticulation | \$ | 450.98 | Purchase |
| | Additions To Lower Extremity, Test Socket, | | | |
| L5628 | Hemipelvectomy | \$ | 456.68 | Purchase |
| | Addition To Lower Extremity, Below Knee, Acrylic | | | |
| L5629 | Socket | \$ | 300.59 | Purchase |
| | Additions To Lower Extremity, Symes Type, | Ŧ | | |
| L5630 | Expandable Wall Socket | \$ | 463.60 | Purchase |
| L3030 | Addition To Lower Extremity, Above Knee Or | Ψ | +00.00 | |
| 1 5004 | | ¢ | 11E E0 | Durahaaa |
| L5631 | Knee Disarticulation, Acrylic Socket | \$ | 415.59 | Purchase |
| | Additions To Lower Extremity, Symes Type, "Ptb" | | | |
| L5632 | Brim Design Socket | \$ | 258.17 | Purchase |
| | Additions To Lower Extremity, Symes Type, | | | |
| L5634 | Posterior Opening (Canadian) Socket | \$ | 383.63 | Purchase |
| | Additions To Lower Extremity, Symes Type, | | | |
| L5636 | Medial Opening Socket | \$ | 321.35 | Purchase |
| | Addition To Lower Extremity, Below Knee, Total | ¥ | | |
| L5637 | Contact | \$ | 273.25 | Purchase |
| L3037 | | φ | 213.25 | |
| 1 5000 | Additions To Lower Extremity, Below Knee, | • | 040 70 | |
| L5638 | Leather Socket | \$ | 613.76 | Purchase |
| | Addition To Lower Extremity, Below Knee, Wood | | | |
| L5639 | Socket | \$ 1, | 413.99 | Purchase |
| | Additions To Lower Extremity, Knee | | | |
| L5640 | Disarticulation, Leather Socket | \$ | 806.44 | Purchase |
| | Additions To Lower Extremity, Above Knee, | | | |
| L5642 | Leather Socket | \$ | 781.38 | Purchase |
| | | Ŧ | | |
| | Addition To Lower Extremity, Hip Disarticulation, | | | |
| L5643 | Flexible Inner Socket, External Frame | \$ 1, | 962.94 | Purchase |
| L3040 | Additions To Lower Extremity, Above Knee, Wood | ψ 1, | 502.54 | |
| 1 50 4 4 | | ¢ . | 744 00 | Durahaaa |
| L5644 | Socket | \$ | 744.89 | Purchase |
| | Addition To Lower Extremity, Below Knee, | | | |
| L5645 | Flexible Inner Socket, External Frame | \$1, | 006.27 | Purchase |
| | Addition To Lower Extremity, Below Knee, Air, | | | |
| L5646 | Fluid, Gel Or Equal, Cushion Socket | \$ | 671.27 | Purchase |
| | Addition To Lower Extremity, Below Knee Suction | | | |
| L5647 | Socket | \$ | 918.68 | Purchase |
| | Addition To Lower Extremity, Above Knee, Air, | | | |
| L5648 | Fluid, Gel Or Equal, Cushion Socket | \$ | 830.32 | Purchase |
| 20040 | Addition To Lower Extremity, Ischial | Ψ | 500.0Z | |
| 1 5040 | | ¢ 0. | 005 05 | Durahaaa |
| L5649 | Containment/Narrow M-L Socket | \$ 2, | 005.25 | Purchase |
| | Additions To Lower Extremity, Total Contact, | • | o 4 = | |
| L5650 | Above Knee Or Knee Disarticulation Socket | \$ | 615.68 | Purchase |
| | Addition To Lower Extremity, Above Knee, | | | |
| L5651 | Flexible Inner Socket, External Frame | \$ 1, | 514.56 | Purchase |
| | Additions To Lower Extremity, Suction | | | |
| | Suspension, Above Knee Or Knee Disarticulation | | | |
| L5652 | Socket | \$ | 549.85 | Purchase |
| | Additions To Lower Extremity, Knee | T | | |
| L5653 | Disarticulation, Expandable Wall Socket | \$ | 734.00 | Purchase |
| L0000 | | Ψ | , 54.00 | |
| | Additions To Lower Extremity, Socket Insert, | | | |
| | Symes, (Kemblo, Pelite, Aliplast, Plastazote Or | ¢ | 045.00 | Durchase |
| L5654 | Equal) | \$ | 315.38 | Purchase |
| | | | | |

| | | 1 | | | |
|--------|--|----------|-----------|----------|--|
| | Additions To Lower Extremity, Socket Insert, | | | | |
| | Below Knee (Kemblo, Pelite, Aliplast, Plastazote | • | 050.00 | | |
| L5655 | Or Equal) | \$ | 250.88 | Purchase | |
| | Addition To Lower Extremity, Socket Insert, Knee | | | | |
| | Disarticul- Ation, (Kemblo, Pelite, Aliplast, | | | | |
| L5656 | Plastazote Or Equal) | \$ | 362.07 | Purchase | |
| | Additions To Lower Extremity, Socket Insert, | | | | |
| | Above Knee (Kemblo, Pelite, Aliplast, Plastazote | | | | |
| L5658 | Or Equal) | \$ | 394.20 | Purchase | |
| | Addition To Lower Extremity, Socket Insert, Multi- | | | | |
| L5661 | Durometer Symes | \$ | 575.61 | Purchase | |
| | Addition To Lower Extremity, Socket Insert, Multi- | | | | |
| L5665 | Durometer, Below Knee | \$ | 484.31 | Purchase | |
| | Additions To Lower Extremity, Below Knee, Cuff | | | | |
| L5666 | Suspension | \$ | 66.21 | Purchase | |
| | Additions To Lower Extremity, Below Knee, | | | | |
| L5668 | Molded Distal Cushion | \$ | 95.52 | Purchase | |
| | Additions To Lower Extremity, Below Knee, | + | 00.02 | | |
| | Molded Supracondular Suspension ("Pts" Or | | | | |
| L5670 | Similar) | \$ | 342.23 | Purchase | |
| 20070 | | Ψ | 572.25 | | |
| | Addition To Lower Extremity, Below Knee / Above | | | | |
| | Knee Suspension Locking Mechanism (Shuttle, | | | | |
| L5671 | Lanyard Or Equal), Excludes Socket Insert | ¢ | 607.00 | Purchase | |
| L307 I | | \$ | 027.33 | Purchase | |
| 1 5070 | Additions To Lower Extremity, Below Knee, | ¢ | 270.07 | Durahaaa | |
| L5672 | Removable Medial Brim Suspension | \$ | 376.07 | Purchase | |
| | 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 | ^ | 740.07 | | |
| L5673 | Mechanism | \$ | 716.67 | Purchase | |
| | Additions To Lower Extremity, Below Knee, Knee | | | | |
| L5676 | Joints, Single Axis, Pair | \$ | 423.91 | Purchase | |
| | Additions To Lower Extremity, Below Knee, Knee | | | | |
| L5677 | Joints, Polycentric, Pair | \$ | 466.37 | Purchase | |
| | Additions To Lower Extremity, Below Knee, Joint | | | | |
| L5678 | Covers, Pair | \$ | 48.88 | Purchase | |
| | 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 | | | | |
| L5679 | Mechanism | \$ | 597.20 | Purchase | |
| | Additions To Lower Extremity, Below Knee, Thigh | | | | |
| L5680 | Lacer, Non- Molded | \$ | 351.48 | Purchase | |
| | | | | | |
| | 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 | | | | |
| L5681 | Other Than Initial, Use Code L5673 | \$ | 1,267.70 | Purchase | |
| | Additions To Lower Extremity, Below Knee, Thigh | - | .,_07.110 | | |
| L5682 | Lacer, Gluteal/Ischial, Molded | \$ | 591.53 | Purchase | |
| | | * | 551.50 | | |
| | 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 | | | | |
| L5683 | Other Than Initial, Use | \$ | 1,267.70 | Purchase | |
| -0000 | Additions To Lower Extremity, Below Knee, Fork | Ψ | 1,201.10 | | |
| L5684 | Strap | \$ | 46.42 | Purchase | |
| L0004 | ouup | Ψ | 40.42 | | |

| | Addition To Louise Fritmentity Departmenting Delaws | 1 | | |
|--------|---|----|----------|----------|
| | Addition To Lower Extremity Prosthesis, Below | | | |
| | Knee, Suspension/Sealing Sleeve, With Or | • | | |
| L5685 | Without Valve, Any Material, Each | \$ | 131.74 | Purchase |
| | Additions To Lower Extremity, Below Knee, Back | | | |
| L5686 | Check (Extens- Ion Control) | \$ | 57.09 | Purchase |
| | Additions To Lower Extremity, Below Knee, Waist | | | |
| L5688 | Belt, Webbing | \$ | 57.78 | Purchase |
| | Additions To Lower Extremity, Below Knee, Waist | | | |
| L5690 | Belt, Padded And Lined | \$ | 92.56 | Purchase |
| | Additions To Lower Extremity, Above Knee, | • | | |
| L5692 | Pelvic Control Belt, Light | \$ | 130.07 | Purchase |
| | Additions To Lower Extremity, Above Knee, | Ŷ | | |
| L5694 | Pelvic Control Belt, Padded And Lined | \$ | 191.30 | Purchase |
| L3034 | Addition To Lower Extremity, Above Knee, Pelvic | ψ | 191.00 | |
| | | | | |
| | Control, Sleeve Suspension, Neoprene Or Equal, | ¢ | 407 50 | Durahaaa |
| L5695 | Each | \$ | 187.53 | Purchase |
| | Additions To Lower Extremity, Above Knee Or | • | | |
| L5696 | Knee Disarticulat- Ion, Pelvic Joint | \$ | 175.01 | Purchase |
| | Additions To Lower Extremity, Above Knee Or | | | |
| L5697 | Knee Disarticulat- Ion, Pelvic Band | \$ | 82.74 | Purchase |
| | Additions To Lower Extremity, Above Knee Or | | | |
| L5698 | Knee Disarticulat- Ion, Silesian Bandage | \$ | 98.67 | Purchase |
| | | | | |
| L5699 | All Lower Extremity Prosthesis, Shoulder Harness | \$ | 176.36 | Purchase |
| | Replacement, Socket, Below Knee, Molded To | | | |
| L5700 | Patient Model | \$ | 2,684.04 | Purchase |
| | Replacement, Socket, Above Knee | Ŷ | 2,00 | |
| L5701 | Disarticulation, Including Attachment | \$ | 3,582.42 | Purchase |
| 23701 | Replacement, Socket, Hip Disarticulation, | ψ | 3,302.42 | |
| L5702 | • | ¢ | 4 027 50 | Durchasa |
| L9702 | Including Hip Joint, Molded To | \$ | 4,937.59 | Purchase |
| | Ankle, Symes, Molded To Patient Model, Socket | | | |
| | Without Solid Ankle Cushion Heel (Sach) Foot, | • | | |
| L5703 | Replacement Only | \$ | 2,288.53 | Purchase |
| | | | | |
| L5704 | Custom Shaped Protective Cover, Below Knee | \$ | 560.11 | Purchase |
| | | | | |
| L5705 | Custom Shaped Protective Cover, Above Knee | \$ | 951.04 | Purchase |
| | Custom Shaped Protective Cover, Knee | | | |
| L5706 | Disarticulation | \$ | 938.39 | Purchase |
| | Custom Shaped Protective Cover, Hip | | | |
| L5707 | Disarticulation | \$ | 1,294.69 | Purchase |
| | Addition, Exoskeletal Knee-Shin System, Single | | | |
| L5710 | Axis, Manual Lock | \$ | 401.43 | Purchase |
| | Additions Exoskeletal Knee-Shin System, Single | Ŷ | | |
| L5711 | Axis, Manual Lock, Ultra-Light Material | \$ | 493.89 | Purchase |
| | Addition, Exoskeletal Knee-Shin System, Single | Ψ | -30.08 | |
| | | | | |
| 1 5740 | Axis, Friction Swing And Stance Phase Control | ¢ | | Burchasa |
| L5712 | (Safety Knee) | \$ | 407.57 | Purchase |
| | | | | |
| | Addition, Exoskeletal Knee-Shin System, Single | • | | |
| L5714 | Axis, Variable Friction Swing Phase Control | \$ | 480.07 | Purchase |
| | Addition, Exoskeletal Knee-Shin System, | | | |
| L5716 | Polycentric, Mechanical Stance Phase Lock | \$ | 919.18 | Purchase |
| | Addition, Exoskeletal Knee-Shin System, | | | |
| | Polycentric, Friction Swing And Stance Phase | | | |
| L5718 | Control | \$ | 1,148.90 | Purchase |
| | Addition, Exoskeletal Knee-Shin System, Single | | | |
| | Axis, Pneumatic Swing, Friction Stance Phase | | | |
| L5722 | Control | \$ | 950.05 | Purchase |
| | Addition, Exoskeletal Knee-Shin System, Single | * | 200.00 | |
| L5724 | Axis, Fluid Swing Phase Control | \$ | 1,492.25 | Purchase |
| 20124 | rosio, Fiala Owing Filase Control | Ψ | 1,732.23 | |

| | Addition, Exoskeletal Knee-Shin System, Single | | | | |
|--------|--|----|----------|-----------|--|
| L5726 | Axis, External Joints Fluid Swing Phase Control | \$ | 1.645.42 | Purchase | |
| 20120 | | Ŷ | ., | | |
| | Addition, Exoskeletal Knee-Shin System, Single | | | | |
| L5728 | Axis, Fluid Swing And Stance Phase Control | \$ | 2,709.27 | Purchase | |
| | Addition, Exoskeletal Knee-Shin System, Single | | | | |
| | Axis, Pneumatic/Hydra Pneumatic Swing Phase | | | | |
| L5780 | Control | \$ | 1,087.12 | Purchase | |
| | Addition To Lower Limb Prosthesis, Vacuum | | | | |
| | Pump, Residual Limb Volume Management And | | | | |
| L5781 | Moisture Evacuation System | \$ | 3,848.35 | Purchase | |
| | | | | | |
| | Addition To Lower Limb Prosthesis, Vacuum | | | | |
| | Pump, Residual Limb Volume Management And | | | | |
| L5782 | Moisture Evacuation System, Heavy Duty | \$ | 4,057.02 | Purchase | |
| | | | | | |
| | Addition, Exoskeletal System, Below Knee, Ultra- | | | | |
| L5785 | Light Material (Titanium, Carbon Fiber Or Equal) | \$ | 491.43 | Purchase | |
| | | | | | |
| | Addition, Exoskeletal System, Above Knee, Ultra- | | | | |
| L5790 | Light Material (Titanium, Carbon Fiber Or Equal) | \$ | 680.10 | Purchase | |
| | Addition, Exoskeletal System, Hip Disarticulation, | | | | |
| | Ultra-Light Material (Titanium, Carbon Fiber Or | | | | |
| L5795 | Equal) | \$ | 1,015.58 | Purchase | |
| | Addition, Endoskeletal Knee-Shin System, Single | | | | |
| L5810 | Axis, Manual Lock | \$ | 511.29 | Purchase | |
| | Addition, Endoskeletal Knee-Shin System, Single | • | | | |
| L5811 | Axis, Manual Lock, Ultra-Light Material | \$ | 893.56 | Purchase | |
| | Addition, Endoskeletal Knee-Shin System, Single | | | | |
| | Axis, Friction Swing And Stance Phase Control | • | | | |
| L5812 | (Safety Knee) | \$ | 657.75 | Purchase | |
| | Addition, Endoskeletal Knee-Shin System, | | | | |
| | Polycentric, Hydraulic Swing Phase Control, | • | | | |
| L5814 | Mechanical Stance Phase Lock | \$ | 3,819.76 | Purchase | |
| 1 5040 | Addition, Endoskeletal Knee-Shin System, | ¢ | 4 070 50 | Durahasa | |
| L5816 | Polycentric, Mechanical Stance Phase Lock | \$ | 1,072.56 | Purchase | |
| | Addition, Endoskeletal Knee-Shin System, | | | | |
| 1 5010 | Polycentric, Friction Swing, And Stance Phase Control | ¢ | 1 011 10 | Purchase | |
| L5818 | | \$ | 1,211.13 | Purchase | |
| | Addition, Endoskeletal Knee-Shin System, Single | | | | |
| L5822 | Axis, Pneumatic Swing, Friction Stance Phase Control | \$ | 1,781.51 | Purchase | |
| LJOZZ | Addition, Endoskeletal Knee-Shin System, Single | φ | 1,701.31 | Fuicilase | |
| L5824 | Axis, Fluid Swing Phase Control | \$ | 1 024 00 | Purchase | |
| L3024 | Addition, Endoskeletal Knee-Shin System, Single | φ | 1,934.00 | Fuicilase | |
| | Axis, Hydraulic Swing Phase Control, With | | | | |
| L5826 | Miniature High Activity Frame | \$ | 3,003.64 | Purchase | |
| L0020 | | Ŷ | 0,000.04 | | |
| | Addition, Endoskeletal Knee-Shin System, Single | | | | |
| L5828 | Axis, Fluid Swing And Stance Phase Control | \$ | 3,003.69 | Purchase | |
| 20020 | Addition, Endoskeletal Knee-Shin System, Single | Ψ | 5,505.03 | | |
| L5830 | Axis, Pneumatic/ Swing Phase Control | \$ | 1,794.83 | Purchase | |
| 20000 | Addition, Endoskeletal Knee/Shin System, 4-Bar | Ŷ | 1,104.00 | | |
| | Linkage Or Multiaxial, Pneumatic Swing Phase | | | | |
| L5840 | Control | \$ | 3,691.34 | Purchase | |
| | Addition, Endoskeletal, Knee-Shin System, | * | 5,551.04 | | |
| L5845 | Stance Flexion Feature, Adjustable | \$ | 1,843.47 | Purchase | |
| | Addition To Endoskeletal Knee-Shin System, | * | 1,010.47 | | |
| | Fluid Stance Extension, Dampening Feature, | | | | |
| L5848 | With Or Without Adjustability | \$ | 1,105.95 | Purchase | |
| | Addition, Endoskeletal System, Above Knee Or | 7 | ., | | |
| L5850 | Hip Disarticulation, Knee Extension Assist | \$ | 161.33 | Purchase | |
| _0000 | | Ψ | 101.00 | | |

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|---------|---|----------|-----------|-----------|-------------|
| | Addition, Endoskeletal System, Hip | | | | |
| L5855 | Disarticulation, Mechanical Hip Extension Assist | \$ | 387.26 | Purchase | |
| L3033 | | φ | 307.20 | r uichase | |
| | Addition To Lower Extremity Prosthesis, | | | | |
| | Endoskeletal Knee-Shin System, Microprocessor | | | | |
| | Control Feature, Swing And Stance Phase, | | | | |
| L5856 | Includes Electronic Sensor(S), Any Type | \$ | 23,072.63 | Purchase | |
| 20000 | | Ψ | 20,072.00 | | |
| | Addition To Lower Extremity Prosthesis, | | | | |
| | Endoskeletal Knee-Shin System, Microprocessor | | | | |
| | Control Feature, Swing Phase Only, Includes | | | | |
| L5857 | Electronic Sensor(S), Any Type | \$ | 8.176.55 | Purchase | |
| | | • | -, | | |
| | Addition To Lower Extremity Prosthesis, | | | | |
| | Endoskeletal Knee Shin System, Microprocessor | | | | |
| | Control Feature, Stance Phase Only, Includes | | | | |
| L5858 | Electronic Sensor(S), Any Type | \$ | 17,875.27 | Purchase | |
| | Addition To Lower Extremity Prosthesis, | | | | |
| | Endoskeletal Knee-Shin System, Powered And | | | | |
| | Programmable Flexion/Extension Assist Control, | | | | |
| L5859 | Includes Any Type Motor(S) | \$ | 13,955.06 | Purchase | PA Required |
| | Addition, Endoskeletal System, Below Knee, | | | | |
| L5910 | Alignable System | \$ | 456.77 | Purchase | |
| | Addition, Endoskeletal System, Above Knee Or | | | | |
| L5920 | Hip Disarticulation, Alignable System | \$ | 664.56 | Purchase | |
| | Addition, Endoskeletal System, Above Knee, | | | | |
| | Knee Disarticulation Or Hip Disarticulation, | | | | |
| L5925 | Manual Lock | \$ | 423.77 | Purchase | |
| | Addition, Endoskeletal System, High Activity Knee | | | | |
| L5930 | Control Frame | \$ | 3,227.24 | Purchase | |
| | | | | | |
| | Addition, Endoskeletal System, Below Knee, Ultra- | | | | |
| L5940 | Light Material (Titanium, Carbon Fiber Or Equal) | \$ | | Purchase | |
| L5950 | Material (Titaniu | \$ | 764.62 | Purchase | |
| L5960 | Ra-Light Material | \$ | 911.86 | Purchase | |
| | Addition, Endoskeletal System, Polycentric Hip | | | | |
| | Joint, Pneumatic Or Hydraulic Control, Rotation | | | | |
| | Control, With Or Without Flexion And/Or | | | | |
| L5961 | Extension Control | \$ | 4,849.92 | Purchase | |
| | Addition, Endoskeletal System, Below Knee, | | | | |
| | Flexible Proctective Outer Surface Covering | • | | | |
| L5962 | System | \$ | 708.27 | Purchase | |
| | Addition, Endoskeletal System, Above Knee, | | | | |
| 1 500 4 | Flexible Protective Outer Surface Covering | ^ | 4 000 04 | | |
| L5964 | System | \$ | 1,000.94 | Purchase | |
| | Addition, Endoskeletal System, Hip | | | | |
| 1 5000 | Disarticulation, Flexible Protective Outer Surface | ¢ | 4 070 00 | Dunchase | |
| L5966 | Covering System | \$ | 1,272.86 | Purchase | |
| | Addition To Lower Limb Prosthesis, Multiaxial | | | | |
| 1 5069 | Ankle With Swing Phase Active Dorsiflexion | ¢ | 2 727 50 | Durobass | |
| L5968 | Feature | \$ | 3,737.52 | Purchase | |
| | Addition, Endoskeletal Ankle-Foot Or Ankle | | | | |
| L5969 | System, Power Assist, Includes Any Type Motor(S) | \$ | 15,072.17 | Purchase | |
| L0303 | All Lower Extremity Prostheses, Foot, External | Ψ | 10,072.17 | | |
| L5970 | Keel, Sach Foot | \$ | 214.77 | Purchase | |
| 23370 | | Ψ | 214.11 | | |
| | All Lower Extremity Prosthesis, Solid Ankle | | | | |
| L5971 | Cushion Heel (Sach) Foot, Replacement Only | \$ | 214.77 | Purchase | |
| _0071 | All Lower Extremity Prostheses, Foot, Flexible | Ψ | 217.11 | | |
| L5972 | Keel | \$ | 416.42 | Purchase | |
| | L · | Ŧ | | | |

| | Endoskeletal Ankle Foot System, Microprocessor | | | | |
|--------|--|----------|-----------------|-----------|-------------|
| | Controlled Feature, Dorsiflexion And/Or Plantar | | | | |
| L5973 | Flexion Control, Includes Power Source | \$ | 16,774.79 | Purchase | |
| | All Lower Extremity Prostheses, Foot, Single Axis | | | | |
| L5974 | Ankle/Foot | \$ | 223.50 | Purchase | |
| | All Lower Extremity Prosthesis, Combination | | | | |
| L5975 | Single Axis Ankle And Flexible Keel Foot | \$ | 445.89 | Purchase | |
| | | | | | |
| | All Lower Extremity Prostheses, Energy Storing | • | | | |
| L5976 | Foot (Seattle Carbon Copy li Or Equal) | \$ | 571.93 | Purchase | |
| 1 5070 | All Lower Extremity Prostheses, Foot, Multiaxial | ^ | 070.00 | | |
| L5978 | Ankle/Foot | \$ | 276.03 | Purchase | |
| | All Lower Extremity Prosthesis, Multi-Axial Ankle, | | | | |
| L5979 | Dynamic Response Foot, One Piece System | \$ | 2,612.55 | Purchase | |
| L3373 | Bynamic Nesponse i oot, one nece System | Ψ | 2,012.00 | i urchase | |
| L5980 | All Lower Extremity Prostheses, Flex Foot System | \$ | 4,676.05 | Purchase | PA Required |
| 20000 | All Lower Extremity Prostheses, Flex-Walk | Ψ | 1,010.00 | | |
| L5981 | System Or Equal | \$ | 3,055.69 | Purchase | |
| | All Exoskeletal Lower Extremity Prostheses, Axial | • | -, | | |
| L5982 | Rotation Unit | \$ | 729.10 | Purchase | |
| | | | | | |
| | All Endoskeletal Lower Extremity Prosthesis, | | | | |
| L5984 | Axial Rotation Unit, With Or Without Adjustability | \$ | 570.54 | Purchase | |
| | All Endoskeletal Lower Extremity Protheses, | | | | |
| L5985 | Dynamic Prosthetic Pylon | \$ | 270.72 | Purchase | |
| | All Lower Extremity Prostheses, Multi-Axial | | | | |
| L5986 | Rotation Unit ("Mcp" Or Equal) | \$ | 799.18 | Purchase | |
| | All Lower Extremity Prosthesis, Shank Foot | • | | | |
| L5987 | System With Vertical Loading Pylon | \$ | 7,398.84 | Purchase | PA Required |
| 1 5000 | Addition To Lower Limb Prosthesis, Vertical | ¢ | 0.054.00 | Durahaaa | |
| L5988 | Shock Reducing Pylon Feature Addition To Lower Extremity Prosthesis, User | \$ | 2,054.63 | Purchase | |
| L5990 | Adjustable Heel Height | \$ | 1,744.90 | Purchase | |
| L3990 | Lower Extremity Prosthesis, Not Otherwise | φ | 1,744.90 | r uichase | |
| L5999 | Specified | | Price By Report | Purchase | |
| L6000 | Partial Hand, Thumb Remaining | \$ | | Purchase | |
| | <u> </u> | • | , | | |
| L6010 | Partial Hand, Little And/Or Ring Finger Remaining | \$ | 1,489.01 | Purchase | |
| L6020 | Partial Hand, No Finger Remaining | \$ | 1,325.58 | Purchase | |
| | | | | | |
| | Transcarpal/Metacarpal Or Partial Hand | | | | |
| | Disarticulation Prosthesis, External Power, Self- | | | | |
| | Suspended, Inner Socket With Removable | | | | |
| | Forearm Section, Electrodes And Cables, Two | | | | |
| 1 6000 | Batteries, Charger, Myoelectric Control Of | ¢ | | Durahasa | |
| L6026 | Terminal Device, Excludes Terminal Device(S) | \$ | 4,505.29 | Purchase | |
| L6050 | Wrist Disarticulation, Molded Socket, Flexible Elbow Hinges, Triceps Pad | \$ | 1,933.64 | Purchase | |
| L0030 | Wrist Disarticulation, Molded Socket With | ψ | 1,933.04 | | |
| | Expandable Interface, Flexible Elbow Hinges, | | | | |
| L6055 | Triceps Pad | \$ | 2,677.05 | Purchase | |
| 20000 | Below Elbow, Molded Socket, Flexible Elbow | Ψ | 2,011.00 | | |
| L6100 | Hinge, Triceps Pad | \$ | 1,913.91 | Purchase | |
| | Below Elbow, Molded Socket, (Muenster Or | Ŧ | ., | | |
| L6110 | Northwestern Sus- Pension Types) | \$ | 1,975.24 | Purchase | |
| | Below Elbow, Molded Double Wall Split Socket, | | | | |
| L6120 | Step-Up Hinges, Half Cuff | \$ | 2,479.96 | Purchase | |
| | | | | | |
| | Below Elbow, Molded Double Wall Split Socket, | Ι. | | | |
| L6130 | Stump Activated Locking Hinge, Half Cuff | \$ | 2,675.61 | Purchase | |

| | Elbow Disortioulation Maldad Casket Outside | | | | |
|-----------|---|----------|----------|-----------|--|
| L6200 | Elbow Disarticulation, Molded Socket, Outside Locking Hinge, Forearm | \$ | 2,884.21 | Purchase | |
| L0200 | Elbow Disarticulation, Molded Socket With | φ | 2,004.21 | Fulcilase | |
| | Expandable Interface, Outside Locking Hinges, | | | | |
| L6205 | Forearm | \$ | 3 532 49 | Purchase | |
| 20200 | Above Elbow, Molded Double Wall Socket, | Ψ | 0,002.40 | | |
| L6250 | Internal Locking Elbow, Forearm | \$ | 2,567.97 | Purchase | |
| L0200 | Shoulder Disarticulation, Molded Socket, | Ψ | 2,007.07 | | |
| | Shoulder Bilsanculation, Molded Socket, Shoulder Bulkhead, Humeral Section, Internal | | | | |
| L6300 | Locking Elbow, Forearm | \$ | 3 765 45 | Purchase | |
| 20000 | Shoulder Disarticulation, Passive Restoration | Ψ | 0,700.40 | | |
| L6310 | (Complete Pros- Thesis) | \$ | 2,870.36 | Purchase | |
| | Shoulder Disarticulation, Passive Restoration | Ŷ | 2,010100 | | |
| L6320 | (Shoulder Cap Only) | \$ | 1,723,28 | Purchase | |
| | Interscapular Thoracic, Molded Socket, Shoulder | Ŷ | .,00 | | |
| | Bulkhead, Humeral Section, Internal Locking | | | | |
| L6350 | Elbow, Forearm | \$ | 4,326.50 | Purchase | |
| | Intersacpular Thoracic, Passive Restoration | Ŧ | ., | | |
| L6360 | (Complete Pros- Thesis) | \$ | 3,012.79 | Purchase | |
| | Interscapular Thoracic, Passive Restoration | Ŧ | -, | | |
| L6370 | (Shoulder Cap Only) | \$ | 1,921.15 | Purchase | |
| | Immediate Post Surgical Or Early Fitting, | Ŧ | ., | | |
| | Application Of Initial Rigid Dressing, Including | | | | |
| | Fitting Alignment And Suspension Of | | | | |
| | Components, And One Cast Change, Wrist | | | | |
| L6380 | Disarticulation Or Below Elbow | \$ | 1,101.44 | Purchase | |
| | Immediate Post Surgical Or Early Fitting, | | | | |
| | Application Of Initial Rigid Dressing Including | | | | |
| | Fitting Alignment And Suspension Of | | | | |
| | Components, And One Cast Change, Elbow | | | | |
| L6382 | Disarticulation Or Above Elbow | \$ | 1,497.02 | Purchase | |
| | | | | | |
| | Immediate Post Surgical Or Early Fitting, | | | | |
| | Application Of Initial Rigid Dressing Including | | | | |
| | Fitting Alignment And Suspension Of | | | | |
| | Components, And One Cast Change, Shoulder | | | | |
| L6384 | Disarticulation Or Interscapular Thoracic | \$ | 2,075.94 | Purchase | |
| | | | | | |
| | Immediate Post Surgical Or Early Fitting, Each | • | | | |
| L6386 | Additional Cast Change And Realignment | \$ | 379.85 | Purchase | |
| | Immediate Post Surgical Or Early Fitting, | | | | |
| L6388 | Application Of Rigid Dressing Only | \$ | 478.20 | Purchase | |
| | | | | | |
| 1 0 4 0 0 | Below Elbow, Molded Socket, Endoskeletal | ^ | 0 000 44 | | |
| L6400 | System, Including Soft Prosthetic Tissue Shaping | \$ | 2,926.41 | Purchase | |
| | Elbow Disarticulation, Molded Socket, | | | | |
| 10450 | Endoskeletal System, Including Soft Prosthetic | ^ | 0 000 00 | | |
| L6450 | Tissue Shaping | \$ | 3,888.29 | Purchase | |
| | | | | | |
| 1.6500 | Above Elbow, Molded Socket, Endoskeletal | ¢ | 2 000 00 | Durahaac | |
| L6500 | System, Including Soft Prosthetic Tissue Shaping | \$ | 3,823.66 | Purchase | |
| | Shoulder Disarticulation, Molded Socket, | | | | |
| | Endoskeletal System, Including Soft Prosthetic | ¢ | 4 700 07 | Durahaac | |
| L6550 | Tissue Shaping | \$ | 4,782.67 | Purchase | |
| | Interscapular Thoracic, Molded Socket, | | | | |
| L6570 | Endoskeletal System, Including Soft Prosthetic Tissue Shaping | ¢ | 4,976.29 | Purchase | |
| L03/0 | | \$ | 4,910.29 | | |
| | Proparatory Wrist Disarticulation Or Polow | | | | |
| | 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 | | | | |
| L6580 | Equal Pylon, No Cover, Molded To Patient Model | \$ | 1 779 30 | Purchase | |
| _0000 | | Ψ | 1,170.00 | | |

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| | Bronoratory Wrist Disarticulation Or Polow | | | | |
| | 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 | | | | |
| L6582 | Pylon, No Cover, Direct Formed | \$ | 1,735.76 | Purchase | |
| | | * | , | | |
| | 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 | | | | |
| L6584 | Cover, Molded To Patient Model | \$ | 1,936.04 | Purchase | |
| | Preparatory, Elbow Disarticulation Or Above | | | | |
| | Elbow, Single Wall Socket, Friction Wrist, Locking | | | | |
| | Elbow, Figure Or Eight Harness, Fair Lead Cable | | | | |
| L6586 | Control, Usmc Or Equal Pylon, No Cover, Direct Formed | \$ | 2,014.36 | Purchasa | |
| L0300 | Preparatory, Shoulder Disarticulation Or | φ | 2,014.30 | Fulchase | |
| | Interscapular Thoracic, Single Wall Plastic | | | | |
| | Socket, Shoulder Joint, Locking Elbow, Friction | | | | |
| L6588 | Wrist, Chest Strap, | \$ | 2,673.54 | Purchase | |
| | Preparatory, Shoulder Disarticulation Or | . F | _, | | |
| | Interscapular Thoracic, Single Wall Socket, | | | | |
| | Shoulder Joint, Locking Elbow, Friction Wrist, | | | | |
| | Chest Strap, Fair Lead Cable Control, Usmc Or | | | | |
| L6590 | Equal Pylon, No Cover, Direct Formed | \$ | 2,681.42 | Purchase | |
| | Upper Extremity Additions, Polycentric Hinge, | | | | |
| L6600 | Pair | \$ | 177.43 | Purchase | |
| | Upper Extremity Additions, Single Pivot Hinge, | | | | |
| L6605 | Pair | \$ | 175.19 | Purchase | |
| 1 0040 | Upper Extremity Additions, Flexible Metal Hinge, | • | 400.00 | | |
| L6610 | Pair | \$ | 160.33 | Purchase | |
| | Addition To Lippor Extremity Prosthosic, External | | | | |
| L6611 | Addition To Upper Extremity Prosthesis, External Powered, Additional Switch, Any Type | \$ | 395.99 | Purchase | |
| LUUTT | Upper Extremity Additions, Disconnect Locking | φ | 393.99 | r uiciidəe | |
| L6615 | Wrist Unit | \$ | 184.67 | Purchase | |
| 20010 | | + | | | |
| | Upper Extremity Addition, Additional Disconnect | | | | |
| L6616 | Insert For Locking Wrist Unit, Each | \$ | 61.35 | Purchase | |
| | Upper Extremity Addition, Flexion/Extension Wrist | | | | |
| L6620 | Unit, With Or Without Friction | \$ | 321.78 | Purchase | |
| | | | | | |
| | Upper Extremity Prosthesis Addition, | | | | |
| | Flexion/Extension Wrist With Or Without Friction, | | | | |
| L6621 | For Use With External Powered Terminal Device | \$ | 2,199.94 | Purchase | |
| | Upper Extremity Addition, Spring Assisted | • | | | |
| L6623 | Rotational Wrist Unit With Latch Release | \$ | 606.74 | Purchase | |
| 16604 | Upper Extremity Addition, Flexion/Extension And | ¢ | 2 622 26 | Durahaaa | |
| L6624 | Rotation Wrist Unit Upper Extremity Additions, Rotation Wrist Unit | \$ | 3,622.26 | Purchase | |
| L6625 | With Cable Lock | \$ | 503.06 | Purchase | |
| 20020 | Upper Extremity Addition, Quick Disconnect Hook | Ψ | 505.00 | | |
| L6628 | Adapter, Otto Bock Or Equal | \$ | 604.16 | Purchase | |
| | Upper Extremity Addition, Quick Disconnect | r | | | |
| | Lamination Collar With Coupling Piece, Otto Bock | | | | |
| L6629 | Or Equal | \$ | 173.38 | Purchase | |
| | Upper Extremity Additions, Stainless Steel, Any | | | | |
| L6630 | Wrist | \$ | 203.86 | Purchase | |
| | Upper Extremity Addition, Latex Suspension | | | | |
| L6632 | Sleeve, Each | \$ | 81.94 | Purchase | |
| | | | | | |
| L6635 | Upper Extremity Addition, Lift Assist For Elbow | \$ | 195.94 | Purchase | |

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| | Upper Extremity Addition, Nudge Control Elbow | | | | |
| L6637 | Lock | \$ | 347.32 | Purchase | |
| | Upper Extremity Addition To Prosthesis, Electric | | | | |
| | Locking Feature, Only For Use With Manually | | | | |
| L6638 | Powered Elbow | \$ | 2,405.22 | Purchase | |
| | Upper Extremity Additions, Shoulder Abduction | | | | |
| L6640 | Joint, Pair | \$ | 277.44 | Purchase | |
| | Upper Extremity Addition, Excursion Amplifier, | | | | |
| L6641 | Pulley Type | \$ | 152.69 | Purchase | |
| 20041 | Upper Extremity Addition, Excursion Amplifier, | Ψ | 102.00 | | |
| L6642 | | \$ | 205.68 | Purchase | |
| L0042 | Lever Type | φ | 205.00 | Fuicilase | |
| | Upper Extremity Additions, Shoulder Flexion- | • | | | |
| L6645 | Abduction Joint, Each | \$ | 301.95 | Purchase | |
| | Upper Extremity Addition, Shoulder Joint, | | | | |
| | Multipositional Locking, Flexion, Adjustable | | | | |
| | Abduction Friction Control, For Use With Body | | | | |
| L6646 | Powered Or External Powered System | \$ | 3,033.53 | Purchase | |
| | Upper Extremity Addition, Shoulder Lock | | | | |
| L6647 | Mechanism, Body Powered Actuator | \$ | 499.46 | Purchase | |
| | Upper Extremity Addition, Shoulder Lock | | | | |
| L6648 | Mechanism, External Powered Actuator | \$ | 3,128.64 | Purchase | |
| 20040 | Upper Extremity Additions, Shoulder Universal | Ψ | 0,120.04 | | |
| L6650 | Joint, Each | \$ | 320.17 | Purchase | |
| L0030 | | φ | 520.17 | Fuicilase | |
| | Upper Extremity Additions, Standard Control | • | 74.00 | | |
| L6655 | Cable, Extra | \$ | 71.06 | Purchase | |
| | Upper Extremity Additions, Heavy Duty Control | | | | |
| L6660 | Cable | \$ | 88.91 | Purchase | |
| | Upper Extremity Additions, Teflon, Or Equal, | | | | |
| L6665 | Cable Lining | \$ | 43.56 | Purchase | |
| | Upper Extremity Additions, Hook To Hand, Cable | | | | |
| L6670 | Adapter | \$ | 45.36 | Purchase | |
| 20010 | Upper Extremity Additions, Harness, Chest Or | Ψ | 10.00 | | |
| L6672 | Shoulder, Saddle Type | \$ | 101 28 | Purchase | |
| L0072 | Upper Extremity Addition, Harness, (E.G. Figure | ψ | 191.20 | Fuicilase | |
| 1.0075 | | ¢ | 110.00 | Durahaaa | |
| L6675 | Of Eight Type), Single Cable Design | \$ | 113.60 | Purchase | |
| | Upper Extremity Addition, Harness, (E.G. Figure | • | | | |
| L6676 | Of Eight Type), Dual Cable Design | \$ | 133.92 | Purchase | |
| | Upper Extremity Addition, Harness, Triple Control, | | | | |
| | Simultaneous Operation Of Terminal Device And | | | | |
| L6677 | Elbow | \$ | 285.32 | Purchase | |
| | Upper Extremity Additions, Test Socket, Wrist | | | | |
| L6680 | Disarticulat- Ion Or Below Elbow | \$ | 232.41 | Purchase | |
| | Upper Extremity Additions, Test Socket, Elbow | | | | |
| L6682 | Disarticulat- Ion Or Above Elbow | \$ | 253.36 | Purchase | |
| | | Ŷ | 200.00 | | |
| | Upper Extremity Additions, Test Socket, Shoulder | | | | |
| 16694 | | ¢ | 260.46 | Burehaaa | |
| L6684 | Dis- Articulation Or Interscapular Thoracic | \$ | | Purchase | |
| L6686 | Upper Extremity Addition, Suction Socket | \$ | 558.41 | Purchase | |
| | Upper Extremity Addition, Frame Type Socket, | | | | |
| L6687 | Below Elbow Or Wrist Disarticulation | \$ | 727.46 | Purchase | |
| | | | | | |
| | Upper Extremity Addition, Frame Type Socket, | | | | |
| L6688 | Above Elbow Or Elbow Disarticulation | \$ | 501.07 | Purchase | |
| | Upper Extremity Addition, Frame Type Socket, | | | | |
| L6689 | Shoulder Disarticulation | \$ | 849.78 | Purchase | |
| | Upper Extremity Addition, Frame Type Socket, | | | | |
| L6690 | Interscapular-Thoracic | \$ | 650.40 | Purchase | |
| 20030 | Upper Extremity Addition, Removable Insert, | Ψ | 000.40 | | |
| 1 6604 | | ¢ | 200 50 | Burebasa | |
| L6691 | Each | \$ | 326.50 | Purchase | |
| | Upper Extremity Addition, Silicone Gel Insert Or | • | 001.05 | | |
| 1 0000 | Equal, Each | \$ | 661.82 | Purchase | |
| L6692 | | | | | |
| L6692 L6693 | Upper Extremity Addition, Locking Elbow, Forearm Counterbalance | \$ | 2,730.56 | Purchase | |

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| L6694 | Addition To Upper Extremity Prosthesis, Below Elbow/Above Elbow, Custom Fabricated From Existing Mold Or Prefabricated, Socket Insert, Silicone Gel, Elastomeric Or Equal, For Use With Locking Mechanism | \$ | 716.67 | Purchase | |
| L6695 | 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 | \$ | 597.20 | 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 | \$ | 1,267.70 | Purchase | |
| | 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 | | | | |
| L6697 | Mechanism, Initial Only (For Addition To Upper Extremity Prosthesis, Below | \$ | ,267.70 | Purchase | |
| L6698 | Elbow/Above Elbow, Lock Mechanism, Excludes Socket Insert | \$ | 627.33 | Purchase | |
| L6703 | Terminal Device, Passive Hand/Mitt, Any Material, Any Size | \$ | 349.83 | Purchase | |
| L6704 | Terminal Device, Sport/Recreational/Work Attachment, Any Material, Any Size | \$ | 680.98 | Purchase | |
| 20704 | Terminal Device, Hook, Mechanical, Voluntary | Ψ | 000.00 | | |
| L6706 | Opening, Any Material, Any Size, Lined Or Unlined | \$ | 437.72 | Purchase | |
| L6707 | Terminal Device, Hook, Mechanical, Voluntary Closing, Any Material, Any Size, Lined Or Unlined Terminal Device, Hand, Mechanical, Voluntary | \$ | 1,351.82 | Purchase | |
| L6708 | Opening, Any Material, Any Size | \$ | 942.01 | Purchase | |
| L6709 | Terminal Device, Hand, Mechanical, Voluntary Closing, Any Material, Any Size | \$ | ,460.75 | Purchase | |
| | Terminal Device, Hook, Mechanical, Voluntary | | | | |
| L6711 | Opening, Any Material, Any Size, Lined Or Unlined, Pediatric | \$ | 646.67 | Purchase | |
| | Terminal Device, Hook, Mechanical, Voluntary | | | | |
| L6712 | Closing, Any Material, Any Size, Lined Or Unlined, Pediatric | \$ | 1,190.58 | Purchase | |
| L6713 | Terminal Device, Hand, Mechanical, Voluntary Opening, Any Material, Any Size, Pediatric | \$ | ,502.64 | Purchase | |
| L6714 | Terminal Device, Hand, Mechanical, Voluntary Closing, Any Material, Any Size, Pediatric | \$ | 1,272.71 | Purchase | |
| | Terminal Device, Hook Or Hand, Heavy Duty, Mechanical, Voluntary Opening, Any Material, Any | | | | |
| L6721 | Size, Lined Or Unlined | \$ 2 | 2,262.12 | Purchase | |
| L6722 | Terminal Device, Hook Or Hand, Heavy Duty, Mechanical, Voluntary Closing, Any Material, Any Size, Lined Or Unlined | \$ | 1,950.15 | Purchase | |
| | | | | | |
| L6805 | Addition To Terminal Device, Modifier Wrist Unit | \$ | ა 30.83 | Purchase | |

| | Addition To Terminal Device, Precision Pinch | | |
|-------|---|-------------|------------|
| L6810 | Device | \$ 208.25 | Purchase |
| L6881 | Automatic Grasp Feature, Addition To Upper Limb Electric Prosthetic Terminal Device | \$ 3,932.05 | 5 Purchase |
| L6882 | Microprocessor Control Feature, Addition To Upper Limb Prosthetic Terminal Device | \$ 2,982.70 | Purchase |
| L6883 | Replacement Socket, Below Elbow/Wrist Disarticulation, Molded To Patient Model, For Use With Or Without External Power | \$ 1,621.09 | Purchase |
| L6884 | Replacement Socket, Above Elbow/Elbow Disarticulation, Molded To Patient Model, For Use With Or Without External Power | | Purchase |
| L6885 | Replacement Socket, Shoulder Disarticulation/Interscapular Thoracic, Molded To Patient Model, For Use With Or Without External Power | \$ 3,012.79 | Purchase |
| L6890 | Addition To Upper Extremity Prosthesis, Glove For Terminal Device, Any Material, Prefabricated, Includes Fitting And Adjustment | \$ 171.90 | Purchase |
| L6895 | Addition To Upper Extremity Prosthesis, Glove For Terminal Device, Any Material, Custom Fabricated | \$ 539.83 | Purchase |
| L0030 | Hand Restoration (Casts, Shading And | ψ 359.63 | |
| L6900 | Measurements Included), Partial Hand, With Glove, Thumb Or One Finger Remaining | \$ 1,428.71 | Purchase |
| L6905 | Hand Restoration (Casts, Shading And Measurements, Included), Partial Hand, With Glove, Multiple Fingers Remaining | \$ 1,388.75 | i Purchase |
| L6910 | Hand Restoration (Casts, Shading And Measurements Included), Partial Hand, With Glove, No Fingers Remaining | \$ 1,352.93 | Purchase |
| L6915 | Hand Restoration (Shading, And Measurements Included), Replacement Glove For Above | \$ 592.14 | 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 | \$ 7,673.33 | Purchase |
| | Wrist Disarticulation, External Power, Self- Suspended Inner Socket, Removable Forearm Shell, Otto Bock Or Equal Electrodes, Cables, Two Batteries And One Charger, Myoelectronic | | |
| L6925 | Control Of Terminal Device | \$ 8,276.00 | 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 | \$ 8,062.36 | Purchase |
| 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 | \$ 8,655.94 | 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 | | i Purchase |

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| | 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 | • | 40.070.00 | | |
| L6945 | Device | \$ | 12,873.02 | Purchase | |
| | 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, | • | | | |
| L6950 | Switch Control Of Terminal Device | \$ | 12,577.10 | Purchase | |
| | 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 | ¢ | 45 000 00 | Dunchase | |
| L6955 | Device | \$ | 15,062.80 | Purchase | |
| | Obsubles Disortionation, External Device Melded | | | | |
| | 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 | | | | |
| L6960 | Control Of Terminal Device | \$ | 15,191.96 | Purchaso | |
| L0900 | Shoulder Disarticulation, External Power, Molded | ψ | 15,191.90 | Fulchase | |
| | Inner Socket, Removable Shoulder Shell, | | | | |
| | Shoulder Bulkhead, Humeral Section, Mechanical | | | | |
| | Elbow, Forearm, Otto Bock Or Equal Electrodes, | | | | |
| | Cables, Two Batteries And One Charger, | | | | |
| L6965 | Myoelectronic Control Of Ter | \$ | 16,459.65 | Purchase | |
| L0303 | | Ψ | 10,400.00 | | |
| | 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 | | | | |
| L6970 | Control Of Terminal Device | \$ | 16,662.86 | Purchase | |
| | | Ŷ | 10,002.00 | | |
| | 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, | | | | |
| L6975 | Myoelectronic Control Of Terminal Device | \$ | 17,852.60 | Purchase | |
| | Electric Hand, Switch Or Myoelectric Controlled, | | | | |
| L7007 | Adult | \$ | 3,254.82 | Purchase | |
| | Electric Hand, Switch Or Myoelectric, Controlled, | | | | |
| L7008 | Pediatric | \$ | 5,477.30 | Purchase | |
| | Electric Hook, Switch Or Myoelectric Controlled, | | | | |
| L7009 | Adult | \$ | 3,408.15 | Purchase | |
| L7040 | Prehensile Actuator, Switch Controlled | \$ | 2,666.59 | Purchase | |
| | Electric Hook, Switch Or Myoelectric Ontrolled, | | | | |
| L7045 | Pediatric | \$ | 1,528.85 | Purchase | |
| | Electronic Elbow, Hosmer Or Equal, Switch | | | | |
| L7170 | Controlled | \$ | 5,819.24 | Purchase | |
| | Electronic Elbow, Microprocessor Sequential | | | | |
| L7180 | Control Of Elbow And Terminal Device | \$ | 33,771.95 | Purchase | |
| | | | | | |
| | Electronic Elbow, Microprocessor Simultaneous | | | | |
| L7181 | Control Of Elbow And Terminal Device | \$ | 38,537.58 | Purchase | |
| | Electronic Elbow, Adolescent, Variety Village Or | | | | |
| L7185 | Equal, Switch Controlled | \$ | 6,037.36 | Purchase | |
| | Electronic Elbow, Child, Variety Village Or Equal, | | | | |
| L7186 | Switch Controlled | \$ | 10,942.15 | Purchase | |
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| | Electronic Elbow, Adolescent, Variety Village Or | • | | _ . | |
| L7190 | Equal, Myoelectronically Controlled | \$ | 7,638.45 | Purchase | |
| | Electronic Elbow, Child, Variety Village Or Equal, | | | | |
| L7191 | Myoelectronically Controlled | \$ | 11,211.03 | Purchase | |
| L7259 | Electronic Wrist Rotator, Any Type | \$ | 3,647.48 | Purchase | |
| L7360 | Six Volt Battery, Each | \$ | 215.09 | Purchase | 1 |
| L7362 | Battery Charger, Six Volt, Each | \$ | | Purchase | |
| L7364 | Twelve Volt Battery, Each | \$ | | Purchase | - |
| | | | | | _ |
| L7366 | Battery Charger, Twelve Volt, Each | \$ | 507.71 | Purchase | |
| | | | | | |
| L7367 | Lithium Ion Battery, Rechargeable, Replacement | \$ | 374.44 | Purchase | |
| | | | | | |
| L7368 | Lithium Ion Battery Charger, Replacement Only | \$ | 519.10 | Purchase | |
| | Addition To Upper Extremity Prosthesis, Below | | | | |
| | Elbow/Wrist Disarticulation, Ultralight Material | | | | |
| L7400 | (Titanium, Carbon Fiber Or Equal) | \$ | 294 79 | Purchase | |
| L1 400 | Addition To Upper Extremity Prosthesis, Above | Ψ | 204.10 | | - |
| | Elbow Disarticulation, Ultralight Material | | | | |
| 1 7 4 9 4 | , s | ^ | 000.00 | | |
| L7401 | (Titanium, Carbon Fiber Or Equal) | \$ | 330.03 | Purchase | |
| | | | | | |
| | Addition To Upper Extremity Prosthesis, Shoulder | | | | |
| | Disarticulation/Interscapular Thoracic, Ultralight | | | | |
| L7402 | Material (Titanium, Carbon Fiber Or Equal) | \$ | 356.37 | Purchase | |
| | | | | | |
| | Addition To Upper Extremity Prosthesis, Below | | | | |
| L7403 | Elbow/Wrist Disarticulation, Acrylic Material | \$ | 354.20 | Purchase | |
| 27 100 | Addition To Upper Extremity Prosthesis, Above | Ψ | 001.20 | | - |
| L7404 | | ¢ | F 24 F 0 | Durahaaa | |
| L7404 | Elbow Disarticulation, Acrylic Material | \$ | 534.59 | Purchase | |
| | Addition To Upper Extremity Prosthesis, Shoulder | | | | |
| | Disarticulation/Interscapular Thoracic, Acrylic | | | | |
| L7405 | Material | \$ | 699.15 | Purchase | |
| | Upper Extremity Prosthesis, Not Otherwise | | | | |
| L7499 | Specified | | Price By Report | Purchase | |
| | Repair Of Prosthetic Device, Repair Or Replace | | | | |
| L7510 | Minor Parts | \$ | 311.83 | Purchase | |
| | Repair Prosthetic Device, Labor Component, Per | • | | | |
| L7520 | 15 Minutes | \$ | 17.08 | Purchase | |
| L7520 | | Ψ | 17.00 | Turchase | |
| 1 7000 | Dreathatic Deparing Cleave Any Material Fach | | Dries Dr. Denert | Durahaaa | |
| L7600 | Prosthetic Donning Sleeve, Any Material, Each | | Price By Report | Purchase | |
| | Gasket Or Seal, For Use With Prosthetic Socket | | | | |
| L7700 | Insert, Any Type, Each | \$ | 113.09 | Purchase | |
| | Breast Prosthesis, Mastectomy Bra, Without | | | | |
| | Integrated Breast Prosthesis Form, Any Size, Any | | | | |
| L8000 | Туре | \$ | 35.59 | Purchase | |
| - | Breast Prosthesis, Mastectomy Bra, With | <u> </u> | | | + |
| | Integrated Breast Prosthesis Form, Unilateral, | | | | |
| L8001 | Any Size, Any Type | \$ | 120.64 | Purchase | |
| L0001 | | φ | 120.04 | Fuicilase | |
| | Breast Prosthesis, Mastectomy Bra, With | | | | |
| | Integrated Breast Prosthesis Form, Bilateral, Any | ~ | | | |
| L8002 | Size, Any Type | \$ | | Purchase | |
| L8010 | Breast Prosthesis, Mastectomy Sleeve | \$ | 101.20 | Purchase | |
| | External Breast Prosthesis Garment, With | | | | |
| L8015 | Mastectomy Form, Post Mastectomy | \$ | 61.65 | Purchase | |
| L8020 | Breast Prosthesis, Mastectomy Form | \$ | | Purchase | |
| | Breast Prosthesis, Silicone Or Equal, Without | - - | | | + |
| L8030 | Integral Adhesive | \$ | 336.74 | Purchase | |
| 20000 | | Ψ | 550.74 | | + |
| 1 0004 | Breast Prosthesis, Silicone Or Equal, With | ¢ | 000 7 | Dunchase | |
| L8031 | Integral Adhesive | \$ | 336.74 | Purchase | <u> </u> |
| | Custom Breast Prosthesis, Post Mastectomy, | | | | |
| L8035 | Molded To Patient Model | \$ | | Purchase | |
| L8039 | Breast Prosthesis, Not Otherwise Specified | | Price By Report | Purchase | |
| | · · · | 1 | | | 1 |
| | | | | | |
| L8040 | Nasal Prosthesis, Provided By A Non-Physician | \$ | 2,221.59 | Purchase | |

| | Midfacial Prosthesis, Provided By A Non- | | | | |
|----------------|---|----------|-------------------------|----------------------|--|
| L8041 | Physician | \$ | 2,677.86 | Purchase | |
| | | | | | |
| L8042 | Orbital Prosthesis, Provided By A Non-Physician | \$ | 3,008.84 | Purchase | |
| | Upper Facial Prosthesis, Provided By A Non- | | | | |
| L8043 | Physician | \$ | 3,369.90 | Purchase | |
| | Hemi-Facial Prosthesis, Provided By A Non- | | | | |
| L8044 | Physician | \$ | 3,730.93 | Purchase | |
| | Auricular Prosthesis, Provided By A Non- | | | | |
| L8045 | Physician | \$ | 2,336.11 | Purchase | |
| | Partial Facial Prosthesis, Provided By A Non- | | | | |
| L8046 | Physician | \$ | 2,407.05 | Purchase | |
| | Nasal Septal Prosthesis, Provided By A Non- | | | | |
| L8047 | Physician | \$ | 1,233.60 | Purchase | |
| | Unspecified Maxillofacial Prosthesis, By Report, | | | | |
| L8048 | Provided By A Non-Physician | | Price By Report | Purchase | |
| | Repair Or Modification Of Maxillofacial | | | | |
| 1 00 40 | Prosthesis, Labor Component, 15 Minute | | D : D D (| | |
| L8049 | Increments, Provided By A Non-Physician | ^ | Price By Report | | |
| L8400 | Prosthetic Sheath, Below Knee, Each | \$ | | Purchase | |
| L8410 | Prosthetic Sheath, Above Knee, Each | \$ | | Purchase | |
| L8415 | Prosthetic Sheath, Upper Limb, Each | \$ | 22.39 | Purchase | |
| | | | | | |
| | Prosthetic Sheath/Sock, Including A Gel Cushion | • | 77.04 | | |
| L8417 | Layer, Below Knee Or Above Knee, Each | \$ | 77.34 | Purchase | |
| 1 0 4 0 0 | | ^ | 10.10 | | |
| L8420 | Prosthetic Sock, Multiple Ply, Below Knee, Each | \$ | 18.40 | Purchase | |
| 1 0 400 | | ^ | 00.00 | | |
| L8430 | Prosthetic Sock, Multiple Ply, Above Knee, Each | \$ | 23.23 | Purchase | |
| 10405 | | ^ | 40.00 | | |
| L8435 | Prosthetic Sock, Multiple Ply, Upper Limb, Each | \$ | | Purchase | |
| L8440 | Prosthetic Shrinker, Below Knee, Each | \$ | | Purchase | |
| L8460 | Prosthetic Shrinker, Above Knee, Each | \$ | | Purchase | |
| L8465 | Prosthetic Shrinker, Upper Limb, Each | \$ | 46.13 | Purchase | |
| | Prosthetic Sock, Single Ply, Fitting, Below Knee, | • | 0.40 | . . | |
| L8470 | Each | \$ | 8.42 | Purchase | |
| 1 0 4 0 0 | Prosthetic Sock, Single Ply, Fitting, Above Knee, | ^ | 44.04 | | |
| L8480 | Each | \$ | 11.61 | Purchase | |
| 10405 | Prosthetic Sock, Single Ply, Fitting, Upper Limb, | ¢ | 40.04 | Durahaaa | |
| L8485 | Each | \$ | 12.61 | Purchase | |
| 1 0 400 | Unlisted Procedure For Miscellaneous Prosthetic | | | Durahaaa | |
| L8499 | Services | ¢ | Price By Report | | |
| L8500 | Artificial Larynx, Any Type | \$ | | Purchase | |
| L8501 | Tracheostomy Speaking Valve | \$ | 114.26 | Purchase | |
| 1.0505 | Artificial Larynx Replacement Battery / Accessory, | | Dries Dy Denart | Durahaaa | |
| L8505 | Any Type Tracheo-Esophageal Voice Prosthesis, Patient | | Price By Report | Purchase | |
| 1 9507 | | ¢ | 40.29 | Durahaaa | |
| L8507 | Inserted, Any Type, Each | \$ | 40.28 | Purchase | |
| | Trachoo Ecophagool Vision Draethasia Incorted | | | | |
| 1 8500 | Tracheo-Esophageal Voice Prosthesis, Inserted By A Licensed Health Care Provider, Any Type | ¢ | 105 00 | Purchase | |
| L8509 L8510 | Voice Amplifier | \$ \$ | | Purchase Purchase | |
| L0010 | Insert For Indwelling Tracheoesophageal | φ | 243.04 | r uichase | |
| | Prosthesis, With Or Without Valve, Replacement | | | | |
| L8511 | Only, Each | \$ | 69.95 | Purchase | |
| 20011 | Gelatin Capsules Or Equivalent, For Use With | Ψ | 03.30 | | |
| | Tracheoesophageal Voice Prosthesis, | | | | |
| L8512 | Replacement Only, Per 10 | \$ | 2.10 | Purchase | |
| 20012 | Cleaning Device Used With Tracheoesophageal | Ψ | 2.10 | | |
| | Voice Prosthesis, Pipet, Brush, Or Equal, | | | | |
| L8513 | Replacement Only, Each | \$ | 5.01 | Purchase | |
| | Tracheoesophageal Puncture Dilator, | Ψ | 0.01 | | |
| L8514 | Replacement Only, Each | \$ | 90.69 | Purchase | |
| | - topaconion only, Euch | Ψ | 00.00 | | |

| | Gelatin Capsule, Application Device For Use With | | | | |
|----------------|--|----------|-----------------|----------------------|-------------|
| L8515 | Tracheoesophageal Voice Prosthesis, Each | \$ | 60.72 | Purchase | |
| L8600 | Implantable Breast Prosthesis, Silicone Or Equal | \$ | 787.54 | Purchase | |
| | Injectable Bulking Agent, Collagen Implant, | Ŷ | | | |
| | Urinary Tract, 2.5 MI Syringe, Includes Shipping | | | | |
| L8603 | And Necessary Supplies | \$ | 414.19 | Purchase | |
| | | | | | |
| | Injectable Bulking Agent, Dextranomer/Hyaluronic Acid Copolymer Implant, Urinary Tract, 1 MI, | | | | |
| L8604 | Includes Shipping And Necessary Supplies | | Price By Report | Purchase | |
| | Injectable Bulking Agent, Synthetic Implant, | | | | |
| | Urinary Tract, 1 MI Syringe, Includes Shipping | | | | |
| L8606 | And Necessary Supplies | \$ | 223.21 | Purchase | |
| | Injectable Bulking Agent For Vocal Cord | | | | |
| 1 9607 | Medialization, 0.1 MI, Includes Shipping And | ¢ | 44.25 | Durahaaa | |
| L8607 | Necessary Supplies Miscellaneous External Component, Supply Or | \$ | 41.35 | Purchase | |
| | Accessory For Use With The Argus li Retinal | | | | |
| L8608 | Prosthesis System | | Price By Report | Purchase | PA Required |
| L8610 | Ocular Implant | \$ | | Purchase | |
| L8612 | Aqueous Shunt | \$ | 636.25 | Purchase | |
| L8613 | Ossicula Implant | \$ | 243.22 | Purchase | |
| | Cochlear Device, Includes All Internal And | ^ | 10 000 00 | . . | |
| L8614 | External Components | \$ | 18,363.90 | Purchase | PA Required |
| L8615 | Headset/Headpiece For Use With Cochlear Implant Device Replacement | \$ | 464.82 | Purchase | |
| 20013 | Microphone For Use With Cochlear Implant | Ψ | 404.02 | | |
| L8616 | Device, Replacement | \$ | 108.23 | Purchase | |
| | Transmitting Coil For Use With Cochlear Implant | | | | |
| L8617 | Device Replacement | \$ | 88.41 | Purchase | |
| | Transmitter Cable For Use With Cochlear Implant | | | | |
| L8618 | Device Or Auditory Osseointegrated Device, Replacement | \$ | 27.03 | Purchase | |
| LOUIO | Replacement | φ | 27.03 | Fuicilase | |
| | Cochlear Implant, External Speech Processor | | | | |
| L8619 | And Controller, Integrated System, Replacement | \$ | 8,430.25 | Purchase | PA Required |
| | Zinc Air Battery For Use With Cochlear Implant | | | | |
| 1 0 0 0 4 | Device And Auditory Osseointegrated Sound | • | 0.00 | D | |
| L8621 | Processors, Replacement, Each | \$ | 0.60 | Purchase | |
| L8622 | Alkaline Battery For Use With Cochlear Implant Device Replacement | \$ | 0.31 | Purchase | |
| | Lithium Ion Battery For Use With Cochlear | Ŷ | 0.01 | | |
| | Implant Device Speech Processor, Other Than | | | | |
| L8623 | Ear Level, Replacement, Each | \$ | 62.35 | Purchase | |
| | Lithium Ion Battery For Use With Cochlear | | | | |
| | Implant Or Auditory Osseointegrated Device Speech Processor, Ear Level, Replacement, | | | | |
| L8624 | Each | \$ | 166.18 | Purchase | |
| | External Recharging System For Battery For Use | + | | | |
| | With Cochlear Implant Or Auditory | | | | |
| | Osseointegrated Device, Replacement Only, | ^ | | | |
| L8625 | Each | \$ | 182.02 | Purchase | |
| L8627 | Cochlear Implant, External Speech Processor, Component, Replacement | \$ | 6,678.34 | Purchase | |
| 20021 | Cochlear Implant, External Controller Component, | Ψ | 0,070.04 | | |
| L8628 | Replacement | \$ | 1,205.16 | Purchase | |
| | | | | | |
| 1 0000 | Transmitting Coil And Cable, Integrated, For Use | ^ | | | |
| L8629 L8630 | With Cochlear Implant Device, Replacement Metacarpophalangeal Joint Implant | \$ \$ | | Purchase Purchase | |
| L0030 | Imeracarpopharangear John Implant | φ | 410.91 | | |

| - | | | 1 | |
|-------------------------|--|--|----------------------|----------------|
| | Metacarpal Phalangeal Joint Replacement, Two | | | |
| | Or More Pieces, Metal (E.G., Stainless Steel Or | | | |
| | | | | |
| | Cobalt Chrome), Ceramic-Like Material (E.G., | | | |
| 1 0004 | Pyrocarbon), For Surgical Implantation (All Sizes, | ¢ 0.007.00 | Durahasa | |
| L8631 | Includes Entire System) | \$ 2,087.96 | | |
| L8641 | Metatarsal Joint Implant | \$ 441.47 | | |
| L8642 | Hallux Implant | \$ 288.97 | Purchase | |
| | Interphalangeal Joint Spacer, Silicone Or Equal, | | | |
| L8658 | Each | \$ 384.91 | Purchase | |
| | Interphalangeal Finger Joint Replacement, 2 Or | | | |
| | More Pieces, Metal (E.G., Stainless Steel Or | | | |
| | Cobalt Chrome), Ceramic-Like Material (E.G., | | | |
| L8659 | Pyrocarbon) For Surgical Implantation, Any Size | \$ 1,859.69 | Purchase | |
| L8670 | Vascular Graft Material, Synthetic, Implant | \$ 526.54 | | |
| | Implantable Neurostimulator, Pulse Generator, | • •=•••• | | |
| L8679 | Any Type | \$ 8,128.64 | Purchase | |
| L0079 | Implantable Neurostimulator Electrode (With Any | φ 0,120.04 | Fuicilase | |
| 1 0000 | | Dries Dy Dener | | |
| L8680 | Number Of Contact Points), Each | Price By Repor | t Purchase | |
| | Patient Programmer (External) For Use With | | | |
| 1.000 | Implantable Programmable Neurostimulator | • • • • • • • | | |
| L8681 | Pulse Generator, Replacement Only | \$ 1,020.41 | Purchase | |
| | Implantable Neurostimulator Radiofrequency | | | |
| L8682 | Receiver | \$ 5,807.79 | Purchase | |
| | Radiofrequency Transmitter (External) For Use | | | |
| | With Implantable Neurostimulator Radiofrequency | | | |
| L8683 | Receiver | \$ 5,112.20 | Purchase | |
| | Radiofrequency Transmitter (External) For Use | | | |
| | With Implantable Sacral Root Neurostimulator | | | |
| | Receiver For Bowel And Bladder Management, | | | |
| L8684 | Replacement | \$ 755.85 | Purchase | |
| | | • | | |
| | Implantable Neurostimulator Pulse Generator, | | | |
| L8685 | Single Array, Rechargeable, Includes Extension | Price By Repor | t Purchase | PA Required |
| L000J | Implantable Neurostimulator Pulse Generator, | Рпсе ву Керог | t Fuicilase | FARequired |
| | | | | |
| 1 0000 | Single Array, Non-Rechargeable, Includes | | | DA Da surina d |
| L8686 | Extension | Price By Repor | tPurchase | PA Required |
| | | | | |
| | Implantable Neurostimulator Pulse Generator, | | | |
| L8687 | Dual Array, Rechargeable, Includes Extension | Price By Repor | t Purchase | PA Required |
| | Implantable Neurostimulator Pulse Generator, | | | |
| | Dual Array, Non-Rechargeable, Includes | | | |
| L8688 | Extension | Price By Repor | t Purchase | PA Required |
| | | | | |
| | External Recharging System For Battery (Internal) | | | |
| | External Recharging System For Battery (Internal) For Use With Implantable Neurostimulator. | | | |
| L8689 | For Use With Implantable Neurostimulator, | \$ 1.662.37 | Purchase | PA Required |
| L8689 | For Use With Implantable Neurostimulator, Replacement Only | \$ 1,662.37 | Purchase | PA Required |
| | For Use With Implantable Neurostimulator, Replacement Only Auditory Osseointegrated Device, Includes All | | | PA Required |
| L8689 L8690 | For Use With Implantable Neurostimulator, Replacement Only | \$ 1,662.37 \$ 4,902.60 | | PA Required |
| | For Use With Implantable Neurostimulator, Replacement Only Auditory Osseointegrated Device, Includes All Internal And External Componets | | | PA Required |
| | For Use With Implantable Neurostimulator, Replacement Only Auditory Osseointegrated Device, Includes All Internal And External Componets Auditory Osseointegrated Device, External Sound | | | PA Required |
| L8690 | For Use With Implantable Neurostimulator, Replacement Only Auditory Osseointegrated Device, Includes All Internal And External Componets Auditory Osseointegrated Device, External Sound Processor, Excludes Transducer/Actuator, | \$ 4,902.60 | Purchase | PA Required |
| L8690 | For Use With Implantable Neurostimulator, Replacement Only Auditory Osseointegrated Device, Includes All Internal And External Componets Auditory Osseointegrated Device, External Sound | | Purchase | PA Required |
| L8690 | For Use With Implantable Neurostimulator, Replacement Only Auditory Osseointegrated Device, Includes All Internal And External Componets Auditory Osseointegrated Device, External Sound Processor, Excludes Transducer/Actuator, Replacement Only, Each | \$ 4,902.60 | Purchase | PA Required |
| L8690 | For Use With Implantable Neurostimulator, Replacement Only Auditory Osseointegrated Device, Includes All Internal And External Componets Auditory Osseointegrated Device, External Sound Processor, Excludes Transducer/Actuator, Replacement Only, Each Auditory Osseointegrated Device, External Sound | \$ 4,902.60 | Purchase | PA Required |
| L8690 | For Use With Implantable Neurostimulator, Replacement Only Auditory Osseointegrated Device, Includes All Internal And External Componets Auditory Osseointegrated Device, External Sound Processor, Excludes Transducer/Actuator, Replacement Only, Each Auditory Osseointegrated Device, External Sound Processor, Used Without Osseointegration, Body | \$ 4,902.60 | Purchase | PA Required |
| L8690 | For Use With Implantable Neurostimulator, Replacement Only Auditory Osseointegrated Device, Includes All Internal And External Componets Auditory Osseointegrated Device, External Sound Processor, Excludes Transducer/Actuator, Replacement Only, Each Auditory Osseointegrated Device, External Sound Processor, Used Without Osseointegration, Body Worn, Includes Headband Or Other Means Of | \$ 4,902.60 \$ 1,844.10 | Purchase Purchase | PA Required |
| L8690 | For Use With Implantable Neurostimulator, Replacement Only Auditory Osseointegrated Device, Includes All Internal And External Componets Auditory Osseointegrated Device, External Sound Processor, Excludes Transducer/Actuator, Replacement Only, Each Auditory Osseointegrated Device, External Sound Processor, Used Without Osseointegration, Body Worn, Includes Headband Or Other Means Of External Attachment | \$ 4,902.60 | Purchase Purchase | PA Required |
| | For Use With Implantable Neurostimulator, Replacement Only Auditory Osseointegrated Device, Includes All Internal And External Componets Auditory Osseointegrated Device, External Sound Processor, Excludes Transducer/Actuator, Replacement Only, Each Auditory Osseointegrated Device, External Sound Processor, Used Without Osseointegration, Body Worn, Includes Headband Or Other Means Of | \$ 4,902.60 \$ 1,844.10 | Purchase Purchase | PA Required |
| L8690 L8691 L8692 | For Use With Implantable Neurostimulator, Replacement Only Auditory Osseointegrated Device, Includes All Internal And External Componets Auditory Osseointegrated Device, External Sound Processor, Excludes Transducer/Actuator, Replacement Only, Each Auditory Osseointegrated Device, External Sound Processor, Used Without Osseointegration, Body Worn, Includes Headband Or Other Means Of External Attachment | \$ 4,902.60 \$ 1,844.10 | Purchase Purchase | PA Required |
| L8690 | For Use With Implantable Neurostimulator, Replacement Only Auditory Osseointegrated Device, Includes All Internal And External Componets Auditory Osseointegrated Device, External Sound Processor, Excludes Transducer/Actuator, Replacement Only, Each Auditory Osseointegrated Device, External Sound Processor, Used Without Osseointegration, Body Worn, Includes Headband Or Other Means Of External Attachment Auditory Osseointegrated Device Abutment, Any | \$ 4,902.60 \$ 1,844.10 Price By Repor | Purchase Purchase | PA Required |
| L8690 L8691 L8692 | For Use With Implantable Neurostimulator, Replacement Only Auditory Osseointegrated Device, Includes All Internal And External Componets Auditory Osseointegrated Device, External Sound Processor, Excludes Transducer/Actuator, Replacement Only, Each Auditory Osseointegrated Device, External Sound Processor, Used Without Osseointegration, Body Worn, Includes Headband Or Other Means Of External Attachment Auditory Osseointegrated Device Abutment, Any | \$ 4,902.60 \$ 1,844.10 Price By Repor | Purchase Purchase | PA Required |

| | Future I Dack and a Quetare Fan Datter | | | 1 | |
|--------|--|-----|-------------------------|-----------|-------------|
| | External Recharging System For Battery | | | | |
| 1 0005 | (External) For Use With Implantable | ¢ | 40.07 | Dunchases | |
| L8695 | Neurostimulator, Replacement Only | \$ | 16.07 | Purchase | |
| | Antenna (External) For Use With Implantable | | | | |
| | Diaphragmatic/Phrenic Nerve Stimulation Device, | | | | |
| L8696 | Replacement, Each | \$ | 208.90 | Purchase | |
| | | | | | |
| | Miscellaneous Component, Supply Or Accessory | | | | |
| L8698 | For Use With Total Artificial Heart System | | Price By Report | | PA Required |
| L8699 | Prosthetic Implant, Not Otherwise Specified | | Price By Report | Purchase | |
| | Powered Upper Extremity Range Of Motion Assist | | | | |
| | Device, Elbow, Wrist, Hand With Single Or | | | | |
| | Double Upright(S), Includes Microprocessor, | | | | |
| | Sensors, All Components And Accessories, | | | | |
| L8701 | Custom Fabricated | | Price By Report | Purchase | PA Required |
| | Powered Upper Extremity Range Of Motion Assist | | | | |
| | Device, Elbow, Wrist, Hand, Finger, Single Or | | | | |
| | Double Upright(S), Includes Microprocessor, | | | | |
| 1 0700 | Sensors, All Components And Accessories, | | D : D D (| | |
| L8702 | Custom Fabricated | | Price By Report | Purchase | PA Required |
| | Orthotic And Prosthetic Supply, Accessory, | | | | |
| 1 0000 | And/Or Service Component Of Another Hcpcs "L" | | | Dunchases | |
| L9900 | | | Price By Report | Purchase | |
| | Power Module Patient Cable For Use With | | | | |
| 00477 | Electric Or Electric/Pneumatic Ventricular Assist | ¢ | 747 70 | Dunchases | |
| Q0477 | Device, Replacement Only | \$ | 747.70 | Purchase | |
| | Power Adapter For Use With Electric Or | | | | |
| 00470 | Electric/Pneumatic Ventricular Assist Device, | ¢ | 477.00 | Durahaaa | |
| Q0478 | | \$ | 177.09 | Purchase | |
| | Power Module For Use With Electric Or | | | | |
| 00470 | Electric/Pneumatic Ventricular Assist Device, | ¢ | | Dunchases | |
| Q0479 | Replacement Only Driver For Use With Pneumatic Ventricular Assist | \$ | 11,545.44 | Purchase | |
| Q0480 | | ¢ | 86,797.56 | Durahaaa | |
| Q0460 | Device, Replacement Only | \$ | 00,797.30 | Purchase | |
| | Microprocessor Control Unit For Use With Electric | | | | |
| Q0481 | Ventricular Assist Device, Replacement Only | \$ | 14,003.79 | Purchaso | |
| Q0401 | Microprocessor Control Unit For Use With | Ψ | 14,003.73 | | |
| | Electric/Pneumatic Combination Ventricular | | | | |
| Q0482 | Assist Device, Replacement Only | \$ | 1 386 25 | Purchase | |
| Q0402 | Monitor/Display Module For Use With Electric | Ψ | 4,000.20 | | |
| Q0483 | Ventricular Assist Device, Replacement Only | \$ | 18,069.37 | Purchase | |
| Q0+00 | Monitor/Display Module For Use With Electric Or | Ψ | 10,000.07 | | |
| | Electric/Pneumatic Ventricular Assist Device, | | | | |
| Q0484 | Replacement Only | \$ | 3,508.97 | Purchase | |
| action | Monitor Control Cable For Use With Electric | Ŷ | 0,000.01 | | |
| Q0485 | Ventricular Assist Device, Replacement Only | \$ | 338.81 | Purchase | |
| 00100 | Monitor Control Cable For Use With | Ψ | 000.01 | | |
| | Electric/Pneumatic Ventricular Assist Device, | | | | |
| Q0486 | Replacement Only | \$ | 281.95 | Purchase | |
| | Leads (Pneumatic/Electrical) For Use With Any | * | 201.00 | | |
| | Type Electric/Pneumatic Ventricular Assist | | | | |
| Q0487 | Device, Replacement Only | \$ | 328.95 | Purchase | |
| 20.01 | Power Pack Base For Use With | Ŧ | 020.00 | | |
| | Electric/Pneumatic Ventricular Assist Device, | | | | |
| Q0489 | Replacement Only | \$ | 15,665.18 | Purchase | |
| | | - | | | |
| | Emergency Power Source For Use With Electric | | | | |
| Q0490 | Ventricular Assist Device, Replacement Only | \$ | 677.58 | Purchase | |
| | Emergency Power Source For Use With | - | 0 | | |
| | Electric/Pneumatic Ventricular Assist Device, | | | | |
| Q0491 | Replacement Only | \$ | 1,065.29 | Purchase | |
| | | · · | , | | |

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|----------|---|----------|-----------------|----------|---|
| | Emergency Power Supply Cable For Use With | | | | |
| | Electric Ventricular Assist Device, Replacement | | | | |
| Q0492 | Only | \$ | 85.82 | Purchase | |
| | Emergency Power Supply Cable For Use With | | | | |
| | Electric/Pneumatic Ventricular Assist Device, | | | | |
| Q0493 | Replacement Only | \$ | 244.39 | Purchase | |
| | Emergency Hand Pump For Use With Electric Or | | | | |
| | Electric/Pneumatic Ventricular Assist Device, | | | | |
| Q0494 | Replacement Only | \$ | 206.79 | Purchase | |
| | Battery/Power Pack Charger For Use With | | | | |
| | Electric Or Electric/Pneumatic Ventricular Assist | | | | |
| Q0495 | Device, Replacement Only | \$ | 4,025.56 | Purchase | |
| | Battery, Other Than Lithium-Ion, For Use With | | | | |
| | Electric Or Electric/Pneumatic Ventricular Assist | | | | |
| Q0496 | Device, Replacement Only | \$ | 1.444.82 | Purchase | |
| | Battery Clips For Use With Electric Or | + | ., | | |
| | Electric/Pneumatic Ventricular Assist Device, | | | | |
| Q0497 | Replacement Only | \$ | 451.19 | Purchase | |
| action | Holster For Use With Electric Or | Ŷ | 101110 | | |
| | Electric/Pneumatic Ventricular Assist Device, | | | | |
| Q0498 | Replacement Only | \$ | 105.03 | Purchase | |
| Q0490 | Belt/Vest/Bag For Use To Carry External | φ | 495.05 | Fulchase | |
| | Peripheral Components Of Any Type Ventricular | | | | |
| Q0499 | Assist Device, Replacement Only | \$ | 160.92 | Purchase | |
| Q0499 | | Ф | 100.03 | Purchase | |
| | Filters For Use With Electric Or | | | | |
| 00500 | Electric/Pneumatic Ventricular Assist Device, | ^ | 00.40 | | |
| Q0500 | Replacement Only | \$ | 29.42 | Purchase | |
| | Shower Cover For Use With Electric Or | | | | |
| | Electric/Pneumatic Ventricular Assist Device, | • | | | |
| Q0501 | Replacement Only | \$ | 492.17 | Purchase | |
| | Mobility Cart For Pneumatic Ventricular Assist | | | | |
| Q0502 | Device, Replacement Only | \$ | 626.58 | Purchase | |
| | Battery For Pneumatic Ventricular Assist Device, | | | | |
| Q0503 | Replacement Only, Each | \$ | 1,253.21 | Purchase | |
| | | | | | |
| | Power Adapter For Pneumatic Ventricular Assist | | | | |
| Q0504 | Device, Replacement Only, Vehicle Type | \$ | 661.28 | Purchase | |
| | Battery, Lithium-Ion, For Use With Electric Or | | | | |
| | Electric/Pneumatic Ventricular Assist Device, | | | | |
| Q0506 | Replacement Only | \$ | 823.13 | Purchase | |
| | Miscellaneous Supply Or Accessory For Use With | | | | |
| Q0508 | An Implanted Ventricular Assist Device | | Price By Report | Purchase | |
| | Miscellaneous Supply Or Accessory For Use With | | | | |
| | Any Implanted Ventricular Assist Device For | | | | |
| | Which Payment Was Not Made Under Medicare | | | | |
| Q0509 | Part A | | Price By Report | Purchase | |
| | | | | | |
| | Cranial Remolding Orthosis Pediatric, Rigid, With | | | | |
| S1040 | Soft Interface Material, Custom Fabricated | \$ | 1,825.88 | Purchase | |
| <u> </u> | | | | | |
| | Patient Education, Not Otherwise Classified, Non- | | | | |
| S9445 | Physician Provider, Individual, Per Session | \$ | 16.85 | Purchase | |
| - | | | | | |
| | 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 | | | | |
| S9500 | Visits Coded Separately), Pe | \$ | 270.53 | Purchase | |
| | · · · · · · · · · · · · · · · · · · · | Ŧ | 2. 0.00 | | |

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|-------|--|-----------------|----------|--|
| | 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 | | | |
| S9501 | Visits Coded Separately), Pe | \$ 287.45 | 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 | \$ 330.13 | Purchase | |
| | | | | |
| | 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 | | | |
| S9503 | Separately), Pe | \$ 512.97 | Purchase | |
| T2029 | Specialized Medical Equipment, Not Otherwise Specified, Waiver | \$ 333.80 | Purchase | |
| T4521 | Adult Sized Disposable Incontinence Product, | Drice By Deport | Durahaaa | |
| 14021 | Brief/Diaper, Small, Each Adult Sized Disposable Incontinence Product, | Price By Report | ruichase | |
| T4522 | Brief/Diaper, Medium, Each | Price By Report | Purchase | |
| T4523 | Adult Sized Disposable Incontinence Product, Brief/Diaper, Large, Each | Price By Report | Purchase | |
| T4524 | Adult Sized Disposable Incontinence Product, Brief/Diaper, Extra Large, Each | Price By Report | Purchase | |
| T4525 | Adult Sized Disposable Incontinence Product, Protective Underwear/Pull-On, Small Size, Each | Price By Report | Purchase | |
| T4526 | Adult Sized Disposable Incontinence Product, Protective Underwear/Pull-On, Medium Size, Each | Price By Report | Purchase | |
| T4527 | Adult Sized Disposable Incontinence Product, Protective Underwear/Pull-On, Large Size, Each | Price By Report | Purchase | |
| T4528 | Adult Sized Disposable Incontinence Product, Protective Underwear/Pull-On, Extra Large Size, Each | Price By Report | Purchase | |
| T4529 | Pediatric Sized Disposable Incontinence Product, Brief/Diaper, Small/Medium Size, Each | Price By Report | Purchase | |
| T4530 | Pediatric Sized Disposable Incontinence Product, Brief/Diaper, Large Size, Each | Price By Report | Purchase | |
| | Pediatric Sized Disposable Incontinence Product, Protective Underwear/Pull-On, Small/Medium | | | |
| T4531 | Size, Each | Price By Report | Purchase | |
| T4532 | Pediatric Sized Disposable Incontinence Product, Protective Underwear/Pull-On, Large Size, Each | Price By Report | Purchase | |
| T4533 | Youth Sized Disposable Incontinence Product, Brief/Diaper, Each | Price By Report | Purchase | |
| T4534 | Youth Sized Disposable Incontinence Product, Protective Underwear/Pull-On, Each | Price By Report | Purchase | |
| T4535 | Disposable Liner/Shield/Guard/Pad/Undergarment, For Incontinence, Each | Price By Report | Purchase | |
| T4536 | Incontinence Product, Protective Underwear/Pull- On, Reusable, Any Size, Each | Price By Report | | |

| | Incontinence Product, Protective Underpad, | r | | | |
|----------|--|---------|---------------------------------------|----------|-------------|
| T4507 | · · · · | | | Durchasa | |
| T4537 | Reusable, Bed Size, Each | | Price By Report | Purchase | |
| T4538 | Diaper Service, Reusable Diaper, Each Diaper | | Price By Report | Purchase | |
| T4539 | Incontinence Product, Diaper/Brief, Reusable, Any Size, Each | | Price By Report | Purchase | |
| T4540 | Incontinence Product, Protective Underpad, Reusable, Chair Size, Each | | Price By Report | Purchase | |
| | Incontinence Product, Disposable Underpad, | | | | |
| T4541 | Large, Each | | Price By Report | Purchase | |
| T 15 10 | Incontinence Product, Disposable Underpad, | | | | |
| T4542 | Small Size, Each | | Price By Report | Purchase | |
| T4543 | Adult Sized Disposable Incontinence Product, Protective Brief/Diaper, Above Extra Large, Each | | Price By Report | Purchase | |
| | Adult Sized Disposable Incontinence Product, | | , , , , , , , , , , , , , , , , , , , | | |
| - | Protective Underwear/Pull-On, Above Extra | | | | |
| T4544 | Large, Each | | Price By Report | Purchase | |
| T4545 | Incontinence Product, Disposable, Penile Wrap, Each | | Price By Report | Purchase | |
| | Positioning Seat For Persons With Special Orthopedic Needs, For Use In Vehicles The | | | | |
| | Usual Rate Of Payment Is Cost Invoice Plus 5%. | | | | |
| T5001 | Please See Prior Auth Paper Work. | | Price By Report | | PA Required |
| V5014 | Repair/Modification Of A Hearing Aid | \$ | | Purchase | |
| V5050 | Hearing Aid, Monaural, In The Ear | \$ | 734.40 | Purchase | |
| V5060 | Hearing Aid, Monaural, Behind The Ear | \$ | | Purchase | |
| V5130 | Binaural, In The Ear | \$ | 1,276.72 | Purchase | |
| V5140 | Binaural, Behind The Ear | \$ | 1,276.72 | Purchase | |
| V5171 | Hearing Aid, Contralateral Routing Device, Monaural, In The Ear (Ite) | \$ | 734.40 | Purchase | |
| V5172 | Hearing Aid, Contralateral Routing Device, Monaural, In The Canal (Itc) | \$ | 734.40 | Purchase | |
| V5181 | Hearing Aid, Contralateral Routing Device, Monaural, Behind The Ear (Bte) | \$ | 713.03 | Purchase | |
| V5211 | Hearing Aid, Contralateral Routing System, Binaural, Ite/Ite | \$ | | Purchase | |
| V5212 | Hearing Aid, Contralateral Routing System, Binaural, Ite/Itc | \$ | • | Purchase | |
| - | Hearing Aid, Contralateral Routing System, | • | , - | | |
| V5213 | Binaural, Ite/Bte | \$ | 1,276.72 | Purchase | |
| V5214 | Hearing Aid, Contralateral Routing System, Binaural, Itc/Itc | \$ | 1,276.72 | Purchase | |
| V5215 | Hearing Aid, Contralateral Routing System, Binaural, Itc/Bte | \$ | | Purchase | |
| V5221 | Hearing Aid, Contralateral Routing System, Binaural, Bte/Bte | \$ | 1,276.72 | Purchase | |
| V5256 | Hearing Aid, Digital, Monaural, Ite | \$ | | Purchase | |
| V5257 | Hearing Aid, Digital, Monaural, Re | \$ | | Purchase | |
| V5260 | Hearing Aid, Digital, Binaural, Ite | \$ | | Purchase | |
| V5261 | Hearing Aid, Digital, Binaural, Bte | \$ | | Purchase | |
| V5264 | Ear Mold/Insert, Not Disposable, Any Type | φ \$ | | Purchase | |
| V5266 | Battery For Use In Hearing Device | \$ | | Purchase | |
| | Hearing Service, Miscellaneous (For Sd Medicaid | | | | |
| V5299 | Pocket Amplifier Only). | \$ | | Purchase | |
| W8680 | Other EPSDT DME | 1 | Price By Report | Purchase | PA Required |