HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
A4212		NON-CORING NEEDLE OR STYLET , W/ OR W/O CATHETER	048	N		Y		Y	$5.54		15	30
A4213		SYRINGE STERILE 20CC OR GREATER, EACH	048	N		Y		N	$0.99		100	30
A4216		STERILE WATER SALINE, AND/OR DEXTROSE, 10 ML	048	N		Y		N	$0.35		120	30
A4217		STERILE WATER/SALINE 500 ML	048	N		Y		Y	$2.90		4	30
A4220		REFILL KIT FOR IMPLANTABLE INFUSION PUMP	048	Y	Y	Y		Y				
A4221		SUPPLIES, MAINT OF NON-INSULIN DRG INF CATH, PER WK	048	N		Y		N	$19.80		4	30
A4222		INFUSION SUPPLIES-EXTERNAL INFUSION PUMP, PER CASS	048	N		Y		N	$21.58		30	30
A4223		INFUSION SUPPLIES NOT USED W/ EXTERNAL INF PUMP,PE	048	Y		Y		N	$16.19			
A4224		SUPPLIES FOR MAINT OF INSULIN INFUSION CATH, PER WK	048	N		Y		Y	$17.75		4	30
A4225		SUPPL EXT INSLIN INFUSN PUMP, SYRNGE CART, STRL EA	048	N		Y		Y	$2.38		30	30
A4230		INFUSION SET/EXTERNAL INSULIN PUMP, NON-NEEDLE CAN	048	N		N		Y	$12.49		190	365
A4231		INFUSION SET, EXTERNAL INSULIN PUMP, NEEDLE TYPE	048	N		N		Y	$12.49		190	365
A4232		SYRINGE WITH NEEDLE FOR EXTERNAL INSULIN PUMP, STE	048	N		N		N	$2.38		30	30
A4233		REPLACEMENT BATT OTHER THAN J CELL FOR GLUE MONITO	048	N		Y		Y	$3.59		2	365
A4234		REPLACEMENT BATTERY, ALKALINE J CELL FOR GLUCOSE M	048	N		Y		Y	$3.59		2	365
A4235		REPLACEMENT BATT LITHIUM FOR USE W/GLUS MONITOR, E	048	N		Y		Y	$3.59		2	365
A4236		REPLACEMENT BATT, SILVER OXIDE FOR USE W/ GLUC MON	048	N		Y		Y	$3.59		2	365
A4265		PARAFFIN PER POUND	048	N		Y		Y	$2.95		6	30
A4284		BREAST SHIELD AND SPLASH PROTECTOR FOR USE WITH P	048	N		Y		N	$3.16		4	30
A4310		INSERTION TRAY;W/O CATHETER,W/O BAG, ACCESS ONLY,	048	N		Y		Y	$7.06		1	30
A4311		INSERTION TRAY W/O DRAINAGE BAG,WITH FOLEY CATH-LA	048	N		Y		Y	$13.57		1	30
A4312		INSERTION TRAY W/OUT DRAINAGE BAG W/FOLEY CATH,ALL	048	N		Y		Y	$16.50		1	30
A4313		INSERTION TRAY W/OUT DRAINAGE BAG, W/ CATH, 3-WAY	048	N		Y		Y	$16.94		1	30
A4314		INSERTION TRAY WITH DRAINAGE BAG WITH FOLEY CATH-L	048	N		Y		Y	$23.13		1	30
A4315		INSERTION TRAY W/ DRAINAGE BAG AND FOLEY CATH-ALL	048	N		Y		Y	$24.14		1	30
A4316		INSERTION TRAY W/DRAINAGE BAG W/FOLEY CATH, CONT.	048	N		Y		Y	$25.98		1	30
A4320		IRRIGATION TRAY W/ BULB OR PISTON SYRINGE	048	N		Y		Y	$4.55		1	30

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HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
A4322		IRRIGATION SYRINGE, BULB OR PISTON, EACH	048	N		Y		Y	$2.58		4	30
A4326		CATH; MALE EXTERNAL, W/ COLLECT, CHAMBER, ANY T	048	N		Y		Y	$9.49		30	30
A4327		FEMALE URINARY COLLECTION DEVICE, METAL CUP-EACH	048	N		Y		Y	$40.81		1	30
A4328		FEMALE URINARY COLLECTION DEVICE, POUCH-EACH	048	N		Y		Y	$9.55		1	30
A4330		PERIANAL FECAL COLLECTION POUCH E/ADHES EACH	048	N		Y		N	$6.33		30	30
A4331		EXTENSION DRAINAGE TUBING, ANY TYPE W/CON/ADAP/, U	048	N		Y		Y	$2.90		1	30
A4332		LUBRICANT, INDIVIDUAL STERILE PACKET, EACH	048	N		Y		Y	$0.11		200	30
A4333		URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN A	048	N		Y		Y	$2.01		8	30
A4334		URINARY CATHETER ANCHORING DEVICE, LEG STRAP, EACH	048	N		Y		Y	$4.50		2	30
A4338		INDWELLING CATHETER; FOLEY TYPE, LATEX WITH COATIN	048	N		Y		N	$10.69		1	30
A4340		INDWELLING CATHETER; SPECIALTY TYPE, COUDE, MUSHRO	048	N		Y		Y	$20.05		1	30
A4344		INDWELLING CATHETER; FOLEY TYPE, ALL SILICONE	048	N		Y		N	$12.55		2	30
A4349		CATHETER;MALE EXTERNAL W/O ADHESIVE, DISPOSA	048	N		Y		Y	$1.49		30	30
A4351		INTERMITTANT URINARY CATH; STRAIGHT TIP, W/WO COAT	048	N		Y		Y	$1.58		200	30
A4352		INTERMITTANT URINARY CATH; COUDE (CURVED) TIP ANY	048	N		Y		Y	$2.03		200	30
A4353		INTERMITTENT URINARY CATH, W INSERTION SUPPLIES	048	N		Y		Y	$6.09		200	30
A4355		3 WAY IRR SET FOR CATHETER	048	N		Y		Y	$8.32		30	30
A4356		EXTERNAL URETHRAL CLAMP/COMP DEVICE-NOT CAT	048	N		Y		Y	$39.80		1	90
A4357		BEDSIDE URIN DRAIN BAG, W/WO ANTIREFLX, W/WO T	048	N		Y		Y	$8.87		2	30
A4358		URINARY DRAINAGE BAG, LEG OR ABD, W/ OR W/O TUBES,	048	N		Y		Y	$6.06		2	30
A4360		DISP. EXTERNAL URETHRAL CLAMP OR COMP DEVICE WITH	048	N		Y		Y	$0.47		30	30
A4361		OSTOMY FACE PLATE, EACH	048	N		N		N	$16.80		1	60
A4362		SKIN BARRIER; SOLID, 4X4 OR EQUAL, EACH	048	N		N		N	$2.57		20	30
A4363		OSTOMY CLAMP, ANY TYPE, REPLACE ONLY, EACH	048	N		N		Y	$2.81		3	60
A4364		ADHESIVE, LIQUID OR EQUAL, ANY TYPE, PER OZ	048	N		N		N	$2.01		4	30
A4366		OSTOMY VENT, ANY TYPE, EACH	048	N		N		Y	$1.54		10	30
A4367		OSTOMY BELT, EACH	048	N		N		Y	$6.17		1	30

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

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

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A4427		OSTOMY POUCH, DRAIN, USE BARRIER W/LOCK FG, W FILTER	048	N		N		Y	$1.96		20	30
A4428		OSTOMY POUCH, URINARY, W/EXT WEAR BARRIER ATTA, W/	048	N		N		Y	$5.95		20	30
A4429		OSTOMY POUCH, URINARY, W/ BARR ATTA W/BUILT IN CON	048	N		N		Y	$7.55		20	30
A4430		OSTOMY POUCH, URINA, W/EXT WEAR BARR W/CONV/ VAL	048	N		N		Y	$7.96		20	30
A4431		OSTOMY POUCH, URINARY, W/BARR ATTA/VALUE	048	N		N		Y	$5.69		20	30
A4432		OSTOMY POUCH, URINARY, USE BARR W/NON-LOCK FG W	048	N		N		Y	$3.28		20	30
A4433		OSTOMY POUCH, URIN, USE ON BARR W/LOCKING FLANG	048	N		N		Y	$3.05		20	30
A4434		OSTOMY POUCH, URINARY, USE ON BARR W/LOCK FG VALVE	048	N		N		Y	$3.43		20	30
A4450		TAPE,NON WATERPROOF, PER 18 SQUARE INCHES	048	N		Y		Y	$0.08		120	30
A4452		TAPE,WATERPROOF PER 18 SQ. INCHES	048	N		Y		Y	$0.32		120	30
A4455		OSTOMY ADHESIVE REMOVER OR SOLVENT PER OUNCE	048	N		N		Y	$1.10		8	90
A4456		ADHESIVE REMOVER, WIPES, ANY TYPE, EACH	048	N		Y		Y	$0.20		50	30
A4459	A	MANUAL PUMP OPERATED ENEMA,SYS W BALLOON CATHETER	048	Y		Y		N	$2,462.03			
A4463		SURGICAL DRESSING HOLDER, REUSABLE, EACH	048	N		Y		Y	$2.86		12	30
A4465		NON-ELASTIC BINDER EXTREMITY	048	N		Y		Y	$0.87		2	30
A4467		BELT, STRAP, SLEEVE, GARMENT, OR COVERING, ANY TYPE	041	Y	Y	Y		N				
A4481		TRACH, STOMA FILTER ANY TYPE, ANY SIZE, EACH	048	N		Y		Y	$0.34		30	30
A4555		ELECTRODE-TRANDUCER, USE W-ELEC STIM DEVICE FOR CA	048	Y	Y	Y		Y				
A4556		ELECTRODES,(E.G., APNEA MONITOR) PER PAIR	048	N		Y	*	Y	$9.44		4	30
A4557		LEAD WIRE (EG, APNEA MONITOR) PER PAIR	048	N		Y	*	N	$16.40		2	365
A4558		CONDUCTIVE PASTE OR GEL FOR USE WITH TENS/NMES	048	N		Y		Y	$3.13		1	30
A4561		PESSARY, RUBBER, ANY TYPE	048	N		N		Y	$30.63		1	365
A4563		RECTAL CNTRL SYS FOR VAGINAL INSRTN, PUMP, SUPPLY, EA	041	N		N		Y	$116.83		1	180
A4565		SLINGS	048	N		Y		N	$6.95		1	365
A4566		SHOULDER SLING OR VEST DESIGN ABD RESTRAINER WITH/	048	Y	Y	Y		Y				
A4595		TENS NMES STIMULATOR SUPPLIES, 2 LEAD/MONTH	048	N		Y		Y	$26.35		2	30
A4604		TUBING W/ INTEGRATED HEATING ELEMENT USE WITH POS	041	N		Y		Y	$55.30		1	180

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A4605		TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH	048	N		Y		N	$15.96		30	30
A4606		OXYGEN, REPLACEMENT PROBE FOR OXIMETER DEVICE	041	Y	Y	Y		N				
A4615		CANNULA, NASAL	048	Y		Y		Y	$1.34		1	30
A4619		FACE TENT	048	Y		Y		Y	$1.10			
A4623		TRACHEOSTOMY INNER CANNULA	048	N		Y		Y	$5.09		30	30
A4624		TRACHEAL SUCTION CATHETER, ANY TYPE,OTHER THAN CL	048	N		Y		Y	$1.95		300	30
A4626		TRACHEOSTOMY CLEANING BRUSH	048	N		Y		Y	$2.48		2	30
A4628		OROPHARYNGEAL SUCTION CATHETER, EACH	048	N		Y		Y	$1.79		12	365
A4629		TRACHEOSTOMY CARE KIT FOR ESTABL TRACHEOSTOMY	048	N		Y		Y	$4.23		30	30
A4630		REPLACEMENT BATTERIES FOR MEDICALLY NECESSARY TENS	048	N		Y		Y	$4.86		1	30
A4635		CRUTCH-UNDERARM PAD, REPLACEMENT, EACH	048	N		Y		Y	$3.98		2	365
A4636		HANDGRIP-CANE CRUTCH OR WALKER, REPLACEMENT, EACH	048	N		Y		Y	$3.85		2	365
A4637		TIP-CANE CRUTCH OR WALKER, REPLACEMENT, EACH	048	N		Y		Y	$1.85		4	365
A4640		ALTERNATING PRESSURE PAD REPLACEMENT, PT OWNED	041	N		Y		Y	$33.28		2	365
A4649		SURGICAL SUPPLIES, MISCELLEANOUS	048	Y	Y	N		N				
A4657		SYRINGE,WITH OR WITHOUT NEEDLE,EACH	048	N		Y		Y	$0.59		4	30
A4660		BLOOD PRESSURE KIT W/CUFF AND STETHOSCOPE	041	N		Y		N	$26.90		1	365
A4663		BLOOD PRESSURE CUFF ONLY	041	N		Y		N	$15.45		1	365
A4670		AUTO BLOOD PRESSURE MONITOR	041	N		Y		N	$63.37		1	1,825
A4927		GLOVES/NON-STERILE, PER 100	048	N		Y		N	$7.78		2	30
A4930		GLOVES, STERILE, PER PAIR	048	N		Y	*	N	$0.70		60	30
A4931		THERMOMETER, ORAL REUSABLE ANY TYPE EACH	048	N		Y		N	$1.79		1	365
A4932		THERMOMETER RECTAL REUSABLE ANY TYPE EACH	048	N		Y		N	$1.79		1	365
A5051		OSTOMY POUCH, CLOSED; W/BARRIER ATTACHED (1 PC)	048	N		N		Y	$1.90		60	30
A5052		OSTOMY POUCH, CLOSED; W/O BARRIER ATTACHED (1 PC)	048	N		N		Y	$1.36		60	30
A5053		OSTOMY POUCH, CLOSED; FOR USE ON FACEPLATE	048	N		N		Y	$1.60		60	30
A5054		OSTOMY POUCH, CLOSED; FOR USE ON BARRIER W/FLANGE	048	N		N		Y	$1.63		60	30

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A5055		STOMA CAP	048	N		N		Y	$1.25		30	30
A5056		OSTOMY POUCH DRAIN W/EXT WEAR BARRIER W FILTER	048	N		Y		Y	$4.58		20	30
A5057		OSTOMY POUCH DRAINBLE W EXT BARRIER W BLT CONVEXIT	048	N		Y		Y	$9.44		20	30
A5061		OSTOMY POUCH, DRAINABLE; W/BARRIER (1 PC) EACH	048	N		N		Y	$3.22		30	30
A5062		OSTOMY POUCH, DRAINABLE; W/O BARRIER (1 PC)	048	N		N		Y	$1.83		20	30
A5063		OSTOMY POUCH, DRAINABLE; FOR USE W/BARRIER W/FLANG	048	N		N		Y	$1.98		20	30
A5071		OSTOMY POUCH,URINARY; W/BARRIER (1 PC)	048	N		N		Y	$5.50		20	30
A5072		OSTOMY POUCH, URINARY; W/O BARRIER (1 PC)	048	N		N		Y	$3.13		20	30
A5073		OSTOMY POUCH; URINARY; FOR USE W/BARRIER W/FLANGE	048	N		N		Y	$2.77		20	30
A5081		STOMA PLUG OR SEAL, ANY TYPE	048	N		N		Y	$3.02		30	30
A5082		OSTOMY CONTINENT DEVICE, STOMA CATHETER, EACH	048	N		N		Y	$10.36		1	30
A5093		OSTOMY ACCESSORY, CONVEX INSERT, EACH	048	N		N		Y	$1.60		10	30
A5105		URINARY SUSPENSORY WITH LEG BAG, WITH OR W/O T	048	N		Y		Y	$37.28		1	30
A5112		URINARY DRN BAG, LEG/ABD, LATEX, W/WO TUBE, WITH S	048	N		Y		Y	$31.66		1	30
A5113		LEG STRAP, LATEX, REPLACEMENT ONLY, PER SET	048	N		Y		Y	$4.30		1	30
A5114		LEG STRAP, FOAM OR FABRIC, REPLACEMENT ONLY, PER S	048	N		Y		Y	$6.95		1	30
A5120		SKIN BARRIER, WIPES OR SWABS, EAC	048	N		N		Y	$0.18		50	30
A5121		OSTOMY SKIN BARRIER; SOLID 6X6 OR EQUAL, EACH	048	N		N		Y	$6.46		20	30
A5122		OSTOMY SKIN BARRIER; SOLID, 8X8 OR EQUAL, EACH	048	N		N		Y	$11.21		20	30
A5126		OSTOMY ADHESIVE OR NON-ADHESIVE DISK OR FOAM PAD,	048	N		N		Y	$0.97		20	30
A5131		APPLIANCE CLEANER, INCONTINENCE AND OSTOMY, PER 16	048	N		N		Y	$12.64		1	30
A5200		PERCUTANEOUS CATHETER/TUBE ANCHOR DEVICE ADHESI	048	N		Y		Y	$10.32		1	30
A5500		DIABETIC ONLY-CUSTOM PREP OF OFF SHELF DEPTH INLAY	041	N		N		Y	$66.97		2	365
A5501		DIABETIC ONLY,CUSTOM PREP SHOE MOLDED FROM CAST, E	041	N		N		Y	$200.85		2	365
A5503		DIABETIC ONLY-MOD-OFF SHELF/MOLD SHOE W/ROLL/RIG	041	N		N		Y	$33.16		2	365
A5504		DIABETIC ONLY-MOD-OFF SHELF/MOLD SHOE W/ WEDGES	041	N		N		Y	$33.16		2	365
A5505		DIABETIC ONLY, MOD OFF SHELF/MOLD SHOE W/METATA	041	N		N		Y	$33.16		2	365

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A5506		DIABETIC ONLY,MOD OFF SHELF/MOLD SHOE W/OFF-SET HE	041	N		N		Y	$33.16		2	365
A5507		DIABETIC ONLY,NOT OTHERWISE SPECIFIED MODIFICATION	041	N		N		Y	$24.14		2	365
A5512		DIABETCS ONLY, MUL. INSERT MOLDED W/HEAT, INC ARCH	041	N		N		Y	$27.32		2	365
A5513		DIABETCS ONLY, MUL. DENT INSERT INCLUD ARCH, CUST	041	N		N		Y	$40.76		2	365
A5514		DIABETICS ONLY, CAM TECH, 3/16 MAT, 35 DUROMTR>, CUS FB	041	N		N		Y	$40.76		2	365
A6000		NON-CONTACT WOUND WARM COVER,W/WOUND DEV/CAR	048	Y		N		N	$109.75			
A6010		COLLAGEN-BASE WOUND FILL,DRY FORM,PER GRAM COLLA	048	N		Y		Y	$28.00		30	30
A6011		COLLAGEN BASED WOUND FILLER GEL/PASTE PER GRAM COL	048	N		Y		Y	$2.08		30	30
A6021		COLLAGEN DRESSING, PAD SIZE 16SQ IN OR LESS, EACH,	048	N		Y		Y	$19.23		30	30
A6022		COLLAGEN DRESSING,PAD MORE THAN 16SQ IN LESS THAN	048	N		Y		Y	$19.23		30	30
A6023		COLLAGEN DRESSING, PAD SIZE MORE THAN 48SQ IN EACH	048	N		Y		Y	$174.05		30	30
A6024		COLLAGEN DRESSING WOUND FILLER PER 6 INCHES, STERI	048	N		Y		Y	$5.66		3	30
A6154		WOUND POUCH, EACH	048	N		Y		Y	$12.74		30	30
A6196		ALGINATE DRESSING,WOUND COVER,PAD SIZE 16 SQ" LESS	048	N		Y		Y	$6.72		30	30
A6197		ALGINATE DRESING,WOUND COVER,PAD SZE >16 SQ",<48 S	048	N		Y		Y	$15.03		30	30
A6198		ALGINATE DRESSING, WOUND COVER,PAD SIZE > 48 SQ",	048	Y	Y	Y		Y				
A6199		ALGINATE DRESSING, WOUND FILLER, PER 6 INCHES, STE	048	N		Y		Y	$4.60		60	30
A6203		COMPOSITE DRESSING,16 SQ" OR LESS,W/ADHESIVE BORDE	048	N		Y		Y	$3.06		12	30
A6204		COMPOSITE DRESSING,17 TO 48 SQ" W/ADHESIVE BORDER,	048	N		Y		Y	$5.70		12	30
A6205		COMPOSITE DRESSING >48 SQ",ANY SIZE ADHESIVE BORDE	048	Y	Y	Y		Y				
A6206		CONTACT LAYER, 16 SQ IN OR LESS, EACH DRESSING, ST	048	N		Y		Y	$1.93		4	30
A6207		CONTACT LAYER, 17 TO 48 SQ", EACH DRESSING, STERIL	048	N		Y		Y	$6.71		4	30
A6208		CONTACT LAYER, MORE THAN 48 SQ. IN., EACH DRESSING	048	Y	Y	Y		Y				
A6209		FOAM DRES,WOUND COVER 16 SQ"OR LESS,W/O ADHESIV	048	N		Y		Y	$6.53		12	30
A6210		FOAM DRESS,WOUND COVER,17-48 SQ",W/O ADHESIVE,E	048	N		Y		Y	$18.21		12	30
A6211		FOAM DRESS,WOUND Cvr MORE THAN 48SQ"W/O ADHES	048	N		Y		Y	$26.86		12	30
A6212		FOAM DRESS,WOUND COVER,16 SQ" OR LESS,W/ADHESIV	048	N		Y		Y	$8.87		12	30

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A6213		FOAM DRESS,WOUND COVER,17-48 SQ" W/ADHESIVE,EA.	048	N		Y		Y	$7.09		12	30
A6214		FOAM DRESS,WOUND COVER,MORE THAN 48 SQ"W/ADHESI	048	N		Y		Y	$9.41		12	30
A6215		FOAM DRESSING, WOUND FILLER, PER GRAM, STERILE	048	Y	Y	Y		Y				
A6216		GAUZE,NON-IMPREGNATED,NON-STERILE 16 SQ"OR < W/O A	048	N		Y		Y	$0.05		90	30
A6217		GAUZE,NON-IMPREGNATED,NON-STERILE,17-48 SQ",W/O AD	048	N		Y		Y	$0.11		90	30
A6218		GAUZE,NON-IMPREGNAT,NON-STERILE>48 SQ"W/O ADHESI	048	Y	Y	Y		Y				
A6219		GAUZE,NON-IMPREGNATED,16 SQ" OR LESS, W/ ADHESIVE,	048	N		Y		Y	$0.87		90	30
A6220		GAUZE,NON-IMPREGNATED,17-48 SQ" W/ADHESIVE, EACH,	048	N		Y		Y	$2.25		90	30
A6221		GAUZE,NON-IMPREGNATED,>48 SQ" W/ADHESIVE BORDER,EA	048	Y	Y	Y		Y				
A6222		GAUZE IMPREG.NOT H20/SALINE,16SQ"OR <W/O ADHESIVE,	048	N		Y		Y	$1.95		30	30
A6223		GAUZE IMPREG. NOT H20/SALINE 17-48 SQ" W/O ADHESIV	048	N		Y		Y	$2.10		30	30
A6224		GAUZE,IMPREG. NOT H2O/SALINE,>48 SQ" W/O ADHESIVE,	048	N		Y		Y	$3.30		30	30
A6228		GAUZE,IMPREGNATED,H2O/SALINE,16 SQ" OR LESS, W/O A	048	Y	Y	Y		N				
A6229		GAUZE,IMPREGNATED,H2O/SALINE,>16 SQ"</=48 SQ"W/O A	048	N		Y		N	$3.30		30	30
A6230		GAUZE,IMPREGNATED,H2O/SALINE,>48 SQ" W/O ADHESIVE,	048	N		Y		Y	$1.72		30	30
A6231		HYDROGEL, IMPREGNATED GAUZE 16SQ IN OR LESS EACH,	048	N		Y		Y	$4.26		30	30
A6232		HYDROGEL,IMPREGNATED GAUZE 16SQ IN UP TO 48SQ IN E	048	N		Y		Y	$6.30		30	30
A6234		HYDROCOLLOID DRESSING,16 SQ"OR LESS" W/O ADHESIVE,	048	N		Y		Y	$5.98		12	30
A6235		HYDROCOLLOID DRESSING,17-48 SQ" W/O ADHESIVE, EACH	048	N		Y		Y	$15.38		12	30
A6236		HYDROCOLLOID DRESS,MORE THAN 48 SQ" W/O ADHESIV	048	N		Y		Y	$24.93		12	30
A6237		HYDROCOLLOID DRESSING,16 SQ" OR LESS WITH ADHESIVE	048	N		Y		Y	$7.24		12	30
A6238		HYDROCOLLOID DRESSING, 17-48 SQ " W/ADHESIVE, EACH	048	N		Y		Y	$20.84		12	30
A6239		HYDROCOLLOID DRESSING,MORE THAN 48 SQ" W/ADHESIVE,	048	Y	Y	Y		Y				
A6240		HYDROCOLLOID DRESSING,WOUND FILLER,PASTE,PER FL. O	048	N		Y		Y	$11.20		12	30
A6241		HYDROCOLLOID DRESSING, WOUND FILLER,DRY FORM, PER	048	N		Y		Y	$2.24		12	30
A6242		HYDROGEL DRESSING, 16 SQ " OR LESS,W/O ADHESIVE,EA	048	N		Y		Y	$5.55		30	30
A6243		HYDROGEL DRESSING, 17-48 SQ" W/O ADHESIVE, EACH, S	048	N		Y		Y	$11.26		30	30

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A6244		HYDROGEL DRESSING, >48SQ " W/O ADHESIVE, EACH, STE	048	N		Y		Y	$35.92		12	30
A6245		HYDROGEL DRESSING, 16 SQ " OR LESS W/ ADHESIVE,EAC	048	N		Y		Y	$6.65		12	30
A6246		HYDROGEL DRESSING, 17-48 SQ " W/ ADHESIVE, EACH, S	048	N		Y		Y	$9.07		12	30
A6247		HYDROGEL DRESSING, >48 SQ", WITH ADHESIVE, EACH, S	048	N		Y		Y	$21.75		12	30
A6248		HYDROGEL DRESSING, WOUND FILLER, GEL, PER FLUID OZ	048	N		Y		Y	$14.86		12	30
A6250		SKIN SEALANTS, PROTECTANTS, MOISTURIZERS, ANY TYPE	048	Y	Y	Y		N				
A6251		SPECIAL ABSORB DRESSING 16 SQ"OR <,W/O ADHESIVE,EA	048	N		Y		Y	$1.82		30	30
A6252		SPECIAL ABSORB DRESSING 17-48 SQ" W/O ADHESIVE,EAC	048	N		Y		Y	$2.98		30	30
A6253		SPECIAL ABSORB DRESSING >48 SQ"WITHOUT ADHESIVE,EA	048	N		Y		Y	$5.80		30	30
A6254		SPECIAL ABSORB DRESSING 16 SQ"OR< WITH ADHESIVE,EA	048	N		Y		Y	$1.06		30	30
A6255		SPECIAL ABSORB DESSING 17-48 SQ" W/ADHESIVE, EACH,	048	N		Y		Y	$2.64		30	30
A6256		SPECIAL ABSORB DRESSING >48 SQ" WITH ADHESIVE, EAC	048	Y	Y	Y		Y				
A6257		TRANSPARENT FILM, 16 SQ" OR LESS, EACH DRESSING, S	048	N		Y		Y	$1.40		12	30
A6258		TRANSPARENT FILM, 17-48 SQ" EACH, STERILE	048	N		Y		Y	$3.93		12	30
A6259		TRANSPARENT FILM, MORE THAN 48 SQ", EACH, STERILE	048	N		Y		Y	$10.00		12	30
A6260		WOUND CLEANSERS, ANY TYPE, ANY SIZE	048	Y	Y	Y		N				
A6261		WOUND FILLER, NEC, GEL/PASTE, PER FLUID OUNCE	048	Y	Y	Y		Y				
A6262		WOUND FILLER, NEC, DRY FORM, PER GRAM	048	Y	Y	Y		Y				
A6266		GAUZE,IMPREG OTR THN H2O/SALINE,ANY WIDTH,PER LINE	048	N		Y		Y	$1.75		300	30
A6402		GAUZE, NON-IMPREGNATED, 16 SQ" OR LESS, W/O ADHESI	048	N		Y		Y	$0.11		200	30
A6403		GAUZE NON-IMPREGNATED 17-48 SQ " W/O ADHESIVE, STE	048	N		Y		Y	$0.39		100	30
A6404		GAUZE, NON-IMPREGNATED, STERILE, >48 SQ". W/O ADHE	048	Y	Y	Y		Y				
A6407		PACKING STRIPS,NON-IMPREGATED,UP TO 2IN,WIDTH,PER	048	N		Y		Y	$1.71		100	30
A6410		EYE PAD, STERILE, EACH	048	N		Y		Y	$0.35		30	30
A6411		EYE PAD, NON-STERILE EACH	048	N		Y		Y	$0.23		30	30
A6412		EYE PATCH, OCCLUSIVE EACH	048	N		Y		N	$1.82		4	30
A6441		BANDAGE PAD, NON ELAS/WOVEN/KNITTED,WIDTH 3-5"	048	N		Y		Y	$0.60		90	30

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A6442		CONFORMING BANDAGE, NON-ELASTIC/STERILE WIDTH <3 I	048	N		Y		Y	$0.20		180	30
A6443		CONFORMING BANDAGE-NON-ELASTIC, KNIT/WOVEN, 3-<5-/	048	N		Y		Y	$0.25		180	30
A6444		CONFORMING BANDAGE-NON-ELASTIC, KNIT/WOVEN, 5- OR	048	N		Y		Y	$0.42		180	30
A6445		CONFORM BANDAGE, NON/ELAS/KNITT/WOV,STER, WIDTH	048	N		Y		Y	$0.29		180	30
A6446		CONFORM BANDAGE-NON-ELASTIC, KNIT/WOVEN, STERIL	048	N		Y		Y	$0.37		180	30
A6447		CONFORM BANDAGE, NON/ELAS/KNITT/WOV,STER, 5 INS	048	N		Y		Y	$0.61		180	30
A6448		LT COMPRESSION BANDAGE, ELAS/KNIT/WOV, <3 INS PER	048	N		Y		Y	$1.06		12	30
A6449		LIGHT COMPRESSION BANDAGE-ELASTIC, KNIT/WOVEN, 3-<	048	N		Y		Y	$1.60		12	30
A6450		LT COMPRESSION BANDAGE, ELAS/KNIT/WOV, 5 INS OR >P	048	N		Y		Y	$0.35		12	30
A6451		MODERATE COMPRESS BANDAGE-ELASTIC, KNIT/WOVEN,	048	N		Y		Y	$0.35		12	30
A6452		HIGH COMPRESSION BANDAGE-ELASTIC, KNIT/WOVEN, 3-<5	048	N		Y		Y	$5.40		12	30
A6453		SELF-ADHERENT BANDAGE-ELASTIC, NON-KNIT/WOVEN, <3-	048	N		Y		Y	$0.55		12	30
A6454		SELF-ADHERENT BANDAGE-ELASTIC, NON-KNIT/WOVEN3-<5-	048	N		Y		Y	$0.70		12	30
A6455		SELF ADHERENT BANDAGE, ELAS/NON/KNIT/WOV, 5 INS OR	048	N		Y		Y	$1.26		12	30
A6456		ZINC PASTE IMPREG BANDAGE, NON ELAS/KNIT/WOV 3-5 I	048	N		Y		Y	$1.17		20	30
A6457		TUBULAR DRESSING W/WO ELASTIC, ANY WIDTH, PER LINE	048	N		Y		Y	$1.04		100	30
A6501		GARMENT BURN COMPRESSION BODY SUIT (HEAD TO FOOT)	041	Y	Y	N		Y				
A6502		GARMENT BURN COMPRESS CHIN STRAP CUSTOM FABRICA	041	Y	Y	N		Y				
A6503		GARMENT BURN COMPRESS FACIAL HOOD, CUSTOM FABRI	041	Y	Y	N		Y				
A6504		GARMENT BURN COMPRESS GLOVE TO WRIST CUSTOM FAB	041	Y	Y	N		Y				
A6505		GARMENT BURN COMPRESS GLOVE TO ELBOW CUSTOM FAB	041	Y	Y	N		Y				
A6506		GARMENT BURN COMPRESS GLOVE TO AXILLA CUSTOM FA	041	Y	Y	N		Y				
A6507		GARMENT,BURN COMPRESS FOOT TO KNEE LENGTH CUST	041	Y	Y	N		Y				
A6508		GARMENT BURN COMPRESS FOOT TO THIGH LENGTH CUST	041	Y	Y	N		Y				
A6509		GARMENT BURN COMPRESS UPPER TRUNK TO WAIST/ARM	041	Y	Y	N		Y				
A6510		GARMENT BURN COMPRESS TRUNK/ARMS DOWN TO LEGS (	041	Y	Y	N		Y				
A6511		GARMENT BURN COMPRESS-LOWER TRUNK & LEGS (PANTY	041	Y	Y	N		Y				

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A6512		GARMENT BURN COMPRESS NOT OTHERWISE CLASSIFIED	041	Y	Y	N		Y				
A6513		COMPRESSION BURN MASK, FACE AND/OR NECK, PLAST OR	041	Y	Y	Y		Y				
A6530		GRADIENT COMP STOCKING, BELOW KNEE 18-30 MMHG, EAC	041	N		Y		N	$16.83		4	180
A6531		GRADIENT COMP STOCK, BELOW KNEE 30-40 MMHG EACH	041	N		Y		N	$18.50		4	180
A6532		GRADIENT COMP STOCKING, BELOW KNEE, 40-50 MMHG EAC	041	N		Y		N	$24.64		4	180
A6533		GRADIENT COMP STOCK THIGH LENGTH 18-30 MMHG EAC	041	N		Y		N	$24.38		4	180
A6534		GRADIENT COMP STOCKING, THIGH LENGTH, 30-40 MMHG E	041	N		Y		N	$27.26		4	180
A6535		GRADIENT COMP STOCKING, THIGH LENGTH 40-50 MMHG, E	041	N		Y		N	$39.43		4	180
A6536		GRADIENT COMP STOCK; FULL LENGTH/CHAP STYLE 18-30	041	N		Y		N	$27.04		4	180
A6537		GRADIENT COMP STOCK; FULL LENGTH/CHAP, STYLE30-40	041	N		Y		N	$23.88		4	180
A6538		GRADIENT COMP STOCKING; FULL LENGTH/CHAP, 40-50 MM	041	N		Y		N	$26.64		4	180
A6539		GRADIENT COMP STOCKING; WAIST LENGTH, 18-30 MMHG,	041	N		Y		N	$29.06		4	180
A6540		GRADIENT COMP STOCKING; WAIST LENGTH, 30-40 MMHG,	041	N		Y		N	$37.54		4	180
A6541		GRADIENT COMP STOCKING; WAIST LENGTH, 40-50 MMHG,	041	N		Y		N	$51.05		4	180
A6544		GRADIENT COMPRESSION STOCKING: GARTER BELT	041	N		Y		N	$23.33		1	60
A6545		GRADIENT COMPRESS WRAP-NON-ELASTIC, BELOW KNEE,	041	N		Y		N	$81.81		4	365
A6549		GRADIENT COMPRESSION STOCKING/ SLEEVE, NOS	041	Y	Y	N		N				
A7000		CANISTER DISPOSABLE USED WITH SUCTION PUMP, EACH P	048	N		Y		N	$7.77		2	30
A7002		TUBING,USED W/ SUCTION PUMP EACH	048	N		Y		Y	$3.34		2	30
A7003		ADMIN SET WITH SMALL VOLUME NONFILTER NEBULIZER DI	048	N		Y		N	$2.13		2	30
A7005		ADMINISTRA SET, PERMANENT W/ SMALL VOLUME NEBU	048	N		Y		Y	$21.81		2	365
A7006		ADMIN. SET,FILTERED DISPOSABLE,W/SMALL VOLUME NEBU	048	N		Y		Y	$8.32		1	30
A7007		LARGE VOL NEBULIZER DISPOSABLE UNFILLED, USED W/AE	048	N		Y		N	$2.38		2	30
A7010		CORRUGATED TUBING DISPOSABLE/LARGE VOL NEBULIZER P	048	N		Y		Y	$21.57		1	60
A7012		WATER COLLECTION DEVICE USED WITH LARGE VOL NEB PT	048	N		Y		N	$2.93		4	30
A7013		FILTER,DISPOSABLE;USED W/ AEROSOL COMPRESSOR OR UL	048	N		Y		Y	$0.65		2	30
A7014		FILTER NON DISPOSABLE USED/AEROSOL COMPRESSOR	048	N		Y		N	$4.11		1	30

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HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
A7015		AEROSOL MASK, USED W/DME NEBULIZER,EACH	048	N		Y		Y	$1.50		1	30
A7018		SOLUTION;DISTILLED WATER;1000ML EACH USED W/LG VOL	048	N		Y		Y	$0.36		18	30
A7020		INTERFACE FOR COUGH STIMULATIODEVICE, INCL ALL COM	048	N		Y		Y	$14.33		2	365
A7025		THERAPY VEST; VEST REPLACEMENT FOR PATIENT OWNED E	041	N		Y		Y	$397.80		1	1,095
A7026		THERAPY VEST SYSTEM REPLACEMENT HOSE FOR PATIENT O	041	N		Y		Y	$26.29		2	365
A7027		COMBINATION ORAL/NASAL MASK USE WITH CPAP DEVICE,	041	N		Y		Y	$170.60		2	365
A7028		ORAL CUSHION FOR COMBINATION ORAL/NASAL CPAP MASK	041	N		Y		Y	$45.31		2	365
A7029		NASAL PILLOWS FOR COMBIN ORAL/NASAL CPAP MASK	041	N		Y		Y	$18.52		3	365
A7030		CPAP/BIPAP; FULL MASK; EACH	041	N		Y		Y	$172.53		2	365
A7031		CPAP/BIPAP;FACE MASK INTERFACE REPLACEMENT FOR FUL	041	N		Y		Y	$63.81		1	365
A7032		CPAP/BIPAP;REPLACEMENT CUSHION FOR NASAL DEVICE, E	041	N		Y		Y	$37.06		2	60
A7033		CPAP/BIPAP; REPLACEMENT PILLOWS FOR NASAL DEVICE,	041	N		Y		Y	$25.98		2	60
A7034		CPAP/BIPAP;NASAL DEVICE (MASK OR CANNULA) INTERFAC	041	N		Y		Y	$107.59		1	180
A7035		CPAP/BIPAP;HEADGEAR FOR USE WITH CPAP, EACH	041	N		Y		Y	$36.35		2	365
A7036		CPAP/BIPAP;CHINSTRAP FO USE WITH CPAP, EACH	041	N		Y		Y	$14.15		2	365
A7037		CPAP/BIPAP; TUBNG FOR USE WITH CPAP, EACH	041	N		Y		Y	$37.37		1	180
A7038		CPAP/BIPAP; DISPOSABLE FILTER, FOR USE WITH CPAP,	048	N		Y		Y	$4.18		2	30
A7039		CPAP/BIPAP; NON-DISPOSABLE FILTER, FOR USE WITH CP	041	N		Y		Y	$12.79		1	180
A7044		CPAP/BIPAP ORAL INTERFACE FOR USE WITH CPAP EACH	041	N		Y		Y	$110.58		2	365
A7046		WATER CHAMBER FOR CPAP HUMIDIFIER REPLACE EACH	048	N		Y		Y	$17.84		1	120
A7047		ORAL INTERFACE USED W RESPIRATORY SUCTION PUMP EAC	048	Y	Y	Y		Y				
A7048		VACUUM DRAIN, BOTTLE TUBE KIT	048	Y	Y	Y		Y				
A7501		TRACH TUBE;TRACHEOSTOMA VALVE INCLUD DIAPHRAGM,	048	N		Y		Y	$96.06		1	120
A7507		FILTER HOLDER & FILTER W/O ADHESIVE, FOR HEAT/MOIS	048	N		Y		Y	$2.32		90	30
A7508		TRACH TUBE; HOUS AND INTEGRAT ADHESIVE, TRACH VALVE	048	N		N		Y	$2.30		90	30
A7520		TRACH/LARY TUBE, NON CUFF PVC, SILICONE OR EQUAL	048	N		Y		Y	$52.38		2	30
A7521		TRACH/LARY TUBE, CUFFED PVC, SILICONE OR EQUAL, EA	048	N		Y		Y	$52.38		2	30

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A7522		TRACH/LARY TUBE, STAINLESS STEEL OR =, STERILIZAB	048	Y	Y	Y		Y				
A7523		TRACHEOSTOMY SHOWER PROTECTOR EACH	048	N		Y		N	$10.06		2	365
A7524		TRACHEOSTOMY STENT/STUD/BUTTON EACH	048	N		Y		Y	$70.79		1	90
A7525		TRACHEOSTOMY MASK, EACH	048	N		Y		Y	$1.26		2	30
A7526		TRACHEOSTOMY TUBE COLLAR/HOLDER EACH	048	N		Y		Y	$2.60		30	30
A7527		TRACH/LARYN,TUBE PLUG/STOP,EACH	041	N		Y		N	$3.28		4	30
A8000		HELMET,PROTECTIVE,SOFT,PREFAB, INCLUDES ALL COMPO/	041	N		Y		N	$140.26		1	730
A8001		HELMET,PROTECTIVE,HARD,PREFAB,INCLUDES ALL COMPO/A	041	N		Y		N	$140.26		1	730
A8002		HELMET,PROTECTIVE,SOFT,CUSTOM FABRICATED,INCLUDES	041	Y	Y	Y		N				
A8003		HELMET,PROTECTIVE,HARD,CUSTOM FABRICATED,INCL ALL	041	Y	Y	Y		N				
A8004		SOFT INTERFACE FOR HELMET, REPLACEMENT ONLY	048	Y	Y	Y		N				
A9900		MISC DME SUPPLY ACCESSORY COMPONENT OF HC	041	Y	Y	Y		N				
A9999		MISCELLANEOUS DME SUPPLY OR ACCESSORY, NEC	041	Y	Y	Y		Y				
B4034		ENTERAL FEEDNG SUP KIT;SYRINGE FED, PER DAY INC AL	048	N		Y		Y	$5.18		30	30
B4035		ENTERAL FEEDNG SUPPLY KIT PUMP FED PER DAY INCL AL	048	N		Y		N	$9.87		30	30
B4036		ENTERAL FEEDNG SUPPLY KIT GRAVITY FED PER DAY INC	048	N		Y		N	$6.76		30	30
B4081		NASOGASTRIC TUBE W/ STYLET, EACH	048	N		Y		Y	$14.55		1	30
B4082		NASOGASTRIC TUBE W/O STYLET, EACH	048	N		Y		Y	$11.29		1	30
B4087		GASTROSTOMY/JEJUNOSTOMY TUBE, STAND, ANY MATERI	048	N		Y		Y	$30.19		1	30
B4088		GASTROSTO/JEJUNOSTOMY TUBE, LOW-PROFILE,ANY MATE	048	N		Y		Y	$125.06		4	365
B4100		FOOD THICKENER, ADMINISTERED ORALLY	048	Y	Y	Y		N				
B4149		ENTERAL FORM MANU/BLND NATURAFD W/INTACT NUT,TH	048	Y		Y		N	$1.32			
B4150		ENTERAL FORMULA:COMPLET W/INTACT NUTRIENTS,100 CAL	048	Y		Y		N	$0.55			
B4152		ENTERAL FORMULA;CALORIE DENSE>/=1.5KCAL, 100 CAL=1	048	Y		Y		N	$0.47			
B4153		ENTERAL FORM:HYDROLYZED PROTEIN/AMINO ACIDS,100	048	Y		Y		N	$1.59			
B4154		ENTERAL FORMULA: SPEC.METABOLIC NONINHERIT, 100 CA	048	Y		Y		N	$1.02			
B4155		ENTERAL FORMULA: INCOMPLETE/MODULAR 100 CAL=1 UNIT	048	Y		Y		N	$0.79			

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B4157		ENTERAL FORMULA-SPEC METABOLIC NEEDS-INHERITED,100	048	Y	Y	Y		Y				
B4158		ENTERAL FORMULA-PEDS-COMPLETE NUTRITION, 100CAL=1U	048	Y		Y		N	$0.55			
B4159		ENTERAL FORMULA-PEDS-COMP NUTRITION, SOY BASED, 10	048	Y	Y	Y		Y				
B4160		ENTERAL FORMULA-PEDS-CAL DENSE, =/>0.7CAL/ML, 100C	048	Y	Y	Y		N				
B4161		ENTERAL FORMULA-PEDS-HYDRO/AMINO ACID/PEPTIDE, 100	048	Y	Y	Y		N				
B4162		ENTERAL FORMULA-PEDIATRIC-SPEC METABOLIC NEEDS, 10	048	Y	Y	Y		N				
B4224		PARENTERAL NUTRITION ADMINISTRATION KIT, PER DAY	048	N		N		Y	$20.29		30	30
B9002		ENTERAL NUTRITION INFUSION PUMP, ANY TYPE	041	B		Y		Y	$750.09	$75.01		
B9998		ENTERAL SUPPLIES NOT OTHERWISE CLASSIFIED	048	Y	Y	Y		N				
B9999		NOT OTHERWISE CLASSIFIED FOR PARENTERAL SUPPLIES	048	Y	Y	N		N				
E0100		CANE, ANY MATERIAL; ADJUSTABLE OR FIXED W/ TIP, EA	041	N		Y		Y	$19.28		1	365
E0105		CANE, ANY MATERIAL; QUAD OR THREE PRONG, ADJ/FIXED	041	N		Y		Y	$44.91		1	365
E0110		CRUTCHES-FOREARM; ADJUST OR FIXED, OTH MATERIAL, PAIR	041	N		Y	*	Y	$64.11		1	365
E0111		CRUTCH-FOREARM;ADJUSTABLE OR FIXED, OTHER MATERIAL	041	N		Y		Y	$48.47		1	365
E0112		CRUTCHES-UNDERARM; ADJUSTABLE OR FIXED, WOOD; PAIR	041	N		Y	*	Y	$21.95		1	365
E0113		CRUTCH-UNDERARM;ADJUSTABLE OR FIXED, WOOD;EACH	041	N		Y		Y	$19.24		1	365
E0114		CRUTCHES-UNDERARM;ADJUST OR FIXED;OTHER MATERI PAIR	041	N		Y	*	Y	$34.27		1	365
E0116		CRUTCH-UNDERARM; ADJ/FIXED, NON-WOOD, W/WO SHOC	041	N		Y		Y	$25.24		1	365
E0130		WALKER; RIGID PICKUP, ADJUSTABLE/FIXED, EACH	041	N		Y		Y	$64.24		1	365
E0135		WALKER; FOLDING, ADJUSTABLE OR FIXED HEIGHT	041	N		Y		Y	$76.68		1	365
E0140		WALKER W/TRUNK SUPPORT, ADJUS/FIXED HGT, ANY TYPE	041	N		Y		Y	$329.92		1	1,095
E0141		WALKER; RIGID WHEELED AJUST OR FIXED HEIGHT	041	N		Y		Y	$92.98		1	365
E0143		WALKER; FOLDING, WHEELED, ADJUSTED OR FIXED HEIGHT	041	N		Y		Y	$109.97		1	365
E0144		WALKER;ENCLOSED FRAME,WHEEL,W/POSTERIOR SEAT, RI	041	N		Y		Y	$291.26		1	1,095
E0148		WALKER; HEAVY DUTY, W/O WHEELS, RIGID/FOLDING ANY	041	N		Y		Y	$116.21		1	1,095
E0149		WALKER; HEAVY DUTY, WHEELED RIGID/FOLDING, ANY TYP	041	N		Y		Y	$204.15		1	1,095
E0153		CRUTCH-FOREARM PLATFORM ATTACHMENT, EACH	041	N		Y		Y	$53.67		2	365

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E0154		WALKER-PLATFORM ATTACHMENT, EACH	041	N		Y		Y	$52.28		2	365
E0155		WALKER-WHEEL ATTACHMENT FOR PICKUP WALKER, PAIR	041	N		Y	*	Y	$23.03		1	365
E0156		WALKER - SEAT ATTACHMENT	041	N		Y		Y	$19.66		1	365
E0157		WALKER-CRUTCH ATTACHMENT EACH	041	N		Y		Y	$74.92		2	365
E0158		WALKER-LEG EXTENSIONS PER SET OF FOUR	041	N		Y		Y	$28.06		1	1,095
E0159		WALKER, WHEELED; BRAKE ATTACHMENT, REPLACEMENT	041	N		Y		Y	$15.30		2	365
E0160		SITZ BATH, PORTABLE, USED W/OR W/O COMMODE	041	N		Y		Y	$30.24		1	365
E0161		SITZ BATH, PORT, USED W/OR W/O COMMODE W/FAUCE	041	N		Y		Y	$22.87		1	365
E0163		COMMODE CHAIR; STATIONARY, OR MOBLE W/FIXED ARMS	041	N		Y		Y	$120.95		1	365
E0165		COMMODE CHAIR; STATIONARY, OR MOBLE W/DETACH A	041	N		Y		Y	$129.98		1	1,095
E0167		COMMODE ACCESSORY; PAIL OR PAN, REPLACEMENT	041	N		Y		Y	$8.25		1	365
E0168		COMMODE CHAIR;EXTRA WIDE AND/OR HD ANY TYP	041	N		Y		Y	$126.82		1	1,095
E0175		COMMODE ACCESSORY; FOOTREST, EACH	041	N		Y		Y	$32.56		2	1,095
E0181		POWERED PRESSURE REDUC MATTRESS OVERLAY/PAD W/P	041	N		Y		Y	$124.08		1	1,095
E0182		ALTERNATING PRESSURE PAD PUMP, REPLACEMENT	041	N		Y		Y	$123.11		1	730
E0184		MATTRESS-DRY PRESSURE	041	N		Y		Y	$144.36		1	730
E0185		MATTRESS PAD; GEL OR GEL-LIKE PAD, STD SIZE	041	N		Y		Y	$110.45		1	730
E0186		MATTRESS - AIR PRESSURE	041	N		Y		Y	$157.86		1	730
E0187		MATTRESS-WATER PRESSURE	041	N		Y		Y	$68.24		1	730
E0188		PAD-SHEEPSKIN-SYNTHETIC	041	N		Y		N	$17.42		1	60
E0189		PAD-SHEEPSKIN-LAMBS WOOL, ANY SIZE	041	N		Y		N	$60.44		1	60
E0190		POSITIONING CUSHION/PILLOW/WEDGE, ANY SHAPE OR SIZ	041	N		Y		N	$23.26		1	365
E0191		PROTECTOR-HEEL OR ELBOW; EACH	041	N		Y		Y	$9.13		4	60
E0193		BED-POWERED AIR FLOTATION (LOW AIR-LOSS THERAPY)	041	B		Y		Y	$7,306.29	$730.63		
E0194		BED-AIR FLUIDIZED	041	B		Y		Y	$28,475.68	$2,847.56		
E0196		MATTRESS-GEL PRESSURE	041	N		Y		Y	$284.26		1	730
E0197		PRESSURE PAD; AIR, FOR MATTRESS, STANDARD	041	N		Y		Y	$98.39		1	730

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E0198		PRESSURE PAD;WATER, FOR MATTRESS, STANDARD	041	Y		Y		Y	$47.20			
E0199		PRESSURE PAD;DRY, FOR MATTRESS, STANDARD	041	N		Y		Y	$16.46		2	365
E0200		HEAT LAMP WITHOUT STAND	041	N		Y		Y	$32.00		1	1,095
E0202		PHOTOTHERAPY (BILIRUBIN) LIGHT W/PHOTOMETER	041	R		Y		Y		$54.61	DAILY	
E0205		HEAT LAMP W/STAND	041	N		Y		Y	$169.29		1	1,095
E0210		HEATING PAD - STANDARD ELECTRIC	041	N		Y		Y	$21.56		1	365
E0215		HEATING PAD - MOIST ELECTRIC	041	N		Y		Y	$40.28		1	365
E0217		WATER CIRCULATING HEAT PAD WITH PUMP	041	Y		Y		Y	$312.56			
E0218		WATER CIRCULATING COLD PAD WITH PUMP	041	N		Y		Y	$141.44		1	1,095
E0235		PARAFFIN BATH UNIT PORTABLE	041	Y		Y		Y	$147.24			
E0236		PUMP FOR WATER CIRCULATING PAD	041	Y		Y		Y	$400.16			
E0240		BATH/SHOWER,CHAIR W/WITHOUT WHEELS, ANY SIZE	041	N		Y		N	$105.55		2	730
E0241		RAIL - BATH TUB WALL, EACH	041	N		Y		N	$13.91		2	365
E0242		RAIL - BATH TUB FLOOR BASE, EACH	041	N		Y		N	$23.80		1	365
E0243		RAIL - TOILET, EACH	041	N		Y		N	$28.34		2	365
E0244		RAISED TOILET SEAT	041	N		Y		N	$20.66		1	365
E0245		TUB STOOL OR BENCH	041	N		Y		N	$37.94		1	365
E0246		RAIL - TRANSFER TUB ATTACHMENT, EACH	041	N		Y		N	$56.69		1	1,095
E0247		TRANSFER BENCH FOR TUB OR TOILET W/W/O COMMODE	041	N		Y		N	$105.55		1	1,095
E0248		TRANS BENCH, HD FOR TUB OR TOILET W/WO COMMODE	041	N		Y		N	$407.15		1	1,095
E0249		PAD FOR WATER CIRCULATING HEAT UNIT, REPLACE ONLY	041	N		Y		Y	$21.20		1	365
E0250		HOSPITAL BED, FIXED HEIGHT, W/RAILS, W/MATTRESS	041	B		Y		Y	$574.50	$57.45		
E0251		HOSPITAL BED, FIXED HEIGHT, W/RAILS, W/O MATTRESS	041	B		Y		Y	$678.58	$67.85		
E0255		HOSPITAL BED, VARIABLE HEIGHT, W/RAILS,W/MATTRESS	041	B		Y		Y	$659.34	$65.93		
E0256		HOSPITAL BED, VARIABLE HEIGHT, W/RAILS, W/O MATTRE	041	B		Y		Y	$565.53	$56.55		
E0260		HOSPITAL BED, SEMI-ELECTRIC, W/RAILS, W/MATTRESS	041	B		Y		Y	$864.01	$86.40		
E0261		HOSPITAL BED, SEMI-ELECTRIC, W/RAILS, W/O MATTRESS	041	B		Y		Y	$725.85	$72.58		

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E0265		HOSPITAL BED, TOTAL ELECTRIC, W/RAILS, W/MATTRESS	041	B		Y		Y	$1,008.53	$100.85		
E0266		HOSPITAL BED, TOTAL ELECTRIC, W/RAILS, W/O MATTRES	041	B		Y		Y	$1,004.86	$100.48		
E0271		MATTRESS INNERSPRING	041	N		Y		Y	$128.91		1	730
E0272		MATTRESS-FOAM RUBBER	041	N		Y		Y	$93.65		1	730
E0275		BED PAN STANDARD METAL/PLASTIC	041	N		Y		Y	$11.90		1	365
E0276		BED PAN-FRACTURE- METAL/PLASTIC	041	N		Y		Y	$3.17		1	365
E0277		MATTRESS-POWERED PRESSURE REDUCING AIR	041	B		Y		Y	$2,903.16	$290.31		
E0280		CRADLE-FOR BED-ANY TYPE	041	N		Y		Y	$33.32		1	365
E0300		PEDIATRIC CRIB, HOSP GRADE, FULLY ENCLOSED	041	Y	Y	Y		Y				
E0301		HOSP BED HD X-WIDE WT CAP 350-600 LB/RAIL/NO MAT	041	B		Y		Y	$2,041.17	$204.11		
E0303		HOSP. BED,X- HEAVY DUTY X-WD WT CAP 350-600 IB/RAI	041	B		Y		Y	$2,887.70	$288.77		
E0304		HOSP. BED,X- HEAVY DUTY X-WD WT >600 IB/SIDE RAILS	041	B		Y		Y	$3,679.23	$367.92		
E0305		RAIL-BEDSIDE-HALF LENGTH-EACH	041	N		Y		Y	$77.13		2	1,095
E0310		RAIL-BEDSIDE-FULL LENGTH-EACH	041	N		Y		Y	$78.80		2	1,095
E0316		SAFETY ENCLOSURE FRAME/CANOPY USE W/HOSPITAL BED,A	041	Y		Y		Y	$177.73			
E0325		URINAL-MALE;JUG-TYPE,ANY MATERIAL	041	N		Y		Y	$7.85		1	180
E0326		URINAL-FEMALE; JUG-TYPE ANY MATERIAL	041	N		Y		Y	$9.28		1	180
E0328		HOSP BED PEDS, MAN 360 DEGREE ENCL,TOP OF HEAD/RAI	041	Y	Y	Y		Y				
E0329		HOSP BED PEDS ELEC/SEMI 360 DEG, TOP OF HEAD/RAIL	041	Y	Y	Y		Y				
E0371		MATTRESS-NONPWERED ADVD PRESSURE REDUCING OVE	041	B		Y		Y	$1,623.33	$162.33		
E0372		MATTRESS-POWERED AIR OVERLAY FOR MATTRESS	041	B		Y		Y	$2,060.46	$206.04		
E0373		MATTRESS-NONPOWERED ADVANCED PRESS REDUC MAT	041	B		Y		Y	$5,620.07	$562.01		
E0425	NR	OXYGEN COMPRESSED GAS-STATIONARY	041	Y		Y		Y	$115.40			
E0431	NR	OXYGEN-COMPRESSED GAS-PORT W/HUMIDIFIER TUBING	041	R		Y		Y		$27.66	1	30
E0434	NR	OXYGEN-LIQUID,PORT;W/HUMIDIFIER TUBING MASK/CA	041	R		Y		Y		$27.66	1	30
E0439	NR	OXYGEN-LIQUID,STATIONARY,W/HUMIDIFIER TUBE MASK/	041	R		Y		Y		$165.50	1	30
E0441	NR	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH SUPPL	048	Y		N		Y	$72.80		1	30

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E0442	NR	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH SUPPLY	048	Y		N		Y	$72.80		1	30
E0443	NR	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH SUPPLY=	048	Y		N		Y	$72.80		1	30
E0444	NR	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH SUPPLY=1	048	Y		N		Y	$72.80		1	30
E0445		OXIMETER DEVICE FOR MEASURING BLOOD OXY LEVEL NON-	041	B		Y		N	$547.90	$54.79		
E0447		PORT OXY CONTENT, LIQUID , 1 MO, AMT REST NIG EXC 4 LPM	048	Y		N		Y		$84.64	1	30
E0465		HOME VENTILATOR, ANY TYPE, USED, INVASIVE INTERFACE	041	R		Y		Y		$832.70		
E0466		HOME VENTILATOR, ANY TYPE, USED, NON INVASIVE INTERF	041	R		Y		Y		$832.70		
E0467		HOME VENT, MULT, PRFM, INC ALL	041	R		Y		Y		$1,197.64		
E0470		BIPAP WITHOUT BACKUP RATE, USED WITH NONINVASIVE I	041	B		Y		Y	$2,238.48	$223.85		
E0471		BIPAP WITH BACKUP RATES, USED W/NONINVASIVE INTERF	041	B		Y		Y	$3,836.83	$383.68		
E0472		BIPAP WITH BACKUP RATE, USED WITH INVASIVE INTERFA	041	B		Y		Y	$3,836.83	$383.68		
E0480		PERCUSSOR-ELECTRIC OR PNEUMATIC	041	B		Y		Y	$384.50	$38.45		
E0481		INTRAPULMONARY PERCUSSIVE VENTILATION SYS/ACCES	041	B	Y	Y		N				
E0482		COUGH STIMULATING DEVICE,ALTERNATE POSITIVE/NEG AI	041	B		Y		Y	$3,315.50	$331.55		
E0483		HIGH FREQ CHEST WALL OSCILATN AIR PLSE GENRATR SYS	041	B		N		Y	$10,790.82	$719.38	Rental	15 mo.
E0484		OSCILLARY POSITIVE EXPIR PRESSURE DEVICE, NON-ELEC	041	N		Y		Y	$33.76		1	365
E0485		ORAL DEVICE/APPL USED TO REDUCE AIRWAY COLL, PRE.	041	Y	Y	Y		N				
E0486		ORAL DEVICE/APPLIANCE USED TO REDUCE AIRWAY COLL,	041	Y	Y	Y		Y				
E0500		IPPB MACHINE-ALL TYPES	041	B		Y		Y	$957.63	$95.76		
E0550		HUMIDIFIER,DURABLE FOR EXTENSIVE SUPPLEMENT HUMI	041	B		Y		Y	$371.69	$37.17		
E0555		HUMIDIFIER,DURABLE;GLASS/PLASTIC BOTTLE,USE W/REGU	041	N		Y		Y	$1.71		1	30
E0561		HUMIDIFIER, NON HEATED, USED WITH CPAP OR BIPAP DE	041	B		Y		Y	$93.34	$9.33		
E0562		HUMIDIFIER, HEATED, USED WITH POS AIRWAY PRESSURE	041	B		Y		Y	$260.67	$26.07		
E0565		COMPRESSOR-AIR POWER SOURCE EQUIPMENT	041	B		Y		Y	$378.79	$37.88		
E0570		NEBULIZER W/ COMPRESSOR	041	N		Y		Y	$94.01		1	1,825
E0574		NEBULIZER;ULTRASONIC SMALL VOLUME	041	Y		Y		Y	$366.33			
E0575		NEBULIZER; ULTRASONIC, LARGE VOLUME	041	B		Y		Y	$821.21	$82.12		

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HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
E0580		NEBULIZER,DURABLE,GLASS/AUTOCLAVABLE PLAS,BOTTLE,U	041	Y		Y		Y	$122.60			
E0600		RESPIRATORY SUCTION PUMP, HOME MODEL, PORT., STAT.	041	B		Y		Y	$296.08	$29.61		
E0601		CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) DEVICE	041	B		Y		Y	$750.57	$75.06		
E0602		BREAST PUMP, MANUAL;COMPLETE KIT	041	N		Y		N	$20.42		1	365
E0603		BREAST PUMP, ELECTRIC (AC AND/OR DC), ANY TYPE	041	N		Y		N	$116.51		1	1,825
E0605		VAPORIZER, ROOM TYPE	041	N		Y		Y	$24.17		1	365
E0606		BOARD-POSTURAL DRAINAGE	041	N		Y		Y	$251.83		1	1,095
E0610		MONITOR-PACEMAKER;SELF-CONTAIN,W/AUDIBLE/VISIBLE	041	B		Y		Y	$163.72	$16.37		
E0615		MONITOR-PACEMAKER;SELF-CONTAINED,W/DIGITAL/VISIBLE	041	B		Y		Y	$163.72	$16.37		
E0617		DEFIBRILLATOR;EXTERNAL WITH INTEGRATED ELECTROCARD	041	Y		Y		Y	$2,780.90			
E0619		MONITOR;APNEA WITH RECORDING FEATURE	041	B		Y		Y	$2,934.88	$244.57	Rental	12 mo
E0621		PATIENT LIFT-SLING OR SEAT, CANVAS OR NYLON	041	N		Y		Y	$51.07		1	365
E0627		SEAT LIFT MECHANISM, ELECTRIC , ANY TYPE	041	Y		Y		Y	$308.52			
E0629		SEAT LIFT MECHANISM, NON-ELECTRIC , ANY TYPE	041	Y		Y		Y	$182.89			
E0630		PATIENT LIFT:HYDRAULIC OR MECHANIC,INC SEAT,SLING,	041	B		Y		Y	$851.23	$85.12		
E0637		COMB SIT TO STAND SYS,ANY SIZE INC PEDS W/SEAT LIF	041	Y	Y	Y		N				
E0638		STAND FRAME SYS, ONE POSTION, ANY SIZE, INC PEDS,W	041	Y	Y	Y		N				
E0641		STANDING FRAME SYSTEM, MULTIPOSITION (E.G. THREE W	041	Y	Y	Y		N				
E0642		STANDING FRAME SYS, MOBILE, ANY SIZE INCLUDING PED	041	Y	Y	Y		N				
E0650		PNEUMATIC COMPRESSOR(LYMPHEDEMA)NON-SEGMENTAL	041	B		Y		Y	$610.23	$61.02		
E0651		PNEUMATIC COMPRESSOR, SEGMENTAL W/O CALIB	041	B		Y		Y	$723.31	$72.33		
E0652		PNEUMATIC COMPRESSOR SEGMENTAL WITH CALIBR	041	B		Y		Y	$1,731.68	$173.16		
E0655		PNEUMATIC APPLIANCE; NON SEGMENT FOR COMPRESS,HA	041	N		Y		Y	$94.15		1	365
E0656		SEGMENTAL PNEUMATIC APPLIANCE-USE W/ COMPRESS, T	041	B		Y		Y	$554.80	$55.48		
E0657		SEGMENTAL PNEUMATIC APPLIANCE-USE W/ COMPRESS, C	041	Y		Y		Y	$520.70			
E0660		PNEUMATIC APPLIANCE; NON SEGMENT FOR COMPRESS,FU	041	N		Y		Y	$128.85		1	365
E0665		PNEUMATIC APPLIANCE; NON SEGMENT FOR COMPRESS,FU	041	N		Y		Y	$119.50		1	365

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HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
E0666		PNEUMATIC APPLIANCE; NON SEGMENT FOR COMPRESS,HA	041	N		Y		Y	$126.30		1	365
E0667		PNEUMATIC APPLIANCE;SEGMENTAL FOR COMPRESS.,FULL L	041	N		Y		Y	$210.36		1	365
E0668		PNEUMATIC APPLIANCE;SEGMENTAL FOR COMPRESS, FULL A	041	N		Y		Y	$224.34		1	365
E0669		PNEUMATIC APPLIANCE; SEGMENTAL FOR COMPRESS., HALF	041	N		Y		Y	$151.84		1	365
E0671		PNEUMATIC APPLIANCE;SEGMENT,GRADIENT PRESSURE,FU	041	N		Y		Y	$171.49		1	365
E0672		PNEUMATIC APPLIANCE;SEGMENT,GRADIENT PRESSURE,FU	041	N		Y		Y	$171.49		1	365
E0673		PNEUMATIC APPLIANCE;SEGMENT,GRADIENT PRESSURE,HA	041	N		Y		Y	$171.49		1	365
E0705		TRANSFER DEVICE, ANY TYPE, EACH	041	N		Y		Y	$40.86		1	365
E0710		RESTRAINTS ANY TYPE	048	N		Y		Y	$12.68		1	365
E0720		TENS,TWO LEAD, LOCALIZED STIMULATION	041	B		Y		Y	$123.49	$12.35		
E0730		TENS,FOUR LEAD,LARGER AREA/MULTIPLE NERVE STIMULAT	041	B		Y		Y	$273.39	$27.34		
E0745		NEUROMUSCULAR STIMULATOR, ELECTRONIC SHOCK UNIT	041	Y	Y	Y		Y				
E0747		OSTEOGENESIS STIMULATOR, NON INVASIVE, OTHER THAN	041	Y		N		Y	$2,742.15			
E0748		OSTEOGENESIS STIMULATOR, NON-INVASIVE, SPINAL APPL	041	Y		N		Y	$3,205.15			
E0760		OSTOGENESIS STIMU, LOW INTENSITY ULTRASOUND N	041	Y		N		Y	$2,663.42			
E0765		NERVE STIMULATOR W/REPLACEABLE BATTERIES FOR NAUSE	041	Y		Y		Y	$80.80			
E0766		ELECTRICAL STIMULATION DEVICE FOR CA TRTMNT,W-ACCS	041	Y	Y	Y		Y				
E0776		IV POLE	041	B		Y		Y	$72.58	$7.25		
E0779		INFUSION PUMP,AMBULATORY;MECHAN,REUSABLE,FOR 8	041	B		Y		Y	$146.43	$14.64		
E0780		INFUSION PUMP,AMBULATORY;MECHAN,REUSABLE,FOR 8	041	Y		Y		Y	$9.04			
E0781		INFUSION PUMP,AMBULATORY;ELECTRIC OR BATTERY,WORN	041	B		Y		Y		$7.70	DAILY	
E0782		INFUSION PUMP,IMPLANTABLE,NON-PROGRAM INCLUDE ALL	041	Y	Y	Y		Y				
E0784		INFUSION PUMP, AMBULATORY; EXTERNAL, INSULIN	041	B		N		Y	$3,653.08	$365.30		
E0791		INFUSION PUMP,STATIONARY; PARENTERAL	041	B		Y		Y		$8.68	DAILY	
E0840		TRACTION FRAME, CERVICAL; ATTACHED TO HEADBOARD	041	N		Y		Y	$54.33		1	1,095
E0850		TRACTION STAND, CERVICAL; FREE STANDING	041	N		Y		Y	$52.36		1	1,095
E0860		TRACTION EQUIPMENT,CERVIAL; OVER DOOR	041	N		Y		Y	$28.57		1	1,095

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HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
E0870		TRACTION FRAME,EXTREMITY;ATTACHED TO FOOTBOARD	041	N		Y		Y	$65.45		1	1,095
E0880		TRACTION STAND,EXTREMITY;FREE STANDING	041	N		Y		Y	$78.86		1	1,095
E0890		TRACTION FRAME,PELVIC;ATTACHED TO FOOTBOARD	041	N		Y		Y	$105.04		1	1,095
E0900		TRACTION STAND,PELVIC;FREE STANDING	041	N		Y		Y	$87.89		1	1,095
E0910		TRAPEZE BARS;ATTACHED TO BED	041	B		Y		Y	$164.02	$16.40		
E0911		TRAPEZE BAR, HEAVY DUTY, PATIENT WT > 250 LBS, ATT	041	B		Y		Y	$455.94	$45.59		
E0912		TRAPEZE BAR, HEAVY DUTY, PATIENT WT > 250 LBS, FRE	041	B		Y		Y	$1,046.97	$104.69		
E0920		FRACTURE FRAME;ATTACHED TO BED,INCLUDES WEIGHTS	041	B		Y		Y	$352.67	$35.26		
E0930		FRACTURE FRAME;FREE STANDING, INCLUDES WEIGHTS	041	B		Y		Y	$365.75	$36.58		
E0935		CONT PASSIVE MOTION DEVICE KNEE ONLY DLY UP TO 21	041	R		Y		Y		$8.69	DAILY	21
E0936		CONTINUOUS PASSIVE MOTION EXC DEVICE, OTHER THAN K	041	R		Y		N		$65.39	1	30
E0940		TRAPEZE BAR;FREE STANDING,COMPLETE SET	041	N		Y		Y	$148.69		1	1,095
E0942		TRACTION ACCESSORY, CERVICAL HEAD HARNESS/HALTER	041	N		Y		Y	$14.12		1	365
E0944		TRACTION ACCESSORY; PELVIC BELT/HARNESS/BOOT	041	N		Y		Y	$21.78		1	365
E0947		FRACTURE FRAME; ATTACHMENTS FOR COMPLEX PELVIC TRA	041	B		Y		Y	$449.70	$44.96		
E0948		FRACTURE FRAME; ATTACHMENTS FOR COMPLEX CERVICAL T	041	B		Y		Y	$434.97	$43.50		
E0950	E	WHEELCHAIR ACCESSORY, TRAY, EACH	041	E		Y		Y	$86.04			
E0950	M	WHEELCHAIR ACCESSORY, TRAY, EACH	041	E		Y		Y	$99.83			
E0951	E	W/C ACC-HEEL LOOP/ HOLDER, W/OR WITHOUT ANKLE STRA	041	E		Y		Y	$15.20			
E0951	M	W/C ACC-HEEL LOOP/ HOLDER, W/OR WITHOUT ANKLE STRA	041	E		Y		Y	$17.63			
E0952	E	WHLCHR ACC;TOE LOOP/HOLDER, ANY TYPE, EACH	041	E		Y		N	$14.53			
E0952	M	WHLCHR ACC;TOE LOOP/HOLDER, ANY TYPE, EACH	041	E		Y		N	$16.85			
E0953		W/C ACC,LAT TGH KNEE SPT, ANYTYPE INC FXD MNT HDWR EA	041	Y		N		Y	$69.47			
E0954		W/C ACC,FT BX, ANY TYPE, INC ATCHMNT & MNT HRDWR EA FT	041	Y		N		Y	$46.83			
E0955	E	W/C ACCESSORY,HEADREST,CUSHION,PRE-FAB,INCLUDING H	041	E		Y		Y	$167.35			
E0955	M	W/C ACCESSORY,HEADREST,CUSHION,PRE-FAB,INCLUDING H	041	E		Y		Y	$194.16			
E0956	E	W/C ACCESSORY,LAT.TRUNK OR HIP SUPPORT,PRE-FAB W/H	041	E		Y		Y	$81.60			

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HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
E0956	M	W/C ACCESSORY,LAT.TRUNK OR HIP SUPPORT,PRE-FAB W/H	041	E		Y		Y	$94.67			
E0957	E	W/C ACCESSORY.MEDIAL THIGH SUPPORT PRE-FAB,INCLUDE	041	E		Y		Y	$114.17			
E0957	M	W/C ACCESSORY.MEDIAL THIGH SUPPORT PRE-FAB,INCLUDE	041	E		Y		Y	$132.46			
E0958		WHEELCHAIR ACCES: CONVERT MAN W/C TO ONE ARM-DR	041	E		Y		Y	$418.98			
E0959		WHLCHR ACC-AMPUTEE ADAPTER, EACH	041	E		Y		N	$36.09			
E0960	E	W/C ACCESSY,SHLDER HARNESS/STRAPS/CHEST STRAP,	041	E		Y		Y	$75.31			
E0960	M	W/C ACCESSY,SHLDER HARNESS/STRAPS/CHEST STRAP,	041	E		Y		Y	$87.47			
E0961		WHLCHR ACC-BRAKE LOCK EXTENSION, EACH	041	E		Y		Y	$28.57			
E0966		WHLCHR ACC-HEADREST EXTENSION	041	E		Y		Y	$67.30			
E0967		MAN W/C ACC;HAND RIMS W/PROJECT, ANY , RPLCMT EA	041	E		Y		Y	$63.08			
E0969		NARROWING DEVICE, WHEELCHAIR	041	E		N		Y	$150.27			
E0970		NO. 2 FOOTPLATES, EXCEPT FOR ELEVATING LEG REST	041	E	Y	Y		Y				
E0971		MANUAL WHEELCHAIR ACC-ANTI-TIPPING DEVICE, EACH	041	E		Y		Y	$41.67			
E0973	E	WHLCHR-ADJ HGT DETACH ARMS, COMPLETE ASSEMBLY, EAC	041	E		Y		Y	$95.17			
E0973	M	WHLCHR-ADJ HGT DETACH ARMS, COMPLETE ASSEMBLY, EAC	041	E		Y		Y	$117.46			
E0974		WHLCHR ACC-ANTI-ROLLBACK DEVICE, EACH	041	E		Y		N	$64.00			
E0978	E	WHLCHR ACC-SAFETY POSITIONING BELT/ PELVIC STRAP,	041	E		Y		Y	$35.34			
E0978	M	WHLCHR ACC-SAFETY POSITIONING BELT/ PELVIC STRAP,	041	E		Y		Y	$41.01			
E0980		WHLCHR ACC-SAFETY VEST	041	E		Y		Y	$31.75			
E0981		W/C ACCESS, SEAT UPHOLSTERY, REPLACEMENT ONLY, EAC	041	E		Y		Y	$43.49			
E0982	E	W/C ACCESS, BACK UPHOLSTERY, REPLACEMENT ONLY, EAC	041	E		Y		Y	$36.25			
E0982	M	W/C ACCESS, BACK UPHOLSTERY, REPLACEMENT ONLY, EAC	041	E		Y		Y	$42.06			
E0983		MANUAL W/C ACC,PWR ADD-ON TO CONVERT MAN TO MOT	041	E		Y		Y	$2,400.24			
E0984		MAN W/C ACCESS, POWER ADD-ON TO CONVERT TO POWE	041	E		Y		Y	$1,559.60			
E0985		W/C ACCESS, SEAT LIFT MECHANISM	041	E		Y		Y	$194.80			
E0986		MAN WHEELCHAIR ACCESSORY,PUSH RIM,ACTIVATED,PWR	041	E		Y		Y	$4,671.37			
E0988		MANUAL WHEELCHAIR ACCESSORY LEVER ACTIVATED WHEEL	041	E		Y		Y	$2,940.87			

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E0990	E	WHLCHR ACC-ELEV LEG REST, COMPLETE ASSE, EACH	041	E		Y		Y	$86.40			
E0990	M	WHLCHR ACC-ELEV LEG REST, COMPLETE ASSE, EACH	041	E		Y		Y	$100.25			
E0992		WHEELCHAIR ACCESSORY, SOLID SEAT INSERT, MANUAL W/	041	E		Y		Y	$91.00			
E0994		WHLCHR ACC-ARMREST,EACH	041	E		Y		Y	$16.91			
E0995		WHLCHR ACC-CALF REST/PAD RPLCMT ONLY, EACH	041	E		Y		Y	$25.16			
E1002		W/C ACCESS, POWER SEATING SYSTEM TILT ONLY	041	E		Y		Y	$3,354.97			
E1003		W/C ACCESS, POWER SEATING SYSTEM RECLINE ONLY, W/O	041	E		Y		Y	$3,634.82			
E1004		W/C ACCESS, POWER SEATING SYSTEM RECLINE ONLY, W/M	041	E		Y		Y	$4,675.99			
E1005		W/C ACCESS, POWER SEAT/SYS, RECLINE ONLY, W/SHEAR	041	E		Y		Y	$4,362.45			
E1006		W/C ACC-POWER SEAT SYS, COMB TILT/RECLINE W/O SHEA	041	E		Y		Y	$5,343.59			
E1007		W/C ACCESS, POWER SEAT/SYS, COMB/TILT/RECLINE W/ME	041	E		Y		Y	$7,235.42			
E1008		W/C ACCESS, POWER SEAT/SYS, COMB/TILT/RECLINE W/PO	041	E		Y		Y	$7,236.07			
E1009		W/C ACCESS, ADD TO POWER SEAT/SYS, MECH/ELR, INCLU	041	E	Y	Y		Y				
E1010		W/C ACCESS; ADDITION TO POW/SEATING SYS LEG REST,	041	E		Y		Y	$946.75			
E1011		W/C MODIFICATION TO PEDS W/C WIDTH ADJUST PACKAGE	041	E	Y	Y		Y				
E1012		W/C ACSSRY, CTR MOUNT PWR ELEVATE	041	E	Y	Y		Y				
E1014		W/C RECLINING BACK, ADDITION TO PEDIATRIC SIZE W/C	041	E		Y		Y	$350.67			
E1015		W/C SHOCK ABSORBOR FOR MANUAL W/C EACH	041	E		Y		Y	$110.15			
E1016	E	W/C SHOCK ABSORBER FOR POWER W/C EACH	041	E		Y		Y	$108.69			
E1016	M	W/C SHOCK ABSORBER FOR POWER W/C EACH	041	E		Y		Y	$126.11			
E1017		W/C SHOCK ABSORBER HD FOR HD AND XHD W/C M	041	E	Y	Y		Y				
E1018		W/C SHOCK ABSORBER HD FOR HD AND XHD W/C P	041	E	Y	Y		Y				
E1020	E	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY T	041	E		Y		Y	$201.48			
E1020	M	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY T	041	E		Y		Y	$233.76			
E1028	E	W/C ACC-MAN SWINGAWAY-RETRAC/REMOVE MOUNT HD	041	E		Y		Y	$170.96			
E1028	M	W/C ACC-MAN SWINGAWAY-RETRAC/REMOVE MOUNT HD	041	E		Y		Y	$198.36			
E1029		W/C ACCESSORY,VENTILATOR TRAY, FIXED	041	E		Y		Y	$305.87			

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E1030		W/C ACCESSORY,VENTILATOR TRAY,GIMBALED	041	E		Y		Y	$964.53			
E1037		W/C; TRANSPORT CHAIR, PEDIATRIC SIZE	041	B		Y		Y	$1,190.73	$119.07		
E1161		W/C MANUAL ADULT SIZE W/C INCLUDES TILT-IN-SPACE	041	B		Y		Y	$2,272.28			
E1225		WHEELCHAIR ACCESSORY; SEMI-RECLINING BACK, >15DEG.	041	B		Y		Y	$434.07			
E1226		WHEELCHAIR ACCESSORY;MANUAL FULLY RECLINING BACK,>	041	B		Y		N	$524.01			
E1227	E	SPECIAL HGT ARMS FOR WHEELCHR	041	E		N		Y	$266.23			
E1227	M	SPECIAL HGT ARMS FOR WHEELCHR	041	E		N		Y	$283.23			
E1228		SPECIAL BACK HEIGHT FOR WHEELCHAIR	041	E		Y		Y	$228.74			
E1229		WHEELCHAIR, PEDIATRIC NOC	041	Y	Y	Y		N				
E1230		POWER OPERATED VEHICLE; 3 OR 4 WHEEL, NON-HIGHWAY	041	E		Y		Y	$1,900.52			
E1231		W/C PEDIATRIC SIZE TILT-IN-SPACE,RIGID,ADJ SEATING	041	B	Y	Y		N				
E1232		W/C PEDIATRIC SIZE TILT-IN-SPACE,FOLDING, ADJ SEAT	041	B		Y		Y	$2,053.62	$205.36		
E1233		W/C PEDIATRIC SIZE TILT-IN-SPACE, RIGID, ADJ, W/OU	041	B		Y		Y	$2,127.88	$212.75		
E1234		W/C,PEDIATRIC SIZE,TILT-IN-SPACE,FOLDING,ADJ, W/OU	041	B		Y		Y	$1,852.48	$185.24		
E1235		W/C PEDIATRIC SIZE RIGID WITH SEATING SYSTEM ADJUS	041	B		Y		Y	$1,783.78	$178.37		
E1236		W/C PEDIATRIC SIZE FOLDING WITH SEATING SYSTEM ADJ	041	B		Y		Y	$1,573.76	$157.37		
E1237		W/C PEDIATRIC SIZE, ADJUSTABLE WITHOUT SEATING SYS	041	B		Y		Y	$1,587.51	$158.75		
E1238		W/C PEDIATRIC SIZE ADJUSTABLE WITHOUT SEATING SYST	041	B		Y		Y	$1,573.76	$157.37		
E1300		WHIRLPOOL;OVER TUB TYPE, PORTABLE	041	Y		Y		N	$153.43			
E1352		OXYGEN ACCESORY,FLOW REGULATR CAPABLE OF POS INSPI	041	Y	Y	Y		Y				
E1353		REGULATOR	041	Y		Y		Y	$80.53		1	1,095
E1372		HUMIDIFIER ACCESSORY: EXTERNAL HEATER	041	N		Y		Y	$221.26		1	1,095
E1390	NR	OXYGEN CONCENTRAT,SINGL PORT,DELIVER 85% OR>OXYG	041	R		N		Y		$165.50	1	30
E1392	NR	PORTABLE GAS OXYGEN SYSTEM	041	R		Y		Y		$37.33	1	30
E1399		DURABLE MEDICAL EQUIPMENT, NEC	041	Y	Y	N		N				
E1639		SCALE, EACH	041	Y		Y		Y	$23.34			
E1700		JAW MOTION REHABILITATION SYSTEM	041	B		Y		Y	$331.17	$33.11		

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LTC Y: covered by LTC
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HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
E1800		DYNAMIC ADJUSTABLE ELBOW EXTENSION/FLEXION DEVICE	041	B		N		Y	$1,114.86	$111.49		
E1801		STATIC PROGRESIV STRETCH ELBO DEV EXT/FLEX W/WO RA	041	B		N		Y	$573.49	$57.35		
E1802		DYNAMIC ADJ-FOREARM PRONATION/SUPINA DEV W/SOF	041	B		N		Y	$2,988.98	$298.90		
E1805		DYNAMIC ADJUSTABLE WRIST EXTENSION/FLEXION DEVICE	041	B		N		Y	$1,149.79	$114.98		
E1806		STATIC PROGRESIV STRETCH WRIST DEV EXT/FLEX, W/WO	041	B		Y		Y	$320.70	$32.07		
E1810		DYNAMIC ADJUSTABLE KNEE EXTENSION/FLEXION DEVICE	041	B		N		Y	$1,133.74	$113.37		
E1811		STATIC PROGRESSV STRETCH KNEE DEV EXT/FLEX,W/WO RA	041	B		Y		Y	$582.44	$58.24		
E1815		DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION DEVICE	041	B		N		Y	$1,149.79	$114.98		
E1816		STATIC PROGESSV STRETCH ANKLE DEV EXT/FLEX,W/WO RA	041	B		Y		Y	$324.88	$32.49		
E1818		STATIC PROGRESSIVE STRETCH FOREARM PRO/SUP DEVICE,	041	B		N		Y	$1,265.87	$126.59		
E1825		DYNAMIC ADJUSTABLE FINGER EXTENSION/FLEXION DEVICE	041	B		N		Y	$1,149.79	$114.98		
E1840		DYNAMIC ADJUST SHOULDER FLEXION/ABDUCTION/ROTA	041	B		N		Y	$3,483.05	$348.30		
E1841		STATIC PROGRESS STRETCH SHLDER DEVICE W/WO RANGE	041	B		N		Y	$4,350.38	$435.04		
E2000		GASTRIC SUCTION PUMP,HOME-MOD,PORTOR STATIONA	041	R		Y		Y		$27.65		
E2201		MANUAL W/C ACCESS,NON-STANDARD SEAT FRAME 20-<2	041	E		Y		Y	$358.01			
E2202		MANUAL W/C ACCESSORY , NON-STAND FRAME 24- 27 INCH	041	E		Y		Y	$455.19			
E2203		MANUAL W/C ACCESSORY,NON-STAND FRAME DEPTH,20-<22	041	E		Y		Y	$460.05			
E2204		MANUAL W/C ACCESSORY,NON-STAND FRAME DEPTH, 22-25	041	E		Y		Y	$781.15			
E2205		MANUAL W/C ACCES,HANDRIM W/O PROJECTIONS,ANY TYPE	041	E		Y		Y	$31.37			
E2206		MANUAL W/C ACCESS,WHEEL LK ASSM,COMPLETE,RPLCMT,EA	041	E		Y		Y	$39.07			
E2207		W/C ACCESSORY, CRUTCH AND CANE HOLDER, EACH	041	E		Y		Y	$41.63			
E2208	E	W/C ACCESSORY, CYLINDER TANK CARRIER, EACH	041	E		Y		Y	$98.32			
E2208	M	W/C ACCESSORY, CYLINDER TANK CARRIER, EACH	041	E		Y		Y	$98.32			
E2209	E	W/C ACCESS, ARM TROUGH, EACH, W OR W/O HAND SUP	041	E		Y		Y	$88.70			
E2209	M	W/C ACCESS, ARM TROUGH, EACH, W OR W/O HAND SUP	041	E		Y		Y	$102.91			
E2210	E	W/C ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONL	041	E		Y		Y	$5.42			
E2210	M	W/C ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONL	041	E		Y		Y	$6.30			

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HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
E2211		MANUAL W/C ACCESSORY, PNEUMATIC PROPULSION TIRE, A	041	N		Y		Y	$35.40		2	365
E2212		MANUAL W/C ACCESSORY TUBE FOR PNEU PROPULSION TIRE	041	N		Y		Y	$5.65		2	365
E2213		MANUAL W/C ACCESSORY INSERT FOR PNEU PRO (REMO) TI	041	N		Y		Y	$29.20		2	365
E2214		MANUAL W/C ACCESSORY, PNEUMATIC CASTER TIRE ANY SI	041	N		Y		Y	$29.39		2	365
E2215		MANUAL W/C ACCESS TUBE FOR PNEU CASTER TIRE, ANY S	041	N		Y		Y	$9.23		2	365
E2216		MANUAL W/C ACCESSORY, FOAM FILLED PRO-TIRE, ANY SI	041	N		Y		Y	$51.52		2	365
E2217		MANUAL W/C ACCESSORY, FOAM FILLED CASTER TIRE, ANY	041	N		Y		Y	$38.64		2	365
E2218		MANUAL W/C ACCESSORY, FOAM PRO-TIRE ANY SIZE EACH	041	N		Y		Y	$68.12		2	365
E2219		MANUAL W/C ACCESSORY, FOAMCASTER TIRE, ANY SIZE, E	041	N		Y		Y	$40.18		2	365
E2220		MAN W/C ACC, SOLID RUB/PLAS,PRO TIRE, ANY SZ, RPLCMT	041	N		Y		Y	$27.39		2	365
E2221		MAN W/C ACC,SOLID RUB/PLAS CTR TIRE,RMV, RPLCMT, ANY	041	N		Y		Y	$24.54		2	365
E2222		MAN W/C ACC,SOLD RUB PLAS CSTR TIRE,INT WHL ANY, RPLC	041	N		Y		Y	$20.21		2	365
E2224		MAN W/C ACC, PROPUL WHL EXCLDE TIRE ANY SZ, RPLCMNT	041	N		Y		Y	$80.05		2	365
E2225		MAN W/C ACC-CASTER WHEEL EXCLUDE TIRE-ANY SIZE-REP	041	N		Y		Y	$16.71		2	365
E2226		MANUAL W/C ACCES CASTER FORK ANY SIZE REPLACMENT O	041	N		Y		Y	$36.41		2	365
E2227		MAN WHEELCHAIR ACCES, GEAR REDUCTION DRIVE WHEE	041	E		Y		Y	$1,506.91			
E2228		MAN WHEELCHAIR ACESS,WHEEL BRAKING SYSTM/LOCK C	041	E		Y		Y	$899.14			
E2230		MANUAL WHEELCHAIR ACCES, MANUAL STANDING SYSTEM	041	E	Y	Y		Y				
E2231		MAN W/C ACC-SOLID SEAT SUPPORT BASE-REPLACES SLING	041	E		Y		Y	$147.58			
E2291		BACK,PLANAR,FOR PEDS SIZE W/C INCLUDES FIXED ATTAC	041	E	Y	Y		N				
E2292		SEAT,PLANAR,FOR PEDS SIZE W/C INCLUDES FIXED ATTAC	041	E	Y	Y		N				
E2293		BACK,CONTOURED,FOR PEDS W/C INCLUDES FIXED ATTACH	041	E	Y	Y		N				
E2294		SEAT.CONTOURED,FOR PEDS W/C INCLUDES FIXED ATTACH	041	E	Y	Y		N				
E2295		MAN W/C ACCES,PEDI SIZE W/C DYNA FRAME,ALLOW MU	041	E	Y	Y		N				
E2300		WHEELCHAIR ACCESORY,POWER SEAT ELEVATION SYSTEM, A	041	E	Y	Y		N				
E2310		POWER W/C ACCES, ELECTRO W/C CONTROLS ONE MOTO	041	E		Y		Y	$968.65			
E2311		POWER W/C ACCES, ELECTRO W/C CONTROLS TWO MOTO	041	E		Y		Y	$1,961.06			

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HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
E2312	E	POW W/C ACES,HAND/CHIN CONT INTERFA,MINI-PRO-REMO	041	E		Y		Y	$1,936.76			
E2312	M	RPLCMNT; PWR W/C ACCES,HAND/CHIN CONT INTRFCE,PRO	041	E		Y		Y	$2,470.13			
E2313		POW W/C ACCES HARNESS FOR UPGRDE TO EXP/CONT,INCL	041	E		Y		Y	$307.56			
E2321	E	POWER W/C ACES, HAND CONTROL, INTERFACE, REMOTE JO	041	E		Y		Y	$1,315.35			
E2321	M	REPLMENT; PWR W/C ACES, HAND CTRL, INTERFACE, REMTE	041	E		Y		Y	$2,142.55			
E2322	E	POWER W/C ACCESS, HAND CONTROL INTERFACE, MULTI/ME	041	E		Y		Y	$1,167.41			
E2322	M	REPLCMT; PWR W/C ACC, HAND CTRL INTERFACE, MULTI/ME	041	E		Y		Y	$2,268.92			
E2323		POWER W/C ACCESS, SPECIALTY JOYSTICK HAND CONTROL,	041	E		Y		N	$57.24			
E2324		POWER W/C ACCESS, CHIN CP FOR CHIN CONTROL INTERFA	041	E		Y		Y	$36.27			
E2325		POWER W/C ACCESS, SIP AND PUFF INTERFACE, COMPLETE	041	E		Y		Y	$1,114.81			
E2326		POWER W/C ACCESS, BREATH TUBE KIT FOR SIP AND PUFF	041	E		Y		Y	$287.34			
E2327	E	POWER W/C ACCES, HEAD CONTROL INTERFACE, MECH, PRO	041	E		Y		Y	$2,162.35			
E2327	M	REPLMNT; PWR W/C ACCES, HE CONTRL INTRFCE, MECH, PRO	041	E		Y		Y	$3,285.14			
E2328		POWER W/C ACCES, HEAD OR EXTREM CTRL INTERFACE,	041	E		Y		Y	$4,101.67			
E2329		POWER W/C ACCES, HEAD CONTROL INTERFACE, CONTACT S	041	E		Y		Y	$1,461.88			
E2330		POWER W/C ACCES, HEAD CONT/INTERFACE, SWITCH MECH,	041	E		Y		Y	$2,832.57			
E2331		POWER W/C ACCES, ATTENDANT CONTROL, PROPOR, COMPLE	041	E	Y	Y		N				
E2340		POWER W/C ACCESSORY,NONSTAND SEAT FRAME WIDTH,2	041	E		Y		Y	$344.15			
E2341		POWER W/C ACCESS,NONSTANDARD SEAT FRAME WIDTH 2	041	E		Y		Y	$516.26			
E2342		POWER W/C ACCESS,NONSTANDARD FRAME DEPTH,20 OR	041	E		Y		Y	$430.22			
E2343		POWER W/C ACCESS,NONSTANDARD FRAME DEPTH,22-25	041	E		Y		Y	$688.36			
E2351		PWR W/C ACC,ELEC INTRFCE TO SPEECH GNRTNG USNG PWR	041	E		Y		Y	$578.27			
E2359		POWER WHEELCHAIR ACCESSORY GRP34 SEALED LEAD ACID	041	N		Y		Y	$171.07		2	365
E2360		POWER W/C ACCES, 22 NF NON-SEALED LEAD ACID BATTER	041	N		Y		Y	$91.71		2	365
E2361		POWER W/C ACCES, 22 NF SEALED LEAD ACID BATTERY, E	041	N		Y		Y	$133.93		2	365
E2362		POWER W/C ACCES, GROUP 24 NON-SEALED LEAD ACID BAT	041	N		Y		Y	$88.34		2	365
E2363		POWER W/C ACCES, GROUP 24 SEALE LEAD ACID BATTERY,	041	N		Y		Y	$178.63		2	365

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E2364		POWER W/C ACCES, U-1 NON-SEALED LEAD ACID BATTERY,	041	N		Y		Y	$91.71		2	365
E2365		POWER W/C ACCES, U-1 SEALED LEA ACID BATTERY, EACH	041	N		Y		Y	$107.72		2	365
E2366		POWER W/C ACCES, BATT/CHARGER SINGLE MODE, USE W/O	041	N		Y		Y	$215.04		2	365
E2368		POWER W/C COMPONENT,MOTOR REPLACEMENT ONLY	041	E		Y		N	$496.09			
E2369	E	PWR W/C COMPONENT, DRIVE WHEEL GEAR BOX, REPLMNT	041	E		Y		N	$372.44			
E2369	M	PWR W/C COMPONENT, DRIVE WHEEL GEAR BOX, REPLMNT	041	E		Y		N	$432.10			
E2370	E	PWR W/C CMPNT,MOTOR AND GEAR BOX COMBINATION	041	E		Y		N	$664.54			
E2370	M	PWR W/C CMPNT,MOTOR AND GEAR BOX COMBINATION	041	E		Y		N	$771.01			
E2371		POWER W/C ACCES GROUP 27 SEALE LEAD ACID BATT E.G.	041	N		Y		Y	$144.76		2	365
E2372		POWER W/C ACCESS GRP 27 NON-SEAL LEAD ACID BATT EA	041	N		Y		Y	$89.79		2	365
E2373	E	POWER W/C ACCESS, HAND OR CHIN CONTROL REPLACE	041	E		Y		Y	$675.11			
E2373	M	POWER W/C ACCESS, HAND OR CHIN CONTROL REPLACE	041	E		Y		Y	$1,041.58			
E2374		POWER W/C ACC,HAND OR CHIN CONTROL STAND REMOTE	041	E		Y		Y	$442.02			
E2375		PWR W/C ACCESS,NON EXPANDABLE CONTROLLER, ALL HA	041	E		Y		Y	$709.01			
E2376		POWER W/C ACCESS,EXPAND CONTROL,INCLUD HARDW,R	041	E		Y		Y	$1,111.04			
E2377		POWER W/C ACCESS, EXPANDABLE CONTROL, ALL HARDW, U	041	E		Y		Y	$402.04			
E2378		PWR WHEELCHAIR COMPONENT ACUATOR REPLAC ONLY	041	E		Y		Y	$511.76			
E2381		POWER W/C ACCESS, PNEU DRIVE WHEEL TIRE, ANY SIZE	041	N		Y		Y	$73.16		2	365
E2382		POWER W/C ACCESS,TUBE FOR PNEU DRIVE TIRE,ANY SIZE	041	N		Y		Y	$19.95		2	365
E2383		POWER W/C ACCESS,INSERT FOR PNEU DRIVE TIRE ANY TY	041	N		Y		Y	$145.85		2	365
E2384		POWER W/C ACCESS,PNEU CASTER TIRE, ANY SIZE,REPLAC	041	N		Y		Y	$77.71		2	365
E2385		POWER W/C ACCESS,TUBE FOR PNEU CASTER TIRE ANY SIZ	041	N		Y		Y	$47.54		2	365
E2386		POWER W/C ACCESS FOAM FILLED DRIVE WHEEL, ANY SIZE	041	N		Y		Y	$144.55		2	365
E2387		POWER W/C ACCESS, FOAM FILLED CASTER TIRE, ANY SIZ	041	N		Y		Y	$62.36		2	365
E2388		POWER W/C ACCESS, FOAM DRIVE WHEEL TIRE, ANY SIZE,	041	N		Y		Y	$48.40		2	365
E2389		POWER W/C ACCESS FOAM CASTER TIRE, ANY SIZE, EACH	041	N		Y		Y	$26.28		2	365
E2390		POWER W/C ACCESS, SOLID (R/P) DRIVE TIRE, ANY SIZE	041	N		Y		Y	$41.09		2	365

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HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
E2391		POWER W/C ACCESS, SOLID (R/P) CASTER TIRE EACH	041	N		Y		Y	$19.69		2	365
E2392		POWER W/C ACCESS, SOLID (R/P) CASTER TIRE W/INTERG	041	N		Y		Y	$51.74		2	365
E2394		POWER W/C ACCESS, DRIVE WHEEL EXCLUDES TIRE, ANY S	041	N		Y		Y	$73.70		2	365
E2395		POWER W/C ACCESS, CASTER WHEEL EXCLUDES TIRE,ANY S	041	N		Y		Y	$52.39		2	365
E2396		POWER W/C ACCESS, CASTER FORK, ANY SIZE, EACH	041	N		Y		Y	$63.88		2	365
E2397		POW W/C ACCES, LITHION-BASED BATTERY, EACH	041	N		Y		Y	$397.71		2	365
E2402		NEG. PRESS WOUND THERAPY, PUMP ELECTRICAL, STATION	041	R		N		Y		$82.71	DAILY	
E2500		SPEECH GENERATING DEVICE, DIGIT PRE-RECOR, LESS TH	041	Y		N		Y	$357.67			
E2502		SPEECH GENERATING DEVICE, DIGI PRE-RECOR/MESS>8 MI	041	Y		N		Y	$1,093.70			
E2504		SPEECH GENERATING DEVICE, DIGIT PRE-RECOR/MESS >20	041	Y		N		Y	$1,442.74			
E2506		SPEECH GENERATING DEVICE, DIGIT PRE-RECOR/MESS>40	041	Y		N		Y	$2,529.80			
E2508		SPEECH GENERATI DEVICE, SYNTH REQUIR/MESS/FORMU/	041	Y		N		Y	$3,271.24			
E2510		SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERM	041	Y	Y	N		Y				
E2511		SPEECH GENERATING SOFTWARE PROG FOR PERSONAL CO	041	Y	Y	N		Y				
E2512		SPEECH GENERATING DEVICE ACCESS MOUNTING SYSTEM	041	Y	Y	N		Y				
E2599		SPEECH GENERATING DEVICE, ACCESSORY NOT OTHERWISE	041	Y	Y	N		N				
E2601	E	GEN USE W/C SEAT CUSHION WIDTH< THAN 22 INS,ANY DE	041	E		Y		N	$58.74			
E2601	M	GEN USE W/C SEAT CUSHION WIDTH< THAN 22 INS,ANY DE	041	E		Y		N	$98.84			
E2602	E	GEN USE W/C SEAT CUSHION WIDTH 22 INS OR >, ANY DE	041	E		Y		N	$98.84			
E2602	M	GEN USE W/C SEAT CUSHION WIDTH 22 INS OR >, ANY DE	041	E		Y		N	$114.67			
E2603	E	SKIN PROTEC W/C SEAT CUSHION WIDTH < THAN 22 INS,A	041	E		Y		N	$125.48			
E2603	M	SKIN PROTEC W/C SEAT CUSHION WIDTH < THAN 22 INS,A	041	E		Y		N	$145.58			
E2604	E	SKIN PROTEC W/C SEAT CUSHION WIDTH 22 INS OR >,ANY	041	E		Y		N	$155.95			
E2604	M	SKIN PROTEC W/C SEAT CUSHION WIDTH 22 INS OR >,ANY	041	E		Y		N	$180.94			
E2605	E	POSITIONING W/C SEAT CUSHION WIDTH < THAN 22 INS,	041	E		Y		N	$222.80			
E2605	M	POSITIONING W/C SEAT CUSHION WIDTH < THAN 22 INS,	041	E		Y		N	$258.50			
E2606	E	POSITIONING W/C SEAT CUSHION WIDTH 22 INS OR >,ANY	041	E		Y		N	$347.59			

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E2606	M	POSITIONING W/C SEAT CUSHION WIDTH 22 INS OR >,ANY	041	E		Y		N	$403.29			
E2607	E	SKIN PROTECT/POSITION W/C SEAT CUSHION-WIDTH <22-,	041	E		Y		N	$239.91			
E2607	M	SKIN PROTECT/POSITION W/C SEAT CUSHION-WIDTH <22-,	041	E		Y		N	$278.36			
E2608	E	SKIN PROTEC/POSITI W/C SEAT CUSHION,WIDTH 22 INS O	041	E		Y		N	$288.12			
E2608	M	SKIN PROTEC/POSITI W/C SEAT CUSHION,WIDTH 22 INS O	041	E		Y		N	$334.28			
E2609		CUSTON FABRICATED SEAT CUSHION ANY SIZE	041	E	Y	N		N				
E2611	E	GENERAL USE W/C BACK CUSHION WIDTH < THAN 22 INS A	041	E		Y		N	$258.55			
E2611	M	GENERAL USE W/C BACK CUSHION WIDTH < THAN 22 INS A	041	E		Y		N	$299.97			
E2612	E	GENERAL USE W/C BACK CUSHION WIDTH 22 INS OR >ANY	041	E		Y		N	$349.75			
E2612	M	GENERAL USE W/C BACK CUSHION WIDTH 22 INS OR >ANY	041	E		Y		N	$405.79			
E2613	E	POSITIONING W/C BACK CUSH,POSTERIOR WIDTH <22 INCH	041	E		Y		N	$325.33			
E2613	M	POSITIONING W/C BACK CUSH,POSTERIOR WIDTH <22 INCH	041	E		Y		N	$377.46			
E2614	E	POSITIONING W/C BACK CUSHION,WIDTH,22 INCHES OR >	041	E		Y		N	$450.23			
E2614	M	POSITIONING W/C BACK CUSHION,WIDTH,22 INCHES OR >	041	E		Y		N	$522.36			
E2615	E	POSITIONING W/C BACK POST/LAT WIDTH <22 INS, ANY H	041	E		Y		N	$374.40			
E2615	M	POSITIONING W/C BACK POST/LAT WIDTH <22 INS, ANY H	041	E		Y		N	$434.87			
E2616	E	POSITIONING W/C BACK CUSH POST/LAT WIDTH 22 OR > A	041	E		Y		N	$503.21			
E2616	M	POSITIONING W/C BACK CUSH POST/LAT WIDTH 22 OR > A	041	E		Y		N	$584.45			
E2617		CUST FAB W/C BACK CUSHION,ANY SIZE INCLUD ANY TYPE	041	E	Y	N		N				
E2619	E	REPLACEMENT COVER FOR W/C SEAT OR BACK CUSHION EAC	041	E		Y		N	$42.47			
E2619	M	REPLACEMENT COVER FOR W/C SEAT OR BACK CUSHION EAC	041	E		Y		N	$49.29			
E2620	E	POSITION W/C BACK CUSH,PLANBACK W/LATE SUPP WT<	041	E		Y		N	$453.35			
E2620	M	POSITIOG W/C BACK CUSH,PLANBACK W/LATE SUPP WT<	041	E		Y		N	$525.98			
E2621	E	POSITIONING W/C BACK CUSH PLAN/LATE SUPPORT 22 OR>	041	E		Y		N	$475.75			
E2621	M	POSITIONING W/C BACK CUSH PLAN/LATE SUPPORT 22 OR>	041	E		Y		N	$551.97			
E2622	E	SKIN PROTECTION W/C CUSHION ADJUST WIDTH <22 IN, A	041	E		Y		Y	$274.09			
E2622	M	SKIN PROTECTION W/C CUSHION ADJUST WIDTH <22 IN, A	041	E		Y		Y	$318.01			

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* Denotes Pair

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

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
E2623	E	SKIN PROTECTION W/C SEAT CUSH,ADJUST WIDTH 22 OR >	041	E		Y		Y	$348.77			
E2623	M	SKIN PROTECTION W/C SEAT CUSH,ADJUST WIDTH 22 OR >	041	E		Y		Y	$404.65			
E2624	E	SKIN PROTECT,POST W/C SEAT CUSH,ADJ WIDTH < 22 INS	041	E		Y		Y	$276.34			
E2624	M	SKIN PROTECT,POST W/C SEAT CUSH,ADJ WIDTH < 22 INS	041	E		Y		Y	$320.62			
E2625	E	SKIN PROTECT,POST W/C CUSH ADJ WIDTH 22 INS OR > A	041	E		Y		Y	$349.83			
E2625	M	SKIN PROTECT,POST W/C CUSH ADJ WIDTH 22 INS OR > A	041	E		Y		Y	$405.88			
E2626		W/C ACC-SHLDR/ELBOW MOBILE ARM SUPP-ATTACH/ADJUS	041	E		Y		Y	$610.20			
E2627		W/C ACC-SHLDR/ELBOW MOBILE ARM SUPP-ATTACH/ADJUS	041	E		Y		Y	$827.63			
E2628		W/C ACC-SHLDR/ELBOW MOBILE ARM SUPP-ATTACH/BAL	041	E		Y		Y	$733.52			
E2629		W/C ACESS SHOLDR/ELBOW SUPPRT ATTACH>W/C FRICTION	041	E		Y		Y	$928.25			
E2630		W/C ACC-SHLDR/ELBOW MOB ARM SUPP-MONOSUSP/SLING	041	E		Y		Y	$649.13			
E2631		W/C ACC-ADDITION TO MOBILE ARM SUPP-ELEVATING PROX	041	E		Y		Y	$259.66			
E2632		W/C ACC-ADDITION TO MOBILE ARM SUPP-OFFSET/LATERAL	041	E		Y		Y	$165.11			
E2633		WHEELCHAIR ACCESY ADD MOBLE ARM SUPP SUPINATOR	041	E		Y		Y	$140.04			
E8000		GAIT TRAINER PEDS SIZE POSTERISUPPORT INC ALL ACCE	041	Y	Y	Y		N				
E8001		GAIT TRAINER,PEDS SIZE,UPRIGHTSUPPORT,INCLUDS ALL	041	Y	Y	Y		N				
E8002		GAIT TRAINER,PEDS SIZE,ANT SUPPORT, INC ALL ACCESS	041	Y	Y	Y		N				
K0001		WHEELCHAIR;STANDARD	041	B		Y		Y	$477.98	$47.79		
K0002		WHEELCHAIR; STANDARD HEMI (LOW SEAT)	041	B		Y		Y	$673.64	$67.36		
K0003		WHEELCHAIR;LIGHTWEIGHT	041	B		Y		Y	$735.58	$73.55		
K0004		WHEELCHAIR; HIGH STRENGTH LIGHTWEIGHT	041	B		Y		Y	$868.20	$86.82		
K0005		WHEELCHAIR; ULTRA LIGHTWEIGHT	041	E		Y		Y	$1,775.46			
K0006		WHEELCHAIR; HEAVY DUTY	041	B		Y		Y	$976.48	$97.65		
K0007		WHEELCHAIR;EXTRA HEAVY DUTY	041	B		Y		Y	$1,351.79	$135.17		
K0008		CSTM MANUAL WHLCHR/BASE	041	E	Y	N		Y				
K0010		WHEELCHAIR; STANDARD WEIGHT FRAME MOTORI/POWER	041	E		Y		Y	$4,091.01			
K0011		W/C;STANDARD WT MOTORIZED/POWER W/PROGRAMMA	041	E		Y		Y	$4,919.65			

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LTC Y: covered by LTC
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HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
K0012		WHEELCHAIR;LIGHTWEIGHT PORTABLE MOTORIZED/POWER	041	E		Y		Y	$3,120.41			
K0013		CUSTOM POWER WHLCHR BASE	041	E	Y	N		Y				
K0014		W/C ; CUSTOM OR NON-CUSTOM, POWER, REHAB OR	041	E	Y	Y		Y				
K0015	E	WHEELCHAIR ACCESS;ARMREST,DETACHABLE,NON-ADJUST	041	E		Y		Y	$150.40			
K0015	M	WHEELCHAIR ACCESS;ARMREST,DETACHABLE,NON-ADJUST	041	E		Y		Y	$174.50			
K0017	E	DETACHABLE ADJUSTABLE HEIGHT ARMREST, BASE, EACH	041	E		Y		Y	$42.31			
K0017	M	DETACHABLE ADJUSTABLE HEIGHT ARMREST, BASE, EACH	041	E		Y		Y	$49.09			
K0018	E	DETACHABLE ADJUSTABLE HEIGHT ARMREST, UPPER PORTIO	041	E		Y		Y	$23.62			
K0018	M	DETACHABLE ADJUSTABLE HEIGHT ARMREST, UPPER PORTIO	041	E		Y		Y	$27.41			
K0019	E	ARM PAD, REPLACEMENT ONLY, EACH	041	E		Y		Y	$13.53			
K0019	M	ARM PAD, REPLACEMENT ONLY, EACH	041	E		Y		Y	$15.70			
K0020		WHEELCHAIR ACCESSORY;ARMREST,FIXED, ADJUST HT, PAIR	041	E		Y	*	Y	$44.61			
K0037	E	HIGH MOUNT FLIP-UP FOOTREST, RPLCMNT ONLY, EACH	041	E		Y		Y	$39.86			
K0037	M	HIGH MOUNT FLIP-UP FOOTREST, RPLCMNT ONLY, EACH	041	E		Y		Y	$46.26			
K0038	E	WHEELCHAIR ACCESSORY; ANKLE/LEG STRAP, EACH	041	E		Y		Y	$20.08			
K0038	M	WHEELCHAIR ACCESSORY; ANKLE/LEG STRAP, EACH	041	E		Y		Y	$23.29			
K0039	E	WHEELCHAIR ACCESSORY; LEG STRAP H STYLE, EACH	041	E		Y		Y	$44.59			
K0039	M	WHEELCHAIR ACCESSORY; LEG STRAP H STYLE, EACH	041	E		Y		Y	$51.74			
K0040	E	WHEELCHAIR ACCESSORY; FOOTPLATE, ADJUSTABLE ANGLE,	041	E		Y		Y	$61.81			
K0040	M	WHEELCHAIR ACCESSORY; FOOTPLATE, ADJUSTABLE ANGLE,	041	E		Y		Y	$71.71			
K0041	E	WHEELCHAIR ACCESSORY;FOOTPLATE, LARGE, EACH	041	E		Y		Y	$43.80			
K0041	M	WHEELCHAIR ACCESSORY;FOOTPLATE, LARGE, EACH	041	E		Y		Y	$50.83			
K0042	E	STANDARD SIZE FOOTPLATE, REPLACEMENT ONLY, EACH	041	E		Y		Y	$30.15			
K0042	M	STANDARD SIZE FOOTPLATE, REPLACEMENT ONLY, EACH	041	E		Y		Y	$34.99			
K0043	E	FOOTREST, LOWER EXTENSION TUBE, EACH, RPLCMT ONLY	041	E		Y		Y	$16.16			
K0043	M	FOOTREST, LOWER EXTENSION TUBE, EACH, RPLCMT ONLY	041	E		Y		Y	$18.76			
K0044		FOOTREST, UPPER HANGER BRACKET, RPLCMT ONLY, EACH	041	E	Y	Y		Y				

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

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
K0045	E	FOOTREST, COMPLETE ASSEMBLY, RPLCMT ONLY, EACH	041	E		Y		Y	$46.87			
K0045	M	FOOTREST, COMPLETE ASSEMBLY, RPLCMT ONLY, EACH	041	E		Y		Y	$54.37			
K0046	E	ELEVATING LEGREST, LWR EXT TUBE, RPLCMT ONLY, EA	041	E		Y		Y	$16.16			
K0046	M	ELEVATING LEGREST, LWR EXT TUBE, RPLCMT ONLY, EA	041	E		Y		Y	$18.76			
K0047	E	ELEVATING LEGREST UPPER HANG BRCKET, RPLCMT, EA	041	E		Y		Y	$63.24			
K0047	M	ELEVATING LEGREST UPPER HANG BRACKET, RPLCMT, EA	041	E		Y		Y	$73.37			
K0050	E	RATCHET ASSEMBLY RPLCMT ONLY	041	E		Y		Y	$26.87			
K0050	M	RATCHET ASSEMBLY RPLCMT ONLY	041	E		Y		Y	$31.18			
K0051	E	CAM RELEASE ASSEM, FOOTREST OR LEGREST, RPLCMT, EACH	041	E		Y		Y	$43.50			
K0051	M	CAM RELEASE ASSEM, FOOTREST OR LEGREST, RPLCMT, EACH	041	E		Y		Y	$50.47			
K0052	E	SWINGAWAY, DETACH FOOTRESTS, RPLCMNT ONLY, EACH	041	E		Y		Y	$76.52			
K0052	M	SWINGAWAY, DETACH FOOTRESTS, RPLCMNT ONLY, EACH	041	E		Y		Y	$88.78			
K0053	E	WHEELCHAIR ACCESSORY: FOOTREST, ELEVATING, TELESCO	041	E		Y		Y	$84.44			
K0053	M	WHEELCHAIR ACCESSORY: FOOTREST, ELEVATING, TELESCO	041	E		Y		Y	$97.96			
K0056		WHEELCHAIR OPTION: SPECIAL SEAT-FLOOR HEIGHT FOR M	041	E		Y		Y	$91.34			
K0065		WHEELCHAIR ACCESSORY; SPOKE PROTECTORS, EACH	041	E		Y		Y	$42.70			
K0069		REAR WHL ASSY, COMPL,SLD TIRE,SPOKE,MLDED, RPLMT, EA	041	N		Y		Y	$95.96		2	365
K0070		WHEELCHAIR ACCESS;REAR WHEEL ASSEMB,W/PNEUMATIC	041	N		Y		Y	$175.90		2	365
K0071		FRONT CASTR ASS, COMPL, W PNEUMA TIRE, RPLCMT, EA	041	N		Y		Y	$104.92		2	365
K0072		FRONT CASTER ASS, COMPL, W SEMI-PNEUMA TIRE, RPLCMT	041	N		Y		Y	$63.16		2	365
K0073		CASTER PIN LOCK EACH	041	N		Y		Y	$32.10		2	365
K0077		FRONT CASTER ASS, COMPL W SLD TIRE, RPLCMT ONLY, EACH	041	N		Y		Y	$56.52		2	365
K0105		WHEELCHAIR ACCESSORY; IV HANGER/IV POLE, EACH	041	E		Y		Y	$95.49			
K0108		WHEELCHAIR ACCESSORIES, NOT OTHERWISE SPECIFIED	041	E	Y	Y		Y				
K0462		TEMP REPLACE FOR PT OWNED EQIPT BEING REPAIR ANY TYPE	041	R	Y	Y		Y				
K0552		SUP, EXT. NON-INSLIN INFUS PUMP, SYRINGE TYPE,STRL	048	N		Y		Y	$2.38		30	30
K0601		BAT;REPLACEMENT 1.5 SILVER OXIDE, INFUS/PUMP EXT/P	048	N		Y		Y	$1.00		9	90

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LTC Y: covered by LTC
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HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
K0602		BATT;REPLACEMENT 3 VOLT SILVE OXIDE, INFUS/PUMP EX	048	N		Y		Y	$5.82		6	90
K0603		BATT;REPLACEMENT 1.5 VOLT, ALKALINE INFUS/PUMP EXT	048	N		Y		Y	$0.53		9	90
K0604		BATT;REPLACEMENT 3.6 VOLT EA LITHIUM, INFUS/PUMP	048	N		Y		Y	$5.57		6	90
K0605		BATT;REPLACEMENT 4.5 VOLT EA LITHIUM,INFUS/PUMP EX	048	N		Y		Y	$13.35		3	90
K0606		AUTO-EXTERNAL DEFIB W/INTEGRATED ECG ANALYSIS, GAR	041	B		Y		Y	$20,745.43	$69.15	Daily	
K0607		REPLACEMENT BATTERY FOR AUTOMATIC EXTERNAL DEFIBRI	048	N		Y		Y	$177.65		1	365
K0608		REPLMNT GARMENT FOR USE W/ AUTOMATIC EXTER/DEF	048	N		Y		Y	$110.86		1	365
K0609		REPLACEMENT ELECTRODES FOR USE W/ AUTOMATIC EXTER/	048	Y		Y		Y	$737.26			
K0669		W/C ACC-SEAT/BACK CUSH-DOESN-T MEET DMEPDAC COD	041	E	Y	Y		Y				
K0733		POWER W/C ACCESSORY, 12 TO 24 AMP SEALED LEAD ACID	041	N		Y		Y	$29.01		2	365
K0738	NR	PORTABLE GAS OXYGEN SYSTEM	041	R		Y		Y		$48.53	1	30
K0739		REPAIR OR NONROUTINE SERVICE FOR DME (LABOR 15 MIN)	041	Y	Y	Y		Y				
K0800		POV GROUP ONE STANDARD UP TO 300 LBS	041	E		Y		Y	$1,070.07	$107.01		
K0801		POV GROUP ONE HEAVY DUTY 301-450 LBS	041	E		Y		Y	$1,725.18			
K0802		POV GROUP ONE VERY HEAVY DUTY 451-600 LBS	041	E		Y		Y	$1,952.33			
K0806		POV GROUP TWO STANDARD UP TO 300 LBS	041	E		Y		Y	$1,294.50			
K0807		POV GROUP TWO HEAVY DUTY 301-450 LBS	041	E		Y		Y	$1,964.24			
K0808		POV GROUP TWO VERY HEAVY DUTY 451-600 LBS	041	E		Y		Y	$3,039.10			
K0812		POWER OPERATED VEHICLE NOC	041	E	Y	Y		Y				
K0813		PWC GROUP 1 STANDARD PORTABL SEAT/BACK UP TO AND I	041	E		Y		Y	$1,996.80			
K0814		PWC GROUP ONE STANDARD PORT CAP CHAIR, WEIGHT UP T	041	E		Y		Y	$2,555.91			
K0815		PWC GROUP ONE STAND SEAT/BACK WEIGHT CAPACITY UP T	041	E		Y		Y	$2,910.59			
K0816		PWC GROUP ONE STAND CAPTAINS CHAIR WEIGHT UP TO 30	041	E		Y		Y	$2,787.30			
K0820		PWC GROUP TWO STAND PORTA SEAT/BACK WEIGHT UP T	041	E		Y		Y	$2,132.71			
K0821		PWC GROUP TWO PORTABLE STAND CAP CHAIR UP TO 300 L	041	E		Y		Y	$2,737.91			
K0822		PWC GROUP TWO STANDARD SEAT/BACK WEIGHT UP TO 300	041	E		Y		Y	$3,308.82			
K0823		PWC GROUP TWO STAND CAPTAIN CHAIR WEIGHT UP TO	041	E		Y		Y	$3,330.50			

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HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
K0824		PWC GROUP TWO HEAVY DUTY SEAT/BACK WEIGHT 301 TO 4	041	E		Y		Y	$4,008.41			
K0825		PWC GROUP TWO HEAVY DUTY CAP CHAIR WEIGHT 301 TO 4	041	E		Y		Y	$3,669.46			
K0826		PWC GRP TWO VERY HEAVY DUTY SEAT/BACK WEIGHT 451	041	E		Y		Y	$5,189.28			
K0827		PWC GROUP TWO VERY HEAVY DUTY CAPTAINS CHAIR WT 45	041	E		Y		Y	$4,412.58			
K0828		PWC GROUP TWO X-HEAVY DUTY SEAT/BACK WT CAPACITY 6	041	E		Y		Y	$5,718.12			
K0829		PWC GROUP TWO X-HEAVY DUTY CAPTAINS CHAIR WT 601 L	041	E		Y		Y	$5,250.83			
K0830		PWC GROUP STANDARD SEAT ELEVATOR SEAT/BACK UP TO 3	041	E	Y	Y		Y				
K0831		PWC GROUP TWO STANDARD SEAT ELEVATOR, CAP CHAIR UP	041	E	Y	Y		Y				
K0835		PWC GROUP TWO SINGLE POWER OPT SEAT/BACK WT UP TO	041	E		Y		Y	$3,358.40			
K0836		PWC GRP TWO STANDARD SINGLE POWER OPTION, CAP CH	041	E		Y		Y	$3,482.69			
K0837		PWC GROUP TWO HEAVY DUTY SINGL PWER OPT SEAT/BACK	041	E		Y		Y	$4,008.41			
K0838		PWC GROUP TWO HEAVY DUTY SINGL PWER OPT CAP CHAIR	041	E		Y		Y	$3,585.95			
K0839		PWC GR TWO VERY HEAVY DUTY SINGLE POW OPT ST/BK 45	041	E		Y		Y	$5,189.28			
K0840		PWC GR TWO X-HEAVY DUTY SINGLE POWE OPT ST/BK WT 6	041	E		Y		Y	$7,862.07			
K0841		PWC GROUP TWO STAND MULTIPL POW OPT SEAT/BACK U	041	E		Y		Y	$3,574.61			
K0842		PWC GROUP TWO STAND MULTIPLE POW OPT CAP CHAIR	041	E		Y		Y	$3,574.61			
K0843		PWC GRP TWO HEAVY DUTY MULT POW OPT ST/BK WT 301	041	E		Y		Y	$4,303.83			
K0848		PWC GROUP 3 STANDARD SEAT/BACK WT CAPACITY UP TO A	041	E		Y		Y	$4,374.08			
K0849		PWC GROUP 3 STANDARD, CAPTAINS CHAIR WT CAP UP TO	041	E		Y		Y	$4,205.42			
K0850		PWC GROUP 3 HEAVY DUTY SEAT/BACK WEIGHT 301-450 LB	041	E		Y		Y	$5,073.85			
K0851		PWC GROUP 3 HEAVY DUTY CAPTANS CHAIR WT CAPACITY 3	041	E		Y		Y	$4,878.40			
K0852		PWC GROUP 3 VERY HEAVY DUTY SEAT/BACK WT 451-600 L	041	E		Y		Y	$5,862.53			
K0853		PWR W/C, GROUP 3 VERY HEAVY DUTY, CAPTAIN, PT WT 4	041	E		Y		Y	$6,022.23			
K0854		PWC GROUP 3 X-HEAVY DUTY SEAT/BACK WEIGHT CAP. 601	041	E		Y		Y	$7,978.14			
K0855		PWC GROUP 3 X-HEAVY DUTY CAPTN CHAIR WT CAPAC 601	041	E		Y		Y	$7,536.56			
K0856		PWC GROUP 3 STAND SINGLE POWER OPT SEAT/BACK WT CA	041	E		Y		Y	$4,695.11			
K0857		PWC GROUP 3 STAND SINGLE PWR OPT CAP/CHAIR WEIGH	041	E		Y		Y	$4,789.22			

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HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
K0858		PWC GROUP 3 HEAVY DUTY SINGLE POW OPT WEIGHT 301-4	041	E		Y		Y	$5,825.21			
K0859		PWC GROUP 3 HEAVY DUTY SINGLE POW OPT CAP/CHAIR WT	041	E		Y		Y	$5,555.49			
K0860		PWC GROUP 3 VERY HEAVY DUTY 1 POW OPT SEAT/BACK 45	041	E		Y		Y	$8,322.13			
K0861		PWC GROUP 3 STANDARD MUL OPTS SEAT/BACK WT UP TO 3	041	E		Y		Y	$4,702.70			
K0862		PWC GROUP 3 HEAVY DUTY MLT OPT SEAT/BACK WT CAPACI	041	E		Y		Y	$5,825.21			
K0863		PWC GROUP 3 VERY HEAVY DUTY MLT OPT SEAT/BACK WT 4	041	E		Y		Y	$8,322.13			
K0864		PWC GROUP 3 X-HEAVY DUTY MLT OPTS SEAT/BACK WT CAP	041	E		Y		Y	$9,903.42			
K0868		PWC GROUP 4 STANDARD SEAT/BACK WT CAPACITY UP TO 3	041	E	Y	Y		Y				
K0869		PWC GROUP 4 STANDARD CAPTAINS CHAIR WT CAPACITY UP	041	E	Y	Y		Y				
K0870		PWC GROUP 4 HEAVY DUTY SEAT/BACK WT CAPACITY 301-4	041	E	Y	Y		Y				
K0871		PWC GROUP 4 VERY HEAVY DUTY SEAT/BACK WT CAPACITY	041	E	Y	Y		Y				
K0877		PWC GROUP 4 STAND SEAT/BACK SINGLE POW OPT WT U	041	E	Y	Y		Y				
K0878		PWC GROUP 4 STANDARD CAP CHAIR SINGLE POW OPT WT C	041	E	Y	Y		Y				
K0879		PWC GROUP 4 HEAVY DUTY SEAT/BACK SINGLE POW OPT WT	041	E	Y	Y		Y				
K0880		PWC GROUP 4 VERY HEAVY DUTY SEAT/BACK 1 POW OPT WT	041	E	Y	Y		Y				
K0884		PWC GROUP 4 STANDARD MLT POW OPTS SEAT/BACK WT UP	041	E	Y	Y		Y				
K0885		PWC GROUP 4 STANDARD MLT POW OPTS CAP CHAIR WT UP	041	E	Y	Y		Y				
K0886		PWC GROUP 4 HEAVY DUTY SEAT/BACK MUL POW OPTS WT 3	041	E	Y	Y		Y				
K0890		PWC GROUP 5 PEDIATRIC SINGLE POW OPT SEAT/BACK WT	041	E	Y	Y		Y				
K0891		PWC GROUP 5 PEDIATRIC MLT POW OPTS SEAT/BACK WT UP	041	E	Y	Y		Y				
K0898		POWER WHEELCHAIR NOC	041	E	Y	Y		Y				
K0899		POWR MOBLITY DEVICE NOT CODED BY DME PDAC, NOT MEE	041	E	Y	Y		Y				
K0900		CUSTOMIZED DURABLE MEDICAL EQUIP, OTHER THAN W	041	Y	Y	Y		Y				
K1005		DISPOSABLE COLLECT STORAGE BAG FOR BRSTMLK ANY SZ, TYPE,EA	048	Y	N	N		N	$0.32			
L0112		CRANIAL CERV ORTH,CONG TORTICOLLIS,W/WO SFT INTRFC	041	Y		Y		Y	$1,271.02			
L0120		CERVICAL,FLEXIBLE,NON-ADJSTABLE,PREFAB,OTS,FOAM CO	041	N		Y		N	$18.38		1	365
L0130		COLLAR; CERVICAL, FLEXIBLE, THERMOPLASTIC, MOLDED	041	N		N		Y	$138.63		1	365

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LTC Y: covered by LTC
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HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
L0140		COLLAR; CERVICAL, SEMI-RIGID, ADJUSTABLE PLASTIC	041	N		Y		Y	$54.37		1	365
L0150		COLLAR; CERVICAL, SEMI-RIGID, ADJUSTABLE MOLDED CH	041	N		Y		Y	$97.22		1	365
L0160		CERVICAL,SEMI-RIGID,WIRE FRAME OCCIPITAL-MANDIBULA	041	N		Y		Y	$108.68		1	365
L0170		CERVICAL, COLLAR, MOLDED TO PATIENT	041	Y		Y		Y	$730.16			
L0172		CERVICAL COLLAR,SEMI-RIGID THERMOPLASTIC FOAM 2 PC	041	N		Y		Y	$98.48		1	365
L0174		CERVICAL COLLAR,SEMI-RIGID THERMOPLASTIC FOAM 2PC,	041	N		Y		Y	$252.90		1	365
L0180		COLLAR;CERVICAL,MULTI POST,OCCIP/MAND SUPPORTS,ADJ	041	N		Y		Y	$409.72		1	365
L0190		COLLAR;CERVICAL,MULT POST OCC/MAND SUPPORT;ADJ.CER	041	N		Y		Y	$483.21		1	365
L0200		COLLAR;CERVICAL,MULT POST OCC/MAN SUPPORT,ADJ BARS	041	N		Y		Y	$560.47		1	365
L0220		RIB BELT; THORACIC, CUSTOM FABRICATED	041	N		N		Y	$117.33		1	365
L0450		TLSO,FLEX,TRNK SUP,UPR THORACIC,RGD STAYS/PANL,STR	041	N		Y		N	$119.66		1	365
L0452		TLSO,FLEX,TRNK SUP,UPR THORACIC,RGD STAYS/PANL,STR	041	Y		N		Y	$232.88			
L0454		TLSO FLEX,TRNK SUP,SACRO ABV T9,RGD STAYS/PANL,STR	041	N		Y		N	$255.37		1	365
L0455		TLSO FLEX TRNK SPT/SAC JUNCTN TO T9 INC SHLDR STRP	041	N		Y		Y	$255.37		1	365
L0456		TLSO,FLEX,TRNK SUP,THORACIC,RGD PST/SFT ANT,SAC-SC	041	Y		Y		Y	$732.33			
L0457		TLSO FLEX TRNK SJ-SS PRE OTS	041	Y		Y		Y	$732.33			
L0458		TLSO,TRPLNR CON,MOD SEG SPNL SYS,2 RGD PLAS SHLS,P	041	Y		Y		Y	$809.91			
L0460		TLSO,TRPLNR CON,MOD SEG SPNL SYS,2 RGD PLAS SHLS,P	041	Y		Y		Y	$739.15			
L0462		TLSO,TRPLNR CON,MOD SEG SPNL SYS,3 RGD PLAS SHLS,P	041	Y		Y		Y	$1,133.87			
L0464		TLSO,TRPLNR CON,MOD SEG SPNL SYS,4 RGD PLAS SHLS,P	041	Y		Y		Y	$1,349.87			
L0466		TLSO,SAGITTAL CONT,RGD POST,SFT ANT,RESTR TRNK<MOT	041	N		Y		Y	$279.36		1	365
L0467		TLSO SAGITAL CNTRL PREFAB OTS	041	N		Y		Y	$279.36		1	365
L0468		TLSO,SAGITTAL-CORONAL CONT,RGD POST,FLEX ANT,RESTR	041	N		Y		Y	$350.10		1	365
L0469		TLSO SAGITAL-CORONAL FLEX ANT PREFAB OTS	041	N		Y		Y	$350.10		1	365
L0470		TLSO TRIPLANAR CONTROL RESTRIC TRNK MOTION SAGIT/C	041	N		Y		Y	$597.50		1	365
L0472		TLSO TRIPLANAR CONTROL HYPEREX RIGID/LATER/FRAME,	041	N		Y		Y	$367.67		1	365
L0480		TLSO TRIPLANER CONTROL, 1 PIECE RIGID PLAS SHELL W	041	Y		N		Y	$1,371.66			

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HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
L0482		TLSO TRIPLANER CONTROL 1 PIECE RIGIN SHELL W/OUT L	041	Y		N		Y	$1,532.16			
L0484		TLSO TRIPLANER CONTROL 2 PIECE RIGID SHELL W/OUT L	041	Y		N		Y	$1,654.68			
L0486		TLSO TRIPLANER CONTROL 2 PIECE RIGID SHELL WITH LI	041	Y		N		Y	$1,858.26			
L0488		TLSO,TRIPLANAR CONTROL 1 PIECE RIGID SHELL WITH LI	041	Y		Y		Y	$911.61			
L0490		TLSO SAGITTAL-CORONAL CONDROL 1 PIECE RIGID W/OVER	041	Y		Y		Y	$256.89			
L0491		TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEG-SPINAL	041	Y		Y		Y	$697.43			
L0492		TLSO, SAGITAL-CORONAL CONTROL MODULAR SEG-SPINAL 3	041	N		N		Y	$454.15		1	365
L0621		SACROILIAC ORTH,FLEX,PROVIDE PEL-SAC SUPT,STRP-PEN	041	N		Y		N	$67.54		1	365
L0622		SACROILIAC ORTHOSIS FLEXIBLE PROVIDE PEL-SAC SUPP	041	N		N		Y	$209.37		1	365
L0623		SACROILIAC ORTH,PROVDS PEL-SAC SUPRT,RGD-SEMI PNLS	041	Y	Y	Y		Y				
L0624		SACROILIAC ORTHOSIS RIG/SEMI RIGID PEL-SAG SUPP CU	041	Y	Y	N		Y				
L0625		LUMBAR ORTH,FLEX,POST EXTNDS L-1-L-5,STRPS,PEND AB	041	N		Y		N	$43.14		1	365
L0626		LUMBAR ORTH,SAGI-CNTRL,RGD POST,EXT L1 TO L5 VERT,	041	N		Y		Y	$70.79		1	365
L0627		LUMBAR ORTH,SAGI-CNTRL,RGD POST ANT,EXT L1 TO L5 V	041	N		Y		Y	$321.96		1	365
L0628		LUMBAR SACRAL ORTH,FLEX,SACRO TO T9 VERT,STRPS-STA	041	N		Y		N	$97.64		1	365
L0629		LUMBAR-SACRAL ORTHOSIS, FLEXIBLE SACRO JUN-T9 CUST	041	Y	Y	N		Y				
L0630		LUMBAR SACRAL ORTH,SAGI-CNTRL,RGD POST EXT SACRO T	041	N		Y		Y	$126.88		1	365
L0631		LUMBAR-SACRAL ORTH,SAGI-CNTRL,RGD ANT-POST,SACRO T	041	Y	Y	Y		Y				
L0632		LSO SAIT-CORON CONTROL W/RIDIG-ANT-POST PANELS C.F	041	Y	Y	N		Y				
L0633		LSO,SAGI-CNTRL,RGD POST EXT SACRO TO T9 VERT,RGD L	041	N		Y		Y	$267.93		1	365
L0634		LSO SAGITTAL-CORON CONT W/RIGID POSTERIOR CUSTOM P	041	Y	Y	N		Y				
L0635		LSO SAGITTAL CORON CONT, LUMBAR FLEXION PREFAB INC	041	N		Y		Y	$907.42		1	365
L0636		LSO SAGITTAL CORON CONT LUMBAR FLEXIBLE CUSTOM FAB	041	Y		N		Y	$1,231.22			
L0637		LSO,SAGI-CORONAL CNTROL,RGD ANT-POST EXT SACRO TO	041	N		Y		Y	$267.93		1	365
L0638		LSO SAGITTAL CORONAL CONT RIGID/POST FRAME/PANELS	041	Y		N		Y	$1,197.74			
L0639		LSO,SAGI-CORONAL,CNTRL,RGD PNL,POST EXT SACRO TO T	041	Y		Y		Y	$1,014.78			
L0640		LSO EXTEND FROM SACROCO JUNCT TO T-9 CUSTOM FAB IN	041	Y		N		Y	$950.25			

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HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
L0641		LO SAGI-CONT RIG PNL 11-15 VERT PREFAB OTS	041	N		Y		Y	$61.06		1	365
L0642		LUMBAR ORT SAGI-CONT RIGID ANT POS 11 15 VERT PREF	041	N		Y		Y	$321.96		1	365
L0643		LUMBAR-SACRAL SAGI CTR RIG POSSAC JNCTN T9 PEND AB	041	N		Y		Y	$126.88		1	365
L0648		LUMBAR-SACRAL SAGI ANT POS PANEL SAC T9 PEND AB PR	041	Y	Y	Y		Y				
L0649		LSO SAGITAL-CORONAL FLEX ANT PREFAB OTS	041	N		Y		Y	$267.93		1	365
L0650		LSO SAGI-CORONAL R ANT-POS PNL SAC JNCTN T9 PND AB	041	N		Y		Y	$267.93		1	365
L0651		LSO SAGI-CORONAL R POS PNL POST SAC JCTN TS PNDLM	041	Y		Y		Y	$1,014.78			
L0700		CTLSO;ANT/POST/LAT CONTROL MOLDED TO PATIENT	041	Y		N		Y	$1,807.84			
L0710		CTLSO, ANT-POS-LAT CNTRL, PT MOLDED	041	Y		N		Y	$1,987.31			
L0810		CERVICAL HALO PROCEDURE; INCORPORATED INTO JACKET	041	Y		N		Y	$2,427.31			
L0820		CERVICAL HALO PROCEDURE; INCORP INTO PLASTER	041	Y		N		Y	$1,909.42			
L0830		CERVICAL HALO PROCEDURE INCORP INTO MILWAUKE	041	Y		N		Y	$2,921.67			
L0859		ADDITION TO HALO PROCEDURE MRI COMPATIBLE SYS RING	041	Y		Y		Y	$1,034.44			
L0861		ADDITION TO HALO PROCEDURE, REPLACEMENT LINER/INTE	041	N		N		Y	$158.71		1	365
L0970		TLSO; CORSET FRONT	041	N		Y		Y	$74.31		1	365
L0972		LSO; CORSET FRONT	041	N		Y		Y	$67.62		1	365
L0974		TLSO; FULL CORSET	041	N		Y		Y	$121.51		1	365
L0976		LSO; FULL CORSET	041	N		Y		Y	$103.96		1	365
L0978		CRUTCH; AXILLARY EXTENSION	041	N		Y		Y	$130.85		1	365
L0980		PERONEAL STRAPS,PREFABRICATED,OFF THE SHELF, PAIR	041	N		Y	*	Y	$11.89		2	365
L0982		STOCKING SUPPORTER GRIPS,PREFABRICATED,OTS,SET OF 4	041	N		Y		Y	$10.87		1	365
L0984		PROTECTIVE BODY SOCK,PREFABRICATED, OFF THE SHELF,	041	N		Y		Y	$47.07		2	365
L0999		SPINAL ORTHOSIS;ADDITION, NOT OTHERWISE SPECIFIED	041	Y	Y	Y		N				
L1000		CTLSO; (MILWAUKEE TYPE), INCLUDES INITIAL ORTHOSIS	041	Y		N		Y	$1,841.46			
L1001		CERVICAL THORACIC LUMBAR ORTHO IMMOBILIZER,INFANT	041	Y	Y	Y		Y				
L1005		TENSION BASED SCOLIOSIS ORTHOSIS&ACCESSORY PAD,FIT	041	Y		Y		N	$2,906.55			
L1010		CTLSO/SCOLIOSIS ORTHOSIS;ADDITION, AXILLA SLING	041	N		N		Y	$76.00		1	365

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HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
L1020		CTLSO/SCOLIOSIS ORTHOSIS; ADDITION, KYPHOSIS PAD	041	N		N		Y	$97.87		1	365
L1025		CTLSO/SCOLIOSIS ORTHOSIS; KYPHOSIS PAD, FLOATING	041	N		N		Y	$141.19		1	365
L1030		CTLSO/SCOLIOSIS ORTHOSIS; ADDITION, LUMBAR BOLSTER	041	N		N		Y	$71.11		1	365
L1040		CTLSO/SCOLIOSIS ORTHOSIS; ADDITION, LUMBAR/LUMBAR	041	N		N		Y	$80.52		1	365
L1050		CTLSO/SCOLIOSIS ORTHOSIS; ADDITION, STERNAL PAD	041	N		N		Y	$91.13		1	365
L1060		CTLSO/SCOLIOSIS ORTHOSIS; ADDITION, THORACIC PAD	041	N		N		Y	$98.36		1	365
L1070		CTLSO/SCOLIOSIS ORTHOSIS; ADDITION, TRAPEZE SLING	041	N		N		Y	$101.89		1	365
L1080		CTLSO/SCOLIOSIS ORTHOSIS; ADDITION, OUTRIGGER	041	N		N		Y	$47.53		1	365
L1085		CTLSO/SCOLIOSIS ORTHOSIS;ADDTION,BILATERAL OUTRIGG	041	N		N		Y	$159.07		1	365
L1090		CTLSO/SCOLIOSIS ORTHOSIS; ADDITION, LUMBAR SLING	041	N		N		Y	$91.39		1	365
L1100		CTLSO/SCOLIOSIS ORTHOSIS; ADD. RING FLANGE, PLASTI	041	N		N		Y	$172.47		1	365
L1110		CTLSO/SCOLIOSIS; ADD, RING, PLAS, LEATHR, PT MOLDED	041	N		N		Y	$289.17		1	365
L1120		CTLSO/SCOLIOSIS ORTHOSIS;ADDITION, COVERS FOR UPRI	041	N		N		Y	$34.55		1	365
L1200		TLSO; INCLUSIVE OF INITIAL ORTHOSIS	041	Y		N		Y	$1,625.10			
L1210		TLSO;ADDITION,LATERAL-THORACIC EXTENSION	041	N		N		Y	$222.19		1	365
L1220		TLSO;ADDITION,ANTERIOR THORACIC EXTENSION	041	N		N		Y	$216.26		1	365
L1230		TLSO;ADDITION,MILWAUKEE TYPE SUPERSTRUCTURE	041	N		N		Y	$605.82		1	365
L1240		TLSO;ADDITION,LUMBAR DEROTATION PAD	041	N		N		Y	$82.60		1	365
L1250		TLSO; ADDITION, ANTERIOR ASIS PAD	041	N		N		Y	$71.82		1	365
L1260		TLSO:ADDITION, ANTERIOR THORACIC DEROTATION PAD	041	N		N		Y	$85.66		1	365
L1270		TLSO; ADDITION, ABDOMINAL PAD	041	N		N		Y	$75.28		1	365
L1280		TLSO; ADDITION, RIB GUSSET (ELASTIC), EACH	041	N		N		Y	$79.35		1	365
L1290		TLSO; ADDITION, LATERAL TROCHANTERIC PAD	041	N		N		Y	$70.58		1	365
L1300		SCOLIOSIS PROCEDURES; BODY JACKET MOLDED TO PATIEN	041	Y		N		Y	$1,565.11			
L1310		SCOLIOSIS PROCEDURES; POST-OP BODY JACKET	041	Y		N		Y	$1,630.19			
L1499		SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED	041	Y	Y	N		N				
L1600		HIP ORTH,ABD CNTRL JNTS,FLEX,FREJKA W-COVR,PREFB-C	041	N		Y		Y	$117.03		1	60

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L1610		HIP ORTH,ABD CNTRL JNTS,FLEX,FREJKA COVR ONLY,PREF	041	N		Y		Y	$49.71		1	30
L1620		HIP ORTH,ABD CNTROL JNTS,FLEX,PAVLIK HRNESS,PREFB-	041	N		Y		Y	$142.71		1	365
L1630		HO; ABDUCTION CONTROL, SEMI-FLEXIBLE (VON ROSEN TY	041	N		N		Y	$191.85		1	365
L1640		HO; ABDUCTION CONTROL, STATIC, PELVIC BAND/SPREAD	041	N		N		Y	$429.90		1	365
L1650		HO ABDUCTION CONTROL,STATIC,ADJUSTABLE (ILFELD TYP	041	N		Y		Y	$223.96		1	365
L1652		HIP ORTHOSIS BILAT THIGH CUFFS ADJ ABD SPREADER BA	041	N		Y		Y	$323.72		1	365
L1660		HO; ABDUCTION CONTROL, STATIC, PLASTIC	041	N		Y		Y	$164.12		1	365
L1680		HO;ABDUCTION CONTROL,DYNAMIC,PELVIC CONTROL,ADJ.HI	041	Y		N		Y	$1,034.60			
L1685		HO; ABDUCTION CONTROL, POST-OP TYPE, CUSTOM FABRIC	041	Y		N		Y	$1,010.03			
L1686		HO; ABDUCTION CONTROL, POST-OP TYPE	041	Y		Y		Y	$850.92			
L1690		COMBINATION,BILAT,LUMBO-SAC,HIP,FEMUR ORTH ROT,PRF	041	Y		N		N	$1,756.08			
L1700		LEGG PERTHES ORTHOSIS; TORONTO TYPE	041	Y		N		Y	$1,412.88			
L1710		LEGG PERTHES ORTHOSIS; NEWINGTON TYPE	041	Y		N		Y	$1,799.14			
L1720		LEGG PERTHES ORTHOSIS; TRILATERAL (TACHDIJAN TYPE)	041	Y		N		Y	$1,339.63			
L1730		LEGG PERTHES ORTHOSIS; SCOTTISH RITE TYPE	041	Y		N		Y	$1,130.94			
L1755		LEGG PERTHES ORTHOSIS; PATTEN BOTTOM TYPE	041	Y		N		Y	$1,625.99			
L1810		KNEE ORTH,ELASTIC W-JNTS,PREFABRICATED,CUSTOMIZED	041	N		Y		Y	$129.07		1	365
L1812		KNEE ORTH ELASTIC W JOINTS PREFAB OTS	041	N		Y		Y	$34.42		1	365
L1820		KO; ELAS W/CONDYLAR PADS AND JO, W/OUT PAT CONT. P	041	N		Y		Y	$47.24		1	365
L1830		KNEE ORTHOSIS,IMMOBILIZER,CANVAS LONGITUDINAL,PREF	041	N		Y		Y	$29.70		1	365
L1831		KO; LOCKING KNEE JOINT, POSITION ORTHOSIS, PRE-FAB	041	N		Y		Y	$267.28		1	365
L1832		KNEE ORTH,ADJ JNT,UNICENTRIC/POLYCENTRIC,POSITNL,P	041	Y	Y	Y		Y				
L1833		KO ADJ JNT POS ORT RIGID SPT PREFAB OTS	041	Y	Y	Y		Y				
L1834		KO; W/O KNEE JOINT, RIGID, MOLDED TO PATIENT	041	Y		N		Y	$659.14			
L1836		KNEE ORTH,RGD,WTHOUT JNTS,INC SFT INTRFCE,PREFAB O	041	N		Y		Y	$98.22		1	365
L1840		KO; DEROTATION, MED-LAT, ANTERIOR LIGAMENT, CUSTOM	041	Y		N		Y	$854.01			
L1843		KO,SINGLE UPRIGHT,THIGH-CLF,ADJ FLXION-EXTJNT,MED-	041	Y	Y	Y		Y	$814.82			

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L1844		KO; SINGLE UPRIGHT THIGH/CALF ADJ FLEX/EXT ST. UNI	041	Y		N		Y	$1,382.91			
L1845		KO,DBL UPRIGHT,THIGH-CLF,ADJ FLXION-EXTJNT,MED-LAT	041	Y	Y	N		Y	$760.71			
L1846		KO; DOUBLE UPRIGHT, MED/LAT/ROT CONTROL, CUSTOM FA	041	Y		N		Y	$1,062.53			
L1847		KO,DBL UPRGHT W-ADJ JNT,W-INFLTBLE SUPP CHMBR,PREF	041	Y	Y	Y		Y	$522.33			
L1848		KO DBL UPRIGHT W-ADJ JOINT W INFLAT AIR CHMBR PREF	041	Y	Y	Y		Y	$522.33			
L1850		KNEE ORTHOSIS,SWEDISH TYPE,PREFABRICATED,OFF THE S	041	N		N		Y	$198.10		1	365
L1851		KO,SNGL UPRT,THIGH CLF,ADJFLXN/EXTJNT,MED/LAT,RO,PRFB,OTS	041	Y	Y	Y		Y				
L1852		KO,DBL UPRT,THIGH CLF,ADJFLXN/EXTJNT,MED/LAT,ROT,PRFB,OTS	041	Y	Y	Y		Y				
L1860		KO; MOD OF SUPRACONDYLAR PROSTHETIC SCKT, MOLDED	041	Y		N		Y	$1,132.41			
L1900		AFO; SPRING WIRE, DORSIFLEXION CALF BAND	041	N		N		Y	$259.10		1	365
L1902		ANKLE FOOT ORTHOSIS,ANKLE GAUNTLET,PREFABRICATED,O	041	N		Y		N	$36.47		1	365
L1904		ANKLE ORTHOSIS,ANKLE GAUNTLET,CUSTOM-FABRICATED	041	N		N		Y	$409.91		1	365
L1906		ANKLE FOOT ORTHOSIS,MULTIGAMENTOUS ANKLE SUPT,PR	041	N		Y		Y	$78.19		1	365
L1907		ANKLE ORTH,SUPRAMALLEOLAR W-STRAPS,W-WI/O INTRF	041	N		N	2	Y	$511.01		1	365
L1910		AFO; POSTERIOR, SINGLE BAR, CLASP ATTACHTO SHOE CO	041	N		Y		Y	$254.68		1	365
L1920		AFO; SINGLE UPRIGHT W/STATIC OR ADJUSTABLE STOP	041	N		N		Y	$373.06		1	365
L1930		AFO; PLASTIC OR OTHER MATERIAL, PREFABRICATED INCL	041	N		Y		Y	$228.80		2	365
L1932		AFO,RIGID ANTERIOR TIBIAL SECTION,TOTAL CARBON MAT	041	Y	Y	Y		Y	$810.36			
L1940		ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, CU	041	N		N	2	Y	$442.23		1	365
L1945		AFO; PLASTIC, RIGID ANTERIOR TIBIAL SECTION, MOLDE	041	Y		N		Y	$1,019.35			
L1950		AFO; SPIRAL, PLASTIC, CUSTOM-FABRICATED	041	Y		N		Y	$698.40			
L1951		AFO; SPIRAL, PLASTIC OR OTHER MATERIAL PRE/FAB INC	041	Y	Y	Y		Y	$762.65			
L1960		AFO; PLASTIC, POSTERIOR SOLID ANKLE, MOLDED TO PT	041	N		N	2	Y	$562.93		1	365
L1970		AFO; PLASTIC, W/ANKLE JOINT, MOLDED TO PT	041	N		N	2	Y	$628.54		1	365
L1971		AFO; PLASTIC OR OTHER MATERIAL W/ ANKLE JOINT, PRE	041	N		Y	2	Y	$425.69		1	365
L1980		AFO;SINGLE UPRIGHT,PLANTAR DORSEFLEX,SOLID STIRRUP	041	N		N		Y	$366.67		1	365
L1990		AFO;DOUBLE UPRIGHT,PLANTAR DORSEFLEX,SOLID STIRRUP	041	N		N		Y	$424.38		1	365

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* Denotes Pair

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

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
L2000		KAFO; SINGLE UPRIGHT, FREE KNEE/ANKLE, SOLID STIRR	041	Y		N		Y	$1,015.89			
L2005		KAFO,SINGL/DOUBL UPRIGHT,ANY TYPE ACTIVATN;W/ANKL	041	Y		N		N	$3,721.19			
L2010		KAFO; SINGLE UPRIGHT, FREE ANKLE, W/O KNEE JOINT,	041	Y		N		Y	$792.38			
L2020		KAFO; DOUBLE UPRIGHT, FREE KNEE/ANKLE, SOLID STIRR	041	Y		N		Y	$1,000.75			
L2030		KAFO; DOUBLE UPRIGHT, FREE ANKLE, W/O KNEE JOINT,	041	Y		N		Y	$983.67			
L2034		KAFO, FULL PLASTIC, SINGLE UPRIG W/WO FREE MOTION	041	Y		N		Y	$1,844.81			
L2035		KAFO; FULL PLASTIC, STATIC, PREFABRICATED (PEDIATR	041	N		Y		Y	$157.33		1	365
L2036		KAFO; FULL PLAS, DOUB UPRIGHT, W/WO FREE KNEE, ANK	041	Y		N		Y	$1,683.61			
L2037		KAFO; FULL PLAS, SINGLE UPRIGHT, W/WO FREE KNEE,	041	Y		N		Y	$1,505.96			
L2038		KAFO;FULL PLASTIC, W/WO KNEE JOINT,MULTI-AXIS,ANKL	041	Y		N		Y	$1,214.02			
L2040		HKAFO; TORSION CONTROL, BILATERAL ROTATION STRAPS	041	N		N		Y	$183.72		1	365
L2050		HKAFO;TORSION CONTROL,BILAT TORSION CABLES,HIP JOI	041	N		N		Y	$442.54		1	365
L2060		HKAFO;TORSION CONTROL,BILAT TORSION CABLES,BALL BE	041	N		N		Y	$553.53		1	365
L2070		HKAFO; TORSION CONTROL, UNILATERAL ROTATION STRAPS	041	N		N		Y	$140.95		1	365
L2080		HKAFO; TORSION CONTROL, UNILATERAL CABLE, HIP JOIN	041	N		N		Y	$338.90		1	365
L2090		HKAFO; TORSION CONTROL, UNILATERAL CABLE, BALL BEA	041	N		N		Y	$451.54		1	365
L2106		AFO; FRACTURE ORTH, TIBIAL FRACTURE, THEROPLASTIC	041	Y		N		Y	$715.80			
L2108		ANKLE FOOT ORTH,FRACTURE ORTH,TIBIAL FRACTURE CAST	041	Y		N		Y	$1,044.01			
L2112		AFO; FRACTURE ORTH, TIBIAL FRACTURE, SOFT	041	N		Y		Y	$458.15		1	365
L2114		AFO; FRACTURE ORTH, TIBIAL FRACTURE, SEMI-RIGID	041	N		Y		Y	$573.85		1	365
L2116		AFO; FRACTURE ORTH, TIBIAL FRACTURE RIGID	041	Y		Y		Y	$699.93			
L2126		KAFO;FRACTURE ORTH,FEMERAL FRACT,THERMOPLA TYPE	041	Y		N		Y	$1,159.57			
L2128		KAFO, FRACTURE ORTH, FEMORAL FRAC, MOLDED TO PT	041	Y		N		Y	$1,456.02			
L2132		KAFO; FRACTURE ORTH, FEMORAL FRAC, SOFT	041	Y		Y		Y	$883.78			
L2134		KAFO; FRACTURE ORTH, FEMORAL FRAC, SEMI-RIGID	041	Y		Y		Y	$1,046.51			
L2136		KAFO;FRACTURE ORTH,FEMERAL FRAC, RIGID	041	Y		Y		Y	$1,145.26			
L2180		LEFO; ADDITION, PLASTIC, SHOE INSERT W/ANKLE JOINT	041	N		N		Y	$120.40		1	365

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LTC Y: covered by LTC
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HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
L2182		LEFO; ADDITION, DROP LOCK KNEE JOINT	041	N		Y		Y	$103.79		2	365
L2184		LEFO; ADDITION, LIMITED MOTION KNEE JOINT	041	N		Y		Y	$105.19		2	365
L2186		LEFO; ADDITION, ADJ. MOTION KNEE JOINT, LERMAN TYP	041	N		Y		Y	$139.89		2	365
L2188		LEFO;ADDITION,QUADRILATERAL BRIM	041	N		Y		Y	$254.31		1	365
L2190		LEFO; ADDITION, WAIST BELT	041	N		Y		Y	$77.47		1	365
L2192		LEFO; ADDITION, HIP JOINT, PELVIC BAND/BELT, HIGH	041	N		Y		Y	$302.76		1	365
L2200		LE; ADDITION, LIMITED ANKLE MOTION, EACH JOINT	041	N		N		Y	$45.64		2	365
L2210		LE;ADDITION,DORSIFLEXION/PLANTAR FLEXION ASSIST,EA	041	N		N		Y	$57.09		2	365
L2220		LE;ADDITION,DORSIFLEXION/PLANTAR FLEXION ASSIST/RE	041	N		N		Y	$73.49		2	365
L2230		LE; ADDITION; SPLIT FLAT CALIPER STIRRUPS/PLATE AT	041	N		N		Y	$86.88		2	365
L2232		ADDITION TO LOWER EXT ORT ROCKER BOTTOM FOR CUS FA	041	Y	Y	Y		N	$88.23			
L2240		LE; ADDITION, ROUND CALIPER/PLATE ATTACHMENT	041	N		Y		Y	$86.48		2	365
L2250		LE; ADDITION, FOOT PLATE, MOLDED TO PT, STIRRUP AT	041	N		N		Y	$303.35		2	365
L2260		LE; ADDITION, REINFORCED SOLID STIRRUPS, SCOTT-CRA	041	N		N		Y	$170.22		2	365
L2265		LE;ADDITION, LONG TONGUE STIRRUP	041	N		Y		N	$122.09		1	365
L2270		LE;ADDITION,VARUS/VALGUS CORRECTION "T" STRAP,MALL	041	N		N		Y	$55.98		2	180
L2275		LE;ADDITION VARUS/VALGUS CORRECTION,PLASTIC MODIFI	041	N		N		Y	$118.39		2	365
L2280		LE; ADDITION, MOLDED INNER BOOT	041	Y		Y		Y	$512.66			
L2300		LE; ADDITION, ABDUCTION BAR, JOINTED, ADUSTABLE	041	N		Y		Y	$228.63		1	365
L2310		LE; ADDITION, ABDUCTION BAR, STRAIGHT	041	N		Y		Y	$104.47		1	365
L2320		LE; ADDITION, NON-MOLDED LACER, CUST-FAB ONLY	041	Y		Y		Y	$175.18			
L2330		LE; ADDITION, LACER, MOLDED TO PATIENT, CUST-FAB O	041	Y		N		Y	$333.42			
L2335		LE;ADDITION,ANTERIOR SWING BAND	041	N		Y		Y	$255.29		1	365
L2340		LE; ADDITION, PRE-TIBIAL SHELL, MOLDED TO PATIENT	041	Y		N		Y	$379.51			
L2350		LE; ADDITION, PROSTHETIC TYPE, (BK) SOCKET, MOLDED	041	Y		N		Y	$756.62			
L2360		LE; ADDITION, EXTENDED STEEL SHANK	041	N		Y		Y	$46.84		1	365
L2370		LE; ADDITION, PATTEN BOTTOM	041	N		Y		Y	$290.64		1	365

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HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
L2375		LE; ADDITION, TORSION CONTROL, ANKLE JOINT AND HAL	041	N		Y		Y	$111.74		2	365
L2380		LE; ADDITION, TORSION CONTROL, STRAIGHT KNEE JOINT	041	N		Y		Y	$117.20		2	365
L2385		LE; ADDITION, STRAIGHT KNEE JOINT, HEAVY DUTY, EAC	041	N		N		Y	$133.45		2	365
L2387		ADD TO LOW EXTREM POLYCEN KNEE JOINT FOR C/F KAFO	041	N		N		Y	$173.36		1	365
L2390		LE; ADDITION, OFFSET KNEE JOINT, EACH JOINT	041	N		Y		Y	$92.97		2	365
L2395		LE; ADDITION, OFFSET KNEE JOINT, HEAVY DUTY, EACH	041	N		Y		Y	$132.87		2	365
L2397		LE; ADDITION, ORTHOSIS, SUSPENSION SLEEVE	041	N		Y		Y	$110.85		1	180
L2405		KNEE JOINT; ADDITION, DROP LOCK, EACH	041	N		Y		Y	$79.19		2	365
L2415		KNEE JOINT; ADDITION, CAM LOCK, EACH JOINT	041	N		N		Y	$110.33		2	365
L2425		KNEE JOINT;ADDITION,DISC/DIAL LOCK FOR ADJ KNEE,EA	041	N		Y		Y	$130.19		2	365
L2492		KNEE JOINT; ADDITION, LIFT LOOP FOR DROP LOCK RING	041	N		Y		Y	$106.52		2	365
L2500		LE; ADDITION, THIGH/GLUTEAL/ISCHIAL WEIGHT BEARING	041	N		Y		Y	$284.18		1	365
L2510		LE ADDITION,THIGH/WEIGHT BEARING QUADRILATERAL BRI	041	Y		N		Y	$732.41			
L2520		LE; ADDITION, THIGH/WEIGHT BEARING, QUAD BRIM, CUS	041	Y		N		Y	$488.12			
L2525		LE; ADDITION, THIGH/WT BEAR, ISCHIAL CONT MOLDED T	041	Y		N		Y	$1,035.07			
L2526		LE; ADDITION, THIGH/WT BEARING, ISCHIAL CONT CUSTO	041	Y		N		Y	$581.61			
L2530		LE; ADDITION, THIGH/WEIGHT BEARING, LACER, NON-MOL	041	N		Y		Y	$217.80		1	365
L2540		LE; ADDITION, THIGH/WEIGHT BEARING, LACER, MOLDED	041	N		N		Y	$412.11		1	365
L2550		LE; ADDITION, THIGH/WEIGHT BEARING, HIGH ROLL CUFF	041	N		Y		Y	$309.00		1	365
L2570		LE; ADDITION, PELVIC CONTROL, HIP JOINT, CLEVIS TY	041	N		Y		Y	$404.45		1	365
L2580		LE; ADDITION, PELVIC CONTROL, PELVIC SLING	041	N		Y		Y	$394.09		1	365
L2600		LE; ADDITION, PELVIC CONTROL, HIP JOINT, CLEVIS TY	041	N		Y		Y	$193.69		2	365
L2610		LE; ADDITION, PELVIC CONTROL, HIP JOINT, CLEVIS/TH	041	N		Y		Y	$214.03		2	365
L2620		LE; ADDITION, PELVIC CONTROL, HIP JOINT, HEAVY DUT	041	N		Y		Y	$227.04		2	365
L2622		LE; ADDITION, PELVIC CONTROL, HIP JOINT, ADJUSTABL	041	N		Y		Y	$288.98		2	365
L2624		LE;ADDITION,PELVIC CONTROL,HIP JOINT,ADJ-FLEXION/E	041	N		Y		Y	$354.34		1	365
L2627		LE ADDITION,PELVIC CONTROL,PLASTIC RECIP HIP JOINT	041	Y		N		Y	$1,940.86			

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HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
L2628		LE ADDITION,PELVIC CONTROL,METAL FRAME,RECIP HIP J	041	Y		Y		Y	$1,422.61			
L2630		LE; ADDITION, PELVIC CONTROL, BAND/BELT, UNILATERA	041	N		Y		Y	$210.27		1	365
L2640		LE:ADDITION, PELVIC CONTROL, BAND/BELT, BILATERAL	041	N		Y		Y	$285.37		1	365
L2650		LE; ADDITION, PELVIC/THORACIC CONTROL, GLUTEAL PAD	041	N		Y		Y	$125.67		1	365
L2660		LE; ADDITION, THORACIC CONTROL, THORACIC BAND	041	N		Y		Y	$162.72		1	365
L2670		LE; ADDITION, THORACIC CONTROL, PARASPINAL UPRIGHT	041	N		Y		Y	$144.85		1	365
L2680		LE; ADDITION, THORACIC CONTROL, LATERAL SUPPORT UP	041	N		Y		Y	$132.89		1	365
L2750		LEO; ADDITION, PLATING CHROME/NICKEL, PER BAR	041	N		Y		Y	$70.99		2	365
L2760		LEO; ADDITION, EXTENSION, PER EXTENSION, PER BAR	041	N		Y		Y	$51.60		2	365
L2785		LEO; ADDITION, DROP LOCK RETAINER, EACH	041	N		Y		Y	$26.92		2	365
L2795		LEO; ADDITION, KNEE CONTROL, FULL KNEE CAP	041	N		Y		Y	$74.49		2	365
L2800		LEO; ADDITION; KNEE CONTROL, KNEE CAP, MEDIAL/LATE	041	N		Y		Y	$91.47		2	365
L2810		LEO; ADDITION; KNEE CONTROL, CONDYLAR PAD	041	N		Y		Y	$74.18		2	365
L2820		LEO; ADDITION, SOFT INTERFACE FOR MOLDED PLASTIC,	041	N		N		Y	$73.75		2	365
L2830		LEO; ADDITION, SOFT INTERFACE FOR MOLDED PLASTIC,	041	N		N		Y	$79.78		2	365
L2840		LEO; TIBIAL LENGTH SOCK, FRACTURE OR EQUAL, EACH	041	N		Y		Y	$39.18		3	180
L2850		LEO;ADDITION, FEMORAL LENGTH SOCK, FRACTURE OR EQU	041	N		Y		Y	$54.94		3	180
L2861		TORSION MECHANISM KNEE/ANKLE	041	Y	Y	N		Y				
L2999		LEO;NOT OTHERWISE SPECIFIED	041	Y	Y	Y		N				
L3000		FOOT,INSERT; REMOVABLE,"UCB"TYPE, BERKELEY SHELL,M	041	N		N		N	$285.28		2	365
L3001		FOOT,INSERT: REMOVABLE,SPENCO,MOLDED TO PT, EACH	041	N		N		N	$120.13		2	365
L3002		FOOT,INSERT;REMOV,PLASTAZOTE OR EQUAL,MOLDED T	041	N		N		N	$146.68		2	365
L3003		FOOT,INSERT;REMOVABLE,SILICONE GEL,MOLDED TO PT,EA	041	N		N		N	$158.22		2	365
L3010		FOOT,INSERT;REMOVABLE,LONGITUDINAL ARCH SPT,MO	041	N		N		Y	$158.22		2	365
L3030		FOOT,INSERT;REMOV,FORMED TO PATIENT FOOT, EACH	041	N		N		N	$69.30		2	365
L3031		FOOT, INSERT/PLATE, REMOVABLE, ADD TO LOWER EXT/OR	041	Y		Y		Y	$111.23			
L3040		FOOT,ARCH SUPPORT;REMOVABLE,PREMOLDED,LONGITUDINAL	041	N		Y		N	$42.76		2	365

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HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
L3050		FOOT,ARCH SUPPORT;REMOVABLE,PREMOLDED,METATARSAL,E	041	N		Y		N	$42.76		2	365
L3060		FOOT,ARCH SUPPORT;REMOVABLE,PREMOLDED,LONG/META,EA	041	N		Y		N	$66.99		2	365
L3070		FOOT,ARCH SUPPORT;NON REMOV,LONGITUDINAL,ATTAC	041	N		Y		Y	$28.88		2	365
L3080		FOOT,ARCH SUPPORT;NON REMOV,METATARSAL,ATTACHE	041	N		Y		Y	$28.88		2	365
L3090		FOOT,ARCH SUPPORT;NON REMOV,LONG/META,ATTACHED	041	N		Y		Y	$36.98		2	365
L3100		HALLUS-VALGUS NIGHT DYNAMIC SPLINT, PREFABRICATED,	041	N		Y		N	$14.75		2	365
L3140		FOOT, ABDUCTION ROTATION BAR, INCLUDING SHOES	041	N		N		Y	$80.85		1	120
L3150		FOOT, ABDUCTION ROTATION BAR, W/O SHOES	041	N		Y		Y	$73.94		1	120
L3170		FOOT,PLASTIC, SILICONE OR EQUAL,HEEL STABILIZER,PR	041	N		Y		N	$28.35		2	365
L3201		ORTHO SHOE, OXFORD W/SUPINATOR OR PRONATOR, I	041	N		N		N	$44.12		2	90
L3202		ORTHO SHOE, OXFORD W/SUPINATOR OR PRONATOR, C	041	N		N		N	$54.38		2	150
L3203		ORTHO SHOE; OXFORD W/SUPINATOR OR PRONATOR, J	041	N		N		N	$66.55		2	150
L3204		ORTHO SHOE; HIGHTOP W/SUPINATOR OR PRONATOR,	041	N		N		N	$47.21		2	90
L3206		ORTHO SHOE; HIGHTOP W/SUPINATOR OR PRONATOR,	041	N		N		N	$54.46		2	150
L3207		ORTHO SHOE; HIGHTOP W/SUPINATOR OR PRONATOR,	041	N		N		N	$70.86		2	150
L3208		SURGICAL BOOT EACH INFANT	041	N		N		N	$25.39		2	150
L3209		SURGICAL BOOT EACH-CHILD	041	N		N		N	$36.58		2	150
L3211		SURGICAL BOOT EACH-JUNIOR	041	N		N		N	$56.71		2	150
L3212		BENESCH BOOT PAIR-INFANT	041	N		N	*	N	$62.19		2	150
L3213		BENESCH BOOT PAIR-CHILD	041	N		N	*	N	$64.94		2	150
L3214		BENESCH BOOT PAIR-JUNIOR	041	N		N	*	N	$73.17		2	150
L3215		ORTHOPEDIC SHOE;LADIES,OXFORD, EACH	041	N		N		N	$44.81		2	365
L3216		ORTHOPEDIC SHOES; LADIES DEPTH INLAY, EACH	041	N		N		N	$76.37		2	365
L3217		ORTHOPEDIC SHOES; LADIES, HIGH TOP, DEPTH INLAY, E	041	N		N		N	$80.03		2	365
L3219		ORTHOPEDIC SHOE;MENS,OXFORD, EACH	041	N		N		N	$48.93		2	365
L3221		ORTHOPEDIC SHOES; MENS, DEPTH INLAY EACH	041	N		N		N	$79.57		2	365
L3222		ORTHOPEDIC SHOES; HIGHTOP, DEPTH INLAY, EACH	041	N		N		N	$80.03		2	365

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HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
L3224		ORTHO FOOTWR, WOMAN SHOE, OXFORD, USED AS PART O	041	N		N		Y	$61.37		2	365
L3225		ORTHO FOOTWEAR, MAN'S SHOE, OXFORD, USED AS PART O	041	N		N		Y	$67.03		2	365
L3230		ORTHOPEDIC SHOES; CUSTOM, DEPTH INLAY, EACH	041	Y		N		Y	$278.96			
L3250		ORTHO SHOES; CUSTOM MOLDED,REMOVABLE INNER MO	041	Y		N		Y	$160.38			
L3257		ORTHOPEDIC SHOE; SPLIT SIZE CHARGE	041	N		N		N	$31.10		1	365
L3260		SURGICAL BOOT/SHOE EACH	041	N		Y		N	$62.65		1	180
L3300		LIFT, ELEVATION: HEEL, TAPERED TO METATARSALS, PER	041	N		N		N	$47.37		3	365
L3310		LIFT, ELEVATION; HEEL & SOLE, NEOPRENE, PER INCH	041	N		N		N	$73.94		3	365
L3320		LIFT, ELEVATION; HEEL AND SOLE, CORK, PER INCH	041	N		N		N	$58.68		3	365
L3330		LIFT, ELEVATION; METAL EXTENSION (SKATE)	041	N		N		N	$513.94		1	365
L3332		LIFT, ELEVATION; INSIDE SHOE, TAPERED, UP TO 1/2 I	041	N		N		N	$66.99		3	365
L3334		LIFT, ELEVATION; HEEL, PER INCH	041	N		N		N	$34.63		3	365
L3340		WEDGE, HEEL; SACH	041	N		N		N	$77.42		3	365
L3350		WEDGE, HEEL	041	N		N		N	$20.78		3	365
L3360		WEDGE, SOLE; OUTSIDE SOLE	041	N		N		N	$32.34		3	365
L3370		WEDGE, SOLE; BETWEEN SOLE	041	N		N		N	$45.05		3	365
L3380		WEDGE, CLUBFOOT	041	N		N		Y	$45.05		3	365
L3390		WEDGE, OUTFLARE	041	N		N		N	$45.05		3	365
L3400		WEDGE, METATARSAL BAR; ROCKER	041	N		N		N	$36.98		3	365
L3410		WEDGE, METATARSAL BAR; BETWEEN SOLE	041	N		N		N	$84.31		3	365
L3420		WEDGE, HEEL/FULL SOLE; BETWEEN SOLE	041	N		N		N	$49.68		3	365
L3430		HEEL; COUNTER, PLASTIC REINFORCED	041	N		N		N	$145.54		3	365
L3440		HEEL; COUNTER, LEATHER REINFORCED	041	N		N		N	$69.30		3	365
L3450		HEEL; SACH CUSHION TYPE	041	N		N		N	$95.85		3	365
L3455		HEEL; NEW LEATHER, STANDARD	041	N		N		Y	$36.98		3	365
L3460		HEEL; NEW RUBBER, STANDARD	041	N		N		Y	$31.21		3	365
L3465		HEEL; THOMAS WITH WEDGE	041	N		N		N	$53.17		3	365

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LTC Y: covered by LTC
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HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
L3470		HEEL; THOMAS EXTENDED TO BALL	041	N		N		N	$56.58		3	365
L3485		HEEL; PAD, REMOVABLE FOR SPUR	041	N		N		N	$18.58		3	365
L3520		ORTHO SHOE ADDITION; INSOLE, FELT COVERED W/ LEATH	041	N		N		N	$28.88		3	365
L3530		ORTHO SHOE ADDITION; SOLE, HALF	041	N		N		Y	$28.88		3	365
L3540		ORTHO SHOE ADDITION; SOLE, FULL	041	N		N		Y	$46.20		3	365
L3550		ORTHO SHOE ADDITION; TOE TAP STANDARD	041	N		N		N	$8.12		3	365
L3560		ORTHO SHOE ADDITION; TOE TAP HORSESHOE	041	N		N		N	$20.78		3	365
L3570		ORTHO SHOE ADDITION;SPECIAL EXT. TO INSTEP(LEATHER	041	N		N		N	$77.42		3	365
L3580		ORTHO SHOE ADDITION; CONVERT INSTEP-VELCRO CLOSURE	041	N		N		N	$58.91		2	365
L3590		ORTHO SHOE ADDITION; CONVERT FIRM COUNTER TO SOFT	041	N		N		N	$48.52		3	365
L3595		ORTHO SHOE ADDITION; MARCH BAR	041	N		N		N	$38.11		3	365
L3600		ORTHOSIS, TRANSFER; CALIPER PLATE, EXISTING	041	N		N		Y	$69.30		1	365
L3649		ORTHOPEDIC SHOE; MOD, ADD, TRANSFER NOT OTHERWISE	041	Y	Y	N		Y				
L3650		SHOULDER ORTH,FIGURE OF 8 DSGN ABD RESTRNR,PREFB,O	041	N		Y		Y	$36.64		1	365
L3670		SHLDER ORTH,ACROMIO-CLAVICULAR,CANVAS-WEBB,PREFB	041	N		Y		Y	$26.37		1	365
L3675		SHLDER ORTH,VEST TYPE ABD RESTRNR,CANVAS WEBB OR	041	N		Y		Y	$117.61		1	365
L3677		SHOULDER ORTH,JNT DSGN,WO-JNTS,INC INTRFCE-STRAPS,	041	Y	Y	Y		N				
L3678		SHOULDER ORTH W-O JNTS SOFT INTRFACE PREFAB OTS	041	Y	Y	Y		Y				
L3710		ELBOW ORTH, ELASTIC W-METAL JOINTS, PREFABRICATED,	041	N		Y		Y	$118.02		1	365
L3720		EO;DBLE UPRIGHT W/FOREARM/ARM CUFFS, FREE MOTION	041	N		N		Y	$564.71		1	365
L3730		EO; DBLE UPRIGHT W/FOREARM/ARM CUFFS, EXTEN/FLEX	041	Y		N		Y	$749.03			
L3740		EO; DBLE UPRIGHT W/FOREARM/ARM CUFF, ADJ LOCK W/	041	Y		N		Y	$888.03			
L3760		EO;W/ADJ LOCK JOINTS PREFAB CUSTOM BY IND W/EXPERTISE	041	Y	Y	N		Y	$413.34			
L3761		ELBOW ORTHOSIS, W/ADJ POS LOCK JOINT,PREFAB,OFF SHELF	041	N		Y		Y	$413.34		1	365
L3762		ELBOW ORTH,RGD,WO-JOINTS,INC SOFT INTERFACE,PREFAB	041	N		Y		Y	$88.87		1	365
L3763		EWHO, RIGID W/OUT JOINTS, MAY INC INTER-FACE/STRAP	041	Y	Y	N		Y	$618.48			
L3806		WRIST HAND FINGER ORTHOSIS,ONE/MORE NONTORSION	041	Y	Y	Y		Y	$375.42			

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HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
L3807		WRIST HAND FINGER ORTH,WO JNTS,PREFAB-CUSTOMIZED	041	N		Y		Y	$206.66		1	365
L3808		WRIST HAND FINGER ORTHOSIS,RIG WITHOUT JTS,INCL ST	041	Y	Y	N		Y	$294.41			
L3809		WRIST HAND FINGER ORTH W-O JNT PREFAB OTS	041	N		Y		Y	$110.05		1	365
L3891		ADD TO UPR EXTRMTY JNT,WRIST/ELBOW,CONC ADJ TORSN	041	Y	Y	N		Y				
L3900		WHFO; WRIST OR FINGER DRIVEN, DYNAMIC FLEXOR HINGE	041	Y		N		Y	$1,338.84			
L3901		WHFO; CABLE DRIVEN, DYNAMIC FLEXOR HINGE	041	Y		N		Y	$1,754.61			
L3906		WHO; W/O JOINTS, INCLUDES SOFT INTERFACE, STRAPS,	041	Y		N		Y	$418.84			
L3908		WRIST HAND ORTHOSIS,WRIST EXT CNTL COCK-UP,NON-MO	041	N		Y		Y	$26.12		2	365
L3912		HAND FINGER ORTH,FLEXION GLOVE W-ELASTIC FNGR CNTR	041	N		Y		Y	$66.67		1	365
L3915		WHO,INC NONTORSION JNTS,ELAS BNDS-TURNBKLS-SFT INT	041	Y	Y	Y		Y	$439.33			
L3916		WHO INCL 1 OR > NONTORSION JOINT ELTC BAND PREFAB	041	Y	Y	Y		Y				
L3917		HAND ORTH,METACARPAL FRAC ORTH,PREFAB-CUSTO	041	N		Y		Y	$87.28		1	365
L3918		HAND ORTH METACARPAL FX OTS PREFAB OTS	041	N		Y		Y	$87.28		1	365
L3923		HFO,WITHOUT JOINTS,INC SOFT INTERFACE AND STRAPS,P	041	N		Y		N	$79.84		1	365
L3924		HAND FNGR ORT WO JOINT PREFAB OTS	041	N		Y		Y	$26.08		1	365
L3925		FINGER ORTH,PIP-DIP-NONTORSION JNT-SPRNG,EXTFLEXIO	041	N		Y		Y	$47.15		1	365
L3927		FINGER ORTH,PIP-DIP,WO-JNT-SPRING,EXT-FLEXION,INC	041	N		Y		Y	$25.13		1	365
L3929		HFO,INC NONTORSION,TRNBKLS,ELAS BNDS-SPRNGS-SFT IN	041	N		Y		Y	$75.49		1	365
L3930		HAND FNGR ORTHOSIS W>1 NONTRSNJNT SOFT INTERFACE	041	N		Y		Y	$65.56		1	365
L3931		WRST HD/FING ORT,INC NON TOR JTS,BUCK,SPGS, ARE FA	041	N		Y		Y	$172.32		1	365
L3933		FINGER ORTHOSIS,WO-JOINTS,INC SOFT INTRFCE,CUSTM F	041	Y		N		Y	$176.35			
L3960		SEWHO;ABDUCTION POSITIONING, AIRPLANE DESIGN	041	Y		Y		Y	$659.17			
L3962		SEWHO;ABDUCTION POSITIONING, ERBS PALSEY DESIGN	041	N		Y		Y	$596.18		1	365
L3980		UE; FRACTURE ORTHOSIS,HUMERAL	041	N		Y		Y	$319.73		1	365
L3981		UPPER EXTREMITY FX,ORTHOSIS,HUMERAL,PREFAB,WITH SH	041	Y	Y	Y		Y	$831.89			
L3982		UE; FRACTURE ORTHOSIS, RADIUS/ULNAR	041	N		Y		Y	$324.67		1	365
L3984		UE; FRACTURE ORTHOSIS, WRIST	041	N		Y		Y	$286.00		1	365

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HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
L3995		UE; ADDITION, SOCK, FRACTURE OR EQUAL, EACH	041	N		Y		Y	$25.99		2	180
L3999		UPPER LIMB ORTHOSIS; NOT OTHERWISE SPECIFIED	041	Y	Y	Y		N				
L4000		REPLACE GIRDLE FOR SPINAL ORTHOSIS	041	Y		Y		Y	$1,200.00			
L4002		REPLACEMENT STRAP,ANY ORT,INCLUDES ALL COMPONENTS	041	Y	Y	Y		N				
L4010		REPLACE TRILATERAL SOCKET BRIM	041	Y		Y		Y	$729.39			
L4030		REPLACE QUADRILATERAL SOCKET BRIM, CUSTOM FITTED	041	Y		N		Y	$556.79			
L4040		REPLACE MOLDED THIGH LACER, CUS-FAB ONLY	041	Y		N		Y	$377.07			
L4045		REPLACE THIGH LACER NON-MOLDED, CUST-FAB ONLY	041	N		N		Y	$278.55		1	365
L4050		REPLACE MOLDED CALF LACER, CUST-FAB ONLY	041	Y		N		Y	$373.46			
L4055		REPLACE NON-MOLDED CLAF LACER, CUST-FAB, ONLY	041	N		N		Y	$227.01		1	365
L4060		REPLACE HIGH ROLL CUFF	041	N		Y		Y	$295.09		1	365
L4070		REPLACE PROXIMAL & DISTAL UPRIGHT FOR KAFO	041	N		Y		Y	$238.97		1	365
L4080		REPLACE METAL BANDS KAFO, PROXIMAL THIGH	041	N		Y		Y	$90.22		2	365
L4090		REPLACE METAL BANDS KAFO - AFO, CALF OR DISTAL THI	041	N		N		Y	$76.76		2	365
L4110		REPLACE LEATHER CUFF KAFO - AFO, CALF OR DISTAL TH	041	N		N		Y	$72.02		2	365
L4130		REPLACE PRETIBIAL SHELL	041	N		Y		Y	$435.28		1	365
L4210		REPAIR OF ORTHOTIC DEVICE,REPAIR OR REPLACE MINOR	041	Y	Y	Y		Y				
L4350		ANKLE CNTRL ORTHO,STIRUP,RIGD,INC INTRFCE-PNEUM-GE	041	N		Y		Y	$30.98		1	365
L4360		WALK BOOT,PNEUM-VACUMN W-WO JNTS-PREFAB AND CUS	041	N		Y		Y	$235.12		1	365
L4361		WALKING BOOT PNEM AND/OR VACUUM W OR WO JOINTS	041	N		Y		Y	$111.80		1	365
L4370		PNEUMATIC FULL LEG SPLINT, PREFABRICATED	041	N		Y		Y	$100.86		1	365
L4386		WALK BOOT,NON-PNEU,W-WO JNTS/INTRFCE MAT,PREFAB	041	N		Y		Y	$143.99		1	365
L4387		WALK BOOT NON-PNEU W OR WO JOINTS W OR WO INTRF	041	N		Y		Y	$116.75		1	365
L4396		STATIC OR DYNAMIC AFO,W/SFT INTRFCE,ADJ FIT,PREFAB	041	N		Y		Y	$152.41		1	365
L4397		STATIC OR DYNM AFO INCL SOFT INTRAFC ADJ PREFAB OT	041	N		Y		Y	$123.56		1	365
L4398		FOOT DROP SPLINT,RECUMBENT POSITIONING DEVICE PREF	041	N		Y		Y	$56.89		1	365
L4631		ANKL FT ORT,WALK BOOT VARUS/VALGUS CORR ROC BOT AN	041	Y		N		Y	$1,338.71			

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HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
L5000		PARTIAL FOOT, SHOE INSERT W/LONGITUDINAL ARCH, TOE	041	N		N		Y	$521.47		1	365
L5010		PARTIAL FOOT, MOLDED SOCKET, ANKLE HEIGHT, W/TOE F	041	Y		N		Y	$1,457.04			
L5020		PARTIAL FOOT, MOLDED SOCKET, TIBIAL TUBERCLE HEIGH	041	Y		N		Y	$2,282.71			
L5050		ANKLE, SYMES, MOLDED SOCKET, SACH FOOT	041	Y		N		Y	$2,493.15			
L5060		ANKLE,SYMES METAL FRAME,MOLDED,LEATHER SOCKET,ART	041	Y		N		Y	$3,073.33			
L5100		BK;MOLDED SOCKET, SHIN, SACH FOOT	041	Y		N		Y	$2,482.48			
L5105		BK;PLASTIC SOCKET, JOINTS/THIGH LACER,SACH FOOT	041	Y		N		Y	$3,503.32			
L5150		KNEE DISARTICULATION;MOLDED SOCKET,EXTERNAL KNEE J	041	Y		N		Y	$3,894.86			
L5160		KNEE DISARTICULATION; MOLDED SOCKET, BENT KNEE CON	041	Y		N		Y	$4,276.36			
L5200		AK;MOLDED SOCKET, SINGLE AXIS CONSTANT FRICTION KN	041	Y		N		Y	$3,307.45			
L5210		AK; SHORT PROSTH, NO KNEE/ANKLE JOINT, W/FOOT BLOC	041	Y		N		Y	$2,626.12			
L5220		AK;SHORT PROTH NO KNEE JOINTS,W/ARTICULATED ANKEL/	041	Y		N		Y	$2,892.85			
L5230		ABV KNEE,PROXIMLA FEMRL FOCL DEF,CON FRCTN KNEE,SH	041	Y		N		Y	$4,338.83			
L5250		HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET,	041	Y		N		Y	$5,087.39			
L5270		HIP DISARTICULATION; TILT TABLE TYPE, MOLDED SOCKE	041	Y		N		Y	$5,668.34			
L5280		HEMIPELVECTOMY; CANADIAN TYPE, MOLDED SOCKET, SING	041	Y		N		Y	$5,509.83			
L5301		BELOW-KNEE,MOLD SOCKET,SHIN,EACH FOOT,ENDOSKELET	041	Y		N		Y	$2,437.74			
L5312		KNEE DISARTICULTN,MLD SOCKET,SNGL AXIS,PYLON,SACH	041	Y		Y		Y	$3,840.83			
L5321		ABOVE KNEE,MOLDED,ENDOSKELETAL SYSTEM, SINGLE AXIS	041	Y		N		Y	$3,250.64			
L5331		HIP DISARTICULATION,CANADIAN TYPE,ENDOSKELETAL SYS	041	Y		N		Y	$4,761.02			
L5341		HEMIPELVECTOMY,CANADIAN TYPE,ENDOSKELETAL SYSTEM	041	Y		Y		N	$5,060.89			
L5400		EARLY FITTING; BK, INITIAL DRESSING W/ONE CAST CHA	041	Y		N		Y	$1,451.68			
L5410		IMDT POST SURG,APP RGD DRSG,W/FIT,ALGN,SUSP,BLW KN	041	Y		N		Y	$401.07			
L5420		EARLY FITTING;AK OR KNEE DISART,INITIAL DRESSING W	041	Y		N		Y	$1,833.41			
L5450		EARLY FITTING; BK, NON-WEIGHT BEARING RIGID DRESSI	041	N		N		Y	$430.33		1	365
L5460		EARLY FITTING; AK, NON-WEIGHT BEARING RIGID DRESSI	041	N		N		Y	$564.41		1	365
L5500		BK."PTB" TYPE SOCKET;INITIA, NON ALIGNABLE SYSTEM-	041	Y		N		Y	$1,341.78			

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HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
L5505		AK-KNEE DISARTICULATION,ISCHIAL LEVEL SOCKET, NON	041	Y		N		Y	$1,887.52			
L5510		PREPARATORY;BK"PTB"TYPE SOCKET,PLASTER SOCKET, MOL	041	Y		N		Y	$1,602.30			
L5520		PRP,BLW KNEE PTB SOCKT,NON-ALGN SYS,PYLN,NO CVR,SA	041	Y		N		Y	$1,436.28			
L5530		PREP;BK-"PTB" TYPE SOCKET,THERMOPLASTIC/EQUAL,MOLD	041	Y		N		Y	$1,888.08			
L5535		PREPARATORY;BK "PTB" TYPE, SOCKET, PREFABRICATED,	041	Y		N		Y	$1,760.09			
L5540		PREPARATORY;BK-PTB-TYPE SOCKET,LAMINATED SOCKET, M	041	N		N		Y	$1,864.20		1	365
L5560		PREP;AK-KNEE DISART.PLASTER SOCKET,MOLDED TO PT	041	Y		N		Y	$2,124.14			
L5570		PREP;AK-KNEE DISART.THERMOPLASTIC/EQUAL,DIRECT FOR	041	Y		N		Y	$2,061.56			
L5580		PREPARATORY;AK-KNEE DISART., THERMOPLASTIC/EQUAL,	041	Y		N		Y	$2,558.68			
L5585		PREPARATORY; AK-KNEE DISART, PREFABRICATED ADJUSTA	041	Y		N		Y	$2,996.44			
L5590		PREP,AK-KNEE DISART,ISCHI SOCKT,NONALGN,PYLN,NO CO	041	Y		N		Y	$2,667.67			
L5595		PREPARATORY; HEMIPELVECTOMY -HIP DISART,THERMOPLAS	041	Y		N		Y	$4,168.91			
L5600		PREP;HEMIPELVECTOMY-HIP DISART,LAMINATED,MO	041	Y		N		Y	$4,744.83			
L5610		LE; ADDITION, AK, HYDRACADENCE SYSTEM	041	Y		N		Y	$2,288.40			
L5611		LE; ADDITION, AK-KNEE DISART 4-BAR LINK, FRICTION	041	Y		N		Y	$1,457.52			
L5616		LE;ADDITION, AK,UNIVERSAL MULTIPLEX SYSTEM,FRICTIO	041	Y		N		Y	$1,336.78			
L5618		LE; ADDITION, TEST SOCKET, SYMES	041	N		N		Y	$304.03		1	365
L5620		LE; ADDITION, TEST SOCKET, BK	041	N		N	2	Y	$269.74		1	365
L5622		LE; ADDITION, TEST SOCKET, KNEE DISARTICULATION	041	N		N		Y	$363.41		1	365
L5624		LE; ADDITION, TEST SOCKET, AK	041	N		N	2	Y	$363.26		1	365
L5626		LE; ADDITION, TEST SOCKET, HIP DISARTICULATION	041	N		N		N	$575.10		1	365
L5628		LE; ADDITION, TEST SOCKET, HEMIPELVECTOMY	041	N		N		Y	$582.36		1	365
L5629		LE; ADDITION, BK, ACRYLIC SOCKET	041	N		N		Y	$287.51		1	365
L5630		LE; ADDITION, SYMES TYPE, EXPANDABLE WALL SOCKET	041	N		N		Y	$499.53		1	365
L5631		LE; ADDITION, AK OR KNEE DISARTICULATION, ACRYLIC	041	N		N		Y	$397.49		1	365
L5632		LE;ADDITION, SYMES TYPE, "PTB" BRIM DESIGN SOCKET	041	N		N		Y	$245.00		1	365
L5634		LE;ADDITION, SYMES TYPE,POSTERIOR OPENING SOCKET,	041	N		N		Y	$306.38		1	365

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L5636		LE;ADDITION, SYMES TYPE, MEDIAL OPENING SOCKET	041	N		N		Y	$234.19		1	365
L5637		LE; ADDITION, BK, TOTAL CONTACT	041	N		N		Y	$348.47		1	365
L5638		LE; ADDITION, BK, LEATHER SOCKET	041	N		N		Y	$587.02		1	365
L5639		LE; ADDITION, BK, WOOD SOCKET	041	Y		N		Y	$1,014.26			
L5640		LE; ADDITION, KNEE DISARTICULATION, LEATHER SOCKET	041	Y		N		Y	$666.69			
L5642		LE; ADDITION, AK, LEATHER SOCKET	041	N		N		Y	$617.99		1	365
L5643		LE;ADDITION,HIP DISARTICULATION,FLEXIBLE SOCKET,EX	041	Y		N		Y	$1,822.74			
L5644		LE; ADDITION, AK, WOOD SOCKET	041	N		N		Y	$534.32		1	365
L5645		LE; ADDITION, BK, FLEXIBLE INNER SOCKET, EXTERNAL	041	Y		N		Y	$886.41			
L5646		LE; ADDITION, BK, FLUID, GEL CUSHION SOCKET	041	N		N		Y	$430.12		1	365
L5647		LE;ADDITION, BK, SUCTION SOCKET	041	Y		N		Y	$719.61			
L5648		LE; ADDITION, AK, AIR FLUID, GEL, CUSHION SOCKET	041	Y		N		Y	$663.74			
L5649		LE; ADDITION, ISCHIAL CONTAINMENT/NARROW M-L SOCKE	041	Y		N		N	$2,230.19			
L5650		LE; ADDITION, AK OR KNEE DISARTICULATION, TOTAL CO	041	N		N		Y	$441.63		1	365
L5651		LE; ADDITION, AK, FLEXIBLE INNER SOCKET, EXTERNAL	041	Y		N		Y	$1,293.93			
L5652		LE; ADDITION, AK OR KNEE DISARTICULATION, SUCTION	041	N		N		Y	$394.41		1	365
L5653		LE; ADDITION, KNEE DISARTICULATION, EXPANDABLE WAL	041	N		N		Y	$615.39		1	365
L5654		LE; ADDITION, SOCKET INSERT, SYMES	041	N		N		Y	$356.74		1	365
L5655		LE; ADDITION, SOCKET INSERT, BK	041	N		N		Y	$257.58		1	365
L5656		LE; ADDITION, SOCKET INSERT, KNEE DISARTICULATION	041	N		N		Y	$391.31		1	365
L5658		LE; ADDITION, SOCKET INSERT, AK	041	N		N		Y	$413.03		1	365
L5665		LE; ADDITION, BK, MULTI-DUROMETER	041	N		N		Y	$526.85		1	365
L5666		LE ADDITION,BK,CUFF SUSPENSION	041	N		N		Y	$69.77		1	365
L5668		LE; ADDITION, BK, MOLDED DISTAL CUSHION	041	N		N		Y	$103.92		1	365
L5670		LE; ADDITION, BK, MOLDED SUPRACONDYLAR SUSPENSION	041	N		N		Y	$245.47		1	365
L5671		ADD/LOWER EXTREMITY,BELOW/ABOVE KNEE SUSP.LOC	041	Y		N		Y	$449.99			
L5672		LE; ADDITION, BK, REMOVABLE MEDIAL BRIM SUSPENSION	041	N		N		Y	$324.84		1	365

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
L5673		ADD TO LOW/EXT. ABV/BELOW KNE CUT/FAB FROM EXI/M	041	N		N	2	Y	$715.15		1	365
L5676		LE; ADDITION, BK, KNEE JOINTS, SINGLE AXIS, PAIR	041	N		N	*	Y	$327.82		1	365
L5677		LE; ADDITION, BK, KNEE JOINTS, POLYCENTRIC, PAIR	041	N		N	*	Y	$502.06		1	365
L5678		LE; ADDITION, BK, JOINT COVERS, PAIR	041	N		N	*	Y	$35.93		1	365
L5679		ADD TO LOW/EXT, ABOVE/BELOW KNE CUS-FAB FROM EXI/M	041	Y		N		Y	$595.96			
L5680		LE; ADDITION, BK, THIGH LACER, NON-MOLDED	041	N		N		Y	$275.35		1	365
L5681		ADD TO LOW/EXT, ABOVE/BELOW KNE CUS-FAB, CONG/ATYP	041	Y		N		Y	$1,196.88			
L5682		LE; ADDITION, BK, THIGH LACER, GLUTEAL/ISCHIAL, MO	041	Y		N		Y	$565.76			
L5683		ADD TO LOW/EXT OTHER THAN CONG/ATYP, AMPUTEE, W/W	041	Y		N		Y	$1,196.88			
L5684		LE; ADDITION, BK, FORK STRAP	041	N		N		Y	$43.55		1	365
L5685		ADDITION TO LOWER EXT.PROS.BELOW KNEE SUP/SEAL SLE	041	N		Y	2	N	$116.57		1	365
L5686		LE; ADDITION, BK,BACK CHECK (EXTENSION CONTROL)	041	N		N		Y	$52.37		1	365
L5688		LE; ADDITION, BK, WAIST BELT, WEBBING	041	N		N		Y	$55.63		1	365
L5690		LE; ADDITION, BK, WAIST BELT, PADDED AND LINED	041	N		N		Y	$113.54		1	365
L5692		LE; ADDITION, AK, PELVIC CONTROL BELT, LIGHT	041	N		N		Y	$120.22		1	365
L5694		LE; ADDITION, AK, PELVIC CONTROL BELT, PADDED AND	041	N		N		Y	$164.12		1	365
L5695		LE; ADDITION,AK,PELVIC CONTROL,SLEEVE SUSPENSION,N	041	N		N		Y	$147.54		1	365
L5696		LE; ADDITION, AK; KNEE DISARTICULATION, PELVIC JOI	041	N		N		Y	$178.22		1	365
L5697		LE; ADDITION, AK-KNEE DISARTICULATION, PELVIC BAND	041	N		N		Y	$84.64		1	365
L5698		LE; ADDITION, AK-KNEE DISARTICULATION, SILESIAN BA	041	N		N		Y	$108.57		1	365
L5699		LE; ALL PROSTHESES, SHOULDER HARNESS	041	N		N		Y	$142.08		1	365
L5700		REPLACEMENT; SOCKET, BK, MOLDED TO PATIENT	041	Y		N		Y	$2,790.93			
L5701		REPLACEMENT; SOCKET, AK-KNEE DISART W/ATTACH PLATE	041	Y		N		Y	$3,462.41			
L5702		REPLACEMENT, SOCKET,HIP DISART W/HIP JOINT,MOLDED	041	Y		N		Y	$4,363.82			
L5704		PROTECTIVE COVER, CUSTOM SHAPED, BELOW KNEE	041	Y		N		Y	$569.05			
L5705		PROTECTIVE COVER, CUSTOM SHAPED, ABOVE KNEE	041	Y		N		Y	$1,043.29			
L5706		PROTECTIVE COVER, CUSTOM SHAPED, KNEE DISARTICULAT	041	Y		N		Y	$1,017.61			

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HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
L5707		PROTECTIVE COVER, CUSTOM SHAPED,HIP DISARTICULATIO	041	Y		N		Y	$1,367.19			
L5710		EXOSKELETAL KNEE-SHIN; ADDITION, SINGLE AXIS, MANU	041	N		N		Y	$325.37		1	365
L5711		EXOSKELETAL KNEE-SHIN;ADD SINGLE AXIS,MANUAL LOCK,	041	N		N		Y	$546.06		1	365
L5712		EXOSKELETAL KNEE-SHIN;ADD,SINGLE AXIS,FRICTION SWI	041	N		N		Y	$389.81		1	365
L5714		EXOSKELETAL KNEE-SHIN;ADD,SINGLE AXIS,VARIABLE FRI	041	N		N		Y	$396.64		1	365
L5716		EXOSKELETAL KNEE-SHIN;ADD,POLYCENTRIC,MECHANICAL S	041	Y		N		Y	$784.28			
L5718		EXOSKELETAL KNEE-SHIN;ADD,POLYCENTRIC,FRICTION SWI	041	Y		N		Y	$838.63			
L5722		EXOSKELETAL KNEE-SHIN; ADD, PNEUMATIC SWING, FRICT	041	Y		N		Y	$1,019.84			
L5724		EXOSKELETAL KNEE-SHIN; ADD, SINGLE AXIS, FLUID SWI	041	Y		N		Y	$1,571.91			
L5726		EXOSKELETAL KNEE-SHIN;ADD,SINGLE AXIS,EXTERNAL JOI	041	Y		N		Y	$1,871.42			
L5780		EXOSKELETAL KNEE-SHIN; ADD, SINGLE AXIS, PNEUMATIC	041	Y		N		Y	$1,207.47			
L5785		EXOSKELETAL BK;ADD, ULTRA-LIGHT MATERIAL	041	N		N		Y	$470.01		1	365
L5790		EXOSKELETAL AK;ADD,ULTA-LIGHT MATERIAL	041	Y		N		Y	$678.35			
L5795		EXOSKELETAL HIP DISARTICULATION;ADD,ULTRA-LIGHT MA	041	Y		N		Y	$971.30			
L5810		ENDOSKELETAL KNEE-SHIN; ADD, SINGLE AXIS, MANUAL L	041	N		N		Y	$517.51		1	365
L5811		ENDOSKELETAL KNEE-SHIN;ADD,SINGLE AXIS,MANUAL LOCK	041	Y		N		Y	$714.16			
L5812		ENDOSKELETAL KNEE-SHIN; ADD, SINGLE AXIS, FRICTION	041	N		N		Y	$537.43		1	365
L5816		ENDOSKELETAL KNEE-SHIN; ADD, POLYCENTRIC, MECHANIC	041	Y		N		Y	$769.36			
L5818		ENDOSKELETAL KNEE-SHIN;ADD,POLYCENTRIC,FRICTION SW	041	Y		N		Y	$868.75			
L5822		ENDOSKELETAL KNEE-SHIN;ADD,SINGLE AXIS,PNEUMATIC S	041	Y		N		Y	$1,593.69			
L5824		ENDOSKELETAL KNEE-SHIN;ADD, SINGLE AXIS,FLUID SWIN	041	Y		N		Y	$1,506.51			
L5828		ENDOSKELETAL KNEE SHIN; ADD, SINGLE AXIS, FLUID SW	041	Y		N		Y	$2,681.20			
L5830		ENDOSKELETAL KNEE-SHIN; ADD, SINGLE AXIS, PNEUMATI	041	Y		N		Y	$1,807.84			
L5840		ENDOSKELETAL KNEE-SHIN;ADD,MULTIAXIAL,PNEUMATIC CO	041	Y		N		Y	$3,548.30			
L5850		ENDOSKELETAL AK-KNEE DISART; ADD, KNEE EXTENSION A	041	N		N		Y	$115.73		1	365
L5855		ENDOSKELETAL HIP DISART; ADD, MECHANICAL HIP EXTEN	041	N		N		Y	$279.39		1	365
L5910		ENDOSKELETAL BK; ADD, ALIGNABLE SYSTEM	041	N		N		Y	$327.64		1	365

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
L5920		ENDOSKELETAL AK-HIP DISART; ADD, ALIGNABLE SYSTEM	041	N		N		Y	$480.01		1	365
L5925		ENDOSKELETAL AK, KNEE/HIP DISART; ADD, MANUAL LOCK	041	N		N		Y	$303.97		1	365
L5940		ADD,ENDO SYS,BLW KNEE,ULTRA LGT MAT/TITANIUM,CARB	041	N		N		Y	$453.78		1	365
L5950		ADDN,ENDO SYS, AK KNEE,ULTRA LGT MAT/TITANIUM,CARB	041	Y		N		Y	$703.81			
L5960		ENDOSKELETAL HIP DISART;ADD,ULTRA-LIGHT MATERIAL	041	Y		N		Y	$1,052.38			
L5961		ADDITION ENDOSKEL SYS POLY HIP JT PNEU OR HYD CONT	041	Y	Y	Y		Y	$4,343.14			
L5962		ADDITION ENDOSKELETAL, BELOW K NEE, FLEX PROTECT.	041	N		N		Y	$531.74		1	365
L5966		ADDITION ENDOSKEL HIP DISARTIC ULATION, FLEX PROTE	041	Y		N		Y	$1,313.91			
L5969		ADDL ENDOSKETAL AK-FT W-MOTOR	041	Y	Y	Y		Y				
L5970		LE PROSTHESIS; FOOT, EXTERNAL KEEL, SACH FOOT	041	N		N		Y	$197.65		1	365
L5972		LE PROTHESIS;FLEXIBLE KEEL FOOT	041	N		N		Y	$360.04		1	365
L5974		LE PROSTHESIS; FOOT, SINGLE AXIS ANKLE/FOOT	041	N		N		Y	$210.82		1	365
L5976		LE PROSTHESIS; ENERGY STORING FOOT	041	N		N		Y	$534.73		1	365
L5978		LE PROSTHESIS; FOOT, MULTIAXIAL ANKLE/FOOT	041	N		N		Y	$283.34		1	365
L5981		PROSTHESIS; FLEX WALK SYSTEM OR EQUAL	041	Y		N		Y	$3,104.69			
L5982		LE PROTHESIS; EXOSKELETAL, AXIAL ROTATION UNIT	041	N		N		Y	$583.24		1	365
L5984		LE PROSETHESIS;ENDOSKELETAL, AXIAL ROTATION UNIT	041	N		N		Y	$585.06		1	365
L5986		LE PROSTHESIS; MULTI-AXIAL ROTATION UNIT	041	Y		N		Y	$705.74			
L5999		LE PROSTHESIS; NOT OTHERWISE SPECIFIED	041	Y	Y	N		N				
L6000		PARTIAL HAND, THUMB REMAINING	041	Y		N		Y	$1,602.64			
L6010		PARTIAL HAND, LITTLE AND/OR RING FINGER REMAINING	041	Y		N		Y	$1,783.48			
L6020		PARTIAL HAND; NO FINGER REMAINING	041	Y		N		Y	$1,662.80			
L6050		WRIST DISART;MOLDED SOCKET,FLEXIBLE ELBOW HINGES,T	041	Y		N		Y	$2,261.74			
L6055		WRIST DISART;MOLDED SOCKET W/EXPANDABLE INTERFACE,	041	Y		N		Y	$2,884.98			
L6100		BELOW ELBOW;MOLD SOCKET,FLEXIBLE ELBOW HINGES,TR	041	Y		N		Y	$2,288.82			
L6110		BELOW ELBOW; MOLDED SOCKET	041	Y		N		Y	$2,421.41			
L6120		BELOW ELBOW;MOLDED DOUBLE WALL SPLIT SOCKET,STEP U	041	Y		N		Y	$2,738.63			

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HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
L6130		BELOW ELBOW;MOLDED DOUBLE WALL SPLIT SOCKET,STUMP	041	Y		N		Y	$2,889.31			
L6200		ELBOW DISART; MOLDED SOCKET, OUTSIDE LOCKING HINGE	041	Y		N		Y	$2,976.32			
L6205		ELBOW DISART; MOLD SOCKET W/EXPANDABLE INTERFACE	041	Y		N		Y	$4,105.77			
L6250		ABOVE ELBOW;MOLDE DOUBLE WALL SOCKET;INTERNAL LOC	041	Y		N		Y	$2,928.18			
L6300		SHOULDER DISART; MOLD SOCKET, SHOULDER BULKHEAD,	041	Y		N		Y	$4,038.77			
L6310		SHOULDER DISART;PASSIVE RESTORATION (COMPLETE PROS	041	Y		N		Y	$3,660.27			
L6320		SHOULDER DISART; PASSIVE RESTORATION(SHOULDER CAP	041	Y		N		Y	$1,907.62			
L6350		INTERSCAPULAR THORACIC; MOLDED SOCKET, SHOULDER BU	041	Y		N		Y	$4,425.25			
L6360		INTERSCAPULAR THORACIC;PASSIVE RESTORATION (COMP P	041	Y		N		Y	$3,841.89			
L6370		INTERSCAPULAR THORACIC;PASSIVE RESTOR SHOULDER	041	Y		N		Y	$2,228.03			
L6380		IMD PST SURG/FIT,APP RGD DRSNG,ALIGN/SUS,CAST,WRST	041	Y		N		Y	$1,288.64			
L6382		IMD PST SURG/FIT,APP RGD DRSNG,ALIGN/SUS,CAST,ELB	041	Y		N		Y	$1,534.07			
L6384		IMD PST SURG/FIT,APP RGD DRSNG,ALIGN/SUS,CAST,SHLD	041	Y		N		Y	$1,940.67			
L6388		IMMEDIATE POST SURGICAL;APPL OF RIGID DRESSING ONL	041	N		N		Y	$468.49		1	365
L6400		BELOW ELBOW;MOLD SOCKET,ENDOSKELETAL SYSTEM W/TI	041	Y		N		Y	$2,475.92			
L6450		ELBOW DISART; MOLDED SOCKET, ENDOSKELETAL SYSTEM	041	Y		N		Y	$3,235.90			
L6500		ABOVE ELBOW; MOLDED SOCKET, ENDOSKELETAL SYSTEM	041	Y		N		Y	$3,177.58			
L6550		SHOULDER DISART; MOLDED SOCKET, ENDOSKELETAL SYSTE	041	Y		N		Y	$4,115.63			
L6570		INTERSCAPULAR THORACIC;MOLDED SOCKET, ENDOSKELETAL	041	Y		N		Y	$4,594.55			
L6582		PREPARATORY;WRIST DISART/BELOW ELBOW,FLEXIBLE ELBO	041	Y		N		Y	$1,542.84			
L6586		PREP,EB DIS/ABV EB,SGL WALL SOC,FRIC WRST,LCK EB,F	041	Y		N		Y	$2,035.66			
L6590		PREP; SHOULDER DISART/INTERSCAPULAR THORACI	041	Y		N		Y	$2,825.58			
L6600		UE;ADDITION,POLYCENTRIC HINGE,PAIR	041	N		N	*	Y	$206.39		1	365
L6605		UE;ADDITION,SINGLE PIVOT HINGE,PAIR	041	N		N	*	Y	$212.43		1	365
L6610		UE;ADDITION,FLEXIBLE METAL HINGE,PAIR	041	N		N	*	Y	$200.82		1	365
L6615		UE;ADDITION,DISCONNECT LOCKING WRIST UNIT	041	N		N		Y	$194.95		1	365
L6616		UE;ADDITION,ADD DISCONNECT INSERTFOR LOCKING WRIST	041	N		N		Y	$58.70		1	365

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HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
L6620		UPPER EXTREMITY ADDN,FLEXION/EXT WRIST UNIT W/WO F	041	N		N		Y	$340.79		1	365
L6623		UPPER EXTREMITY ADDN,SPRING ASSISTD ROTATN WRIST W	041	Y		N		Y	$649.18			
L6625		UE;ADDITION,ROTATION WRIST UNIT W/ CABLE LOCK	041	N		N		Y	$481.13		1	365
L6628		UE; ADDITN, QUICK DISCONNECT HOOK ADAPTER	041	N		N		Y	$517.89		1	365
L6629		UE; ADDITN, QUICK DISCONNECT LAMINATION COLLAR	041	N		N		Y	$176.48		1	365
L6630		UE; ADDITN, STAINLESS STEEL, ANY WRIST	041	N		N		Y	$259.96		1	365
L6632		UE; ADDITN, LATEX SUSPENSION SLEEVE, EACH	041	N		N		Y	$58.78		1	180
L6635		UE; ADDITN, LIFT ASSIST FOR ELBOW	041	N		N		Y	$187.89		1	365
L6637		UE; ADDITN, NUDGE CONTROL ELBOW LOCK	041	N		N		Y	$367.84		1	365
L6640		UE; ADDITN, SHOULDER ABDUCTION JOINT, PAIR	041	N		N	*	Y	$306.35		1	365
L6641		UE; ADDITION, EXCURSION AMPLIFIER, PULLEY TYPE	041	N		N		Y	$178.39		1	365
L6642		UE; ADDITN, EXCURSION AMPLIFIER, LEVER TYPE	041	N		N		Y	$262.29		1	365
L6645		UE; ADDITN, SHOULDER FLEXION-ABDUCTION JOINT, EACH	041	N		N		Y	$331.30		1	365
L6650		UE; ADDITN, SHOULDER UNIVERSAL JOINT, EACH	041	N		N		Y	$359.33		1	365
L6655		UE; ADDITN, STANDARD CONTROL CABLE, EXTRA	041	N		N		Y	$69.71		1	365
L6665		UE; ADDITN, TEFLON OR EQUAL, CABLE LINING	041	N		N		Y	$41.67		1	365
L6670		UE; ADDITN, HOOK TO HAND, CABLE ADAPTOR	041	N		N		Y	$43.39		1	365
L6672		UE; ADDITN, HARNESS, CHEST OR SHOULDER, SADDLE TYP	041	N		N		Y	$199.10		1	365
L6675		UE; ADDITN, HARNESS, FIGURE "8", SINGLE CABLE DESI	041	N		N		Y	$108.65		1	365
L6676		UE; ADDITN, HARNESS, FIGURE "8" DUAL CABLE DESIGN	041	N		N		Y	$113.67		1	365
L6680		UE; ADDITN, TEST SOCKET, WRIST DISART OR BELOW ELB	041	N		N		Y	$279.85		1	365
L6682		UE; ADDITN, TEST SOCKET, ELBOW DISART OR ABOVE ELB	041	N		N		Y	$309.42		1	365
L6684		UE; ADDITN, TEST SOCKET, SHOULDER DISART/INTERSCAP	041	N		N		Y	$420.44		1	365
L6686		UE; ADDITN, SUCTION SOCKET	041	N		N		Y	$623.88		1	365
L6687		UE; ADDITN, FRAME TYPE SOCKET, BELOW ELBOW/WRIST D	041	N		N		Y	$521.81		1	365
L6688		UE; ADDITN, FRAME TYPE SOCKET, SHOULDER DESART	041	N		N		Y	$577.51		1	365
L6690		UE; ADDITN, FRAME TYPE SOCKET, INTERSCAPULAR-THORA	041	Y		N		Y	$810.35			

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HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
L6691		UE; ADDITN, REMOVABLE INSERT, EACH	041	N		N		Y	$319.87		1	365
L6692		UE; ADDITN, SILICONE GEL INSERT OR EQUAL, EACH	041	N		N		Y	$581.93		1	365
L6694		ADD TO UPPER EXT PROS BELOW/ABOVE ELBOW CUS FAB	041	Y		Y		Y	$715.15			
L6695		ADD TO UPPER EXT PROS BELOW/ABOVE ELBOW CUS FAB	041	Y		Y		Y	$595.96			
L6696		ADD TO UPPER EXT PROS W/WO LOCKING MECH INITIAL ON	041	Y	Y	Y		N	$1,196.88			
L6697		ADD TO UPPER EXT OTHER THAN CONG ORATYP,CUSTOM,INT	041	Y	Y	Y		N	$1,196.88			
L6698		ADD TO UPPER EXT PROS BELOW / ABOVE ELBOW LOCK MEC	041	N		Y		Y	$449.99		1	365
L6706		TERMINAL DEVICE,HOOK,MECHAICAL VOLUNTARY OPENING	041	N		Y		Y	$381.24		1	365
L6707		TERMINAL DEVICE,HOOK,MECANICAL VOLUNTARY CLOSING,A	041	Y	Y	Y		Y	$1,348.57			
L6708		TERMINAL DEVICE,HAND,MECH VOLUNTARY OPENING,	041	Y		Y		Y	$891.46			
L6709		TERMINAL DEVICE,HAND,MECHANIC VOLUNTARY CLOSING, A	041	Y	Y	Y		Y	$1,265.22			
L6711		TERMINAL DEVICE HOOK,MECH,VOL OPEN,ANY MATERAL, AN	041	Y		Y		Y	$611.73			
L6712		TERMINAL DEVICE,HOOK,MECH. VOLCLOS, ANY MAT LINER/	041	Y	Y	Y		Y	$1,126.35			
L6713		TERMINAL DEVICE,HAND, MECH. VOL. OPENING ANY MATER	041	Y	Y	Y		Y	$1,421.51			
L6714		TERMINAL DEVICE,HAND,MECH VOL CLOSING ANY MATERIAL	041	Y	Y	Y		N	$1,204.01			
L6721		TERMINAL DEVICE HOOK OR HAND HD,MECH,VOL OPEN ANY	041	Y	Y	Y		Y	$2,140.05			
L6722		TERMINAL DEVICE,HOOK OR HAND HD, MECH VOL CLOSING	041	Y	Y	Y		Y	$1,844.85			
L6805		TERMINAL DEVICE; MODIFIER WRIST FLEXION UNIT	041	N		N		Y	$348.98		1	365
L6810		TERMINAL DEVICE; PRECISION PINCH DEVICE	041	N		N		Y	$185.53		1	365
L6890		TERMINAL DEVICE; GLOVE FOR ABOVE HANDS, ANY TYPE,	041	N		N		Y	$181.73		1	365
L6895		CUSTOM GLOVE FOR TERMINAL DEVICE, ANY MATERIAL	041	Y		N		Y	$607.64			
L6900		HAND RESTORATION PARTIAL HAND;W/GLOVE,THUMB/FINGER	041	Y		N		Y	$1,764.56			
L6905		HAND RESTORATION PARTIAL HAND; W/GLOVE, MULTIPLE F	041	Y		N		Y	$1,746.42			
L6910		HAND RESTOR PARTIAL HAND; W/GLOVE, NO FINGERS	041	Y		N		Y	$1,716.84			
L6915		HAND RESTOR; REPLACEMENT GLOVE FOR ABOVE HAND	041	Y		N		Y	$564.85			
L7259		ELECTRONIC WRIST ROTATOR ANY TYPE	041	Y		Y		Y	$782.00		1	365
L7499		UE PROSTHESIS; NOT OTHERWISE SPECIFIED	041	Y	Y	N		N				

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HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
L7510		REPAIR OF PROSTH DEVICE REPAIR OR REPLACE MINOR	041	Y	Y	N		Y				
L7700		GASKET/SEAL, FOR USE W/PROS SOCKET INSRT,ANY TYPE,EA	041	Y		N		Y	$136.14			
L8000		BREAST PROSTHESIS;MASTECTOMY BRA	041	N		N		Y	$29.50		3	180
L8001		BREAST PROSTHE,MASTECTO BRA,W/PROSTHE FORM,UNILA	041	N		N		Y	$91.54		2	365
L8002		BREAST PROSTHE,MASTECTO BRA,W/PROSTHESIS FORM,BI	041	N		N		Y	$120.39		2	365
L8010		BREAST PROSTHESIS;MASTECTOMY SLEEVE	041	N		N		N	$42.01		1	180
L8015		BREAST PROSTHESIS;EXTERNAL GARMENT W/MASTECTO FO	041	N		N		Y	$25.00		2	180
L8020		BREAST PROSTHESIS;MASTECTOMY FORM	041	N		N		Y	$157.53		2	365
L8030		BREAST PROSTHESIS;SILICONE OR EQUAL WITHOUT INT AD	041	N		N		Y	$243.52		1	730
L8031		BREAST PROSTHESIS, SILI OR EQUAL WITH INTEGRAL ADH	041	N		N		Y	$290.02		1	730
L8039		BREAST PROSTHESIS;NOT OTHERWISE SPECIFIED	041	Y	Y	N		Y				
L8040		NASAL PROSTHESIS, BY NONPHYSICIAN	041	Y		N		Y	$2,057.12			
L8041		MIDFACIAL PROSTHESIS, BY NONPHYSICIAN	041	Y		N		Y	$2,479.28			
L8042		ORBITAL PROTHESIS, BY NONPHYSICIAN	041	Y		N		Y	$3,054.68			
L8042		ORBITAL PROTHESIS, BY NONPHYSICIAN, modifier KM	041	Y		N		Y	$2,901.96			
L8042		ORBITAL PROTHESIS, BY NONPHYSICIAN, modifier KN	041	Y		N		Y	$1,221.90			
L8043		UPPER FACIAL PROTHESIS, BY NONPHYSICIAN	041	Y		N		Y	$3,120.00			
L8044		HEMI-FACIAL PROTHESIS, BY NONPHYSICIAN	041	Y		N		Y	$3,454.30			
L8045		AURICULAR PROTHESIS, BY NONPHYSICIAN	041	Y		N		Y	$2,704.94			
L8046		PARTIAL FACIAL PROTHESIS BY NONPHYSICIAN	041	Y		N		Y	$2,228.58			
L8047		NASAL SEPTAL PROTHESIS BY NONPHYSICIAN	041	Y		N		Y	$1,142.15			
L8048		UNSPECIFIED MAXILLOFACIAL PROTHESIS,VIA REPORT BY	041	Y	Y	N		N				
L8049		REPAIR/MOD OF MAXILLOFACIAL PROSTHESIS, LABOR IS M	041	Y	Y	N		N				
L8300		TRUSS; SINGLE W/ STANDARD PAD	041	N		Y		Y	$76.32		1	180
L8310		TRUSS; DOUBLE W/STANDARD PAD	041	N		Y		Y	$135.20		1	180
L8320		TRUSS; ADDITION TO STANDARD PAD, WATER PAD	041	N		Y		Y	$42.96		1	180
L8330		TRUSS; ADDITION TO STANDARD PAD, SCROTAL PAD	041	N		Y		Y	$44.68		1	180

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HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
L8400		PROSTHETIC SHEATH; BK, EACH	041	N		N		Y	$10.90		6	180
L8410		PROSTHETIC SHEATH; AK, EACH	041	N		N		Y	$14.34		6	180
L8415		PROSTHETIC SHEATH; UPPER LIMB, EACH	041	N		N		Y	$14.85		6	180
L8420		PROSTHETIC SOCK; MULTIPLE PLY, BK, EACH	041	N		N		Y	$14.54		6	180
L8430		PROSTHETIC SOCK; MULTIPLE PLY, AK, EACH	041	N		N		Y	$16.44		6	180
L8435		PROSTHETIC SOCK; MULTIPLE PLY, UPPER LIMB, EACH	041	N		N		Y	$15.63		6	180
L8440		PROSTHETIC SHRINKER; BK, EACH	041	N		N		Y	$32.47		2	180
L8460		PROSTHETIC SHRINKER; AK, EACH	041	N		N		Y	$46.17		2	180
L8465		PROSTHETIC SHRINKER; UPPER LIMB	041	N		N		Y	$42.68		2	180
L8470		PROSTHETIC SOCK; SINGLE PLY, FITTING, BK, EACH	041	N		N		Y	$4.62		6	180
L8480		PROSTHETIC SOCK; SINGLE PLY, FITTING, AK, EACH	041	N		N		Y	$6.37		6	180
L8485		PROSTHETIC SOCK; SINGLE PLY, FITTING, UPPER LIMB,	041	N		N		Y	$8.57		6	180
L8499		PROSTHETIC SERVICES; UNLISTED PROCEDURE FOR MISC.	041	Y	Y	N		Y				
L8500		ARTIFICIAL LARYNX; ANY TYPE	041	N		N		Y	$458.48		1	365
L8501		TRACHEOSTOMY SPEAKING VALVE	041	N		N		Y	$77.85		1	120
L8505		ARTIFICIAL LARYNX REPLACE BATTERY/ACCESSORY,ANY TY	048	Y	Y	Y		N				
L8507		TRACHEO-ESOPHAGEAL VOICE PROSTHESIS,PATIENT INSERT	041	N		Y		Y	$30.90		1	30
L8509		TRACHEO-ESOPHAGEAL VOICE PROSTHE,INSERT BY PROVIDE	041	N		Y		Y	$80.56		1	90
L8615		HEADSET/HEADPIECE FOR USE WITH COCHLEAR IMPL DEVIC	041	N		Y		N	$332.74		1	120
L8616		MICROPHONE FOR USE WITH COCHLEAR IMPLANT DEVICE RE	041	N		Y		N	$77.50		1	120
L8617		TRANSMITTING COIL FOR USE WITH COCHLEAR IMPLANT DE	041	N		Y		N	$67.69		1	120
L8618		TRANS CABLE FOR COCHLEAR AUDIT OSSEOINTEGRATED RPMT	041	N		Y		N	$19.34		2	30
L8619		COCHLEAR IMPLANT EXTERNAL SPEECH PROCESSOR & CONTR	041	Y		N		Y	$6,974.55			
L8621		ZINC AIR BATTERY FOR USE WITH COCHLEAR IMPLANT DEV	048	N		Y		N	$0.46		60	30
L8622		ALKALINE BATTERY FOR USE WITH COCHLEAR IMPLANT DEV	048	N		Y		N	$0.24		60	30
L8623		LITHIUM ION BATT FOR USE W/CID (OTHER THAN EAR LEV	048	N		Y		Y	$47.73		4	180
L8624		LITH ION BATT CID/ADTRY OSEOINTEGR SPCH PROC EAR LVL EA	048	N		Y		Y	$118.98		4	180

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HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
L8625		EXT RECHAR SYS FOR BATT USE W/CID/ADTRY OSEOINGRTD, EA	041	Y	Y	N		Y				
L8627		COCHLEAR IMPLANT, EX. SPEECH PRO COMPONENT, REPLAC	041	Y		Y		Y	$5,919.85			
L8628		COCHLEAR IMPLANT, EXT. CONTROLLER, REPLACEMENT	041	Y		Y		Y	$1,054.69			
L8629		TRANSMITTING COIL AND CABLE INTEGRATED FOR USE W/	041	N		Y		Y	$148.58		1	120
L8684		RADIOFREQ TRANS EXTRNL USE W/IMP SAC RT NEUROSM RE	041	Y		Y		Y	$623.84			
L8689		EXTRNL RECHARG SYS FOR INTRNALIMPLNTBLE NEUROSTI	041	Y		Y		Y	$1,431.30			
L8691		AUD OSEOINTEGTED DEV EXT SOND EXC TRNS/ACT RPMT EA	041	Y		Y		Y	$1,428.91			
L8692		AUDITORY OSSEOINTEGRATED DEVICE,EXT,SOUND PROCES B	041	Y		Y		Y	$2,212.62			
L8694		AUDITO OSSEOINTEGRAT DEVICE,TRANSD/ACTUAT,RPLMT EA	041	Y		Y		Y	$783.72			
L8695		EXTERNAL RECHARGING SYS. FOR EXTERNAL IMPLA NEUROS	041	N		Y		Y	$13.84		1	365
L8696		ANTENNA,EXTERN FOR USE WITH,IMPLANTABLE STIMULAT	041	Y	Y	Y		Y				
L9900		ORTHOTIC AND PROSTHETIC SUPPLY, ACCESSORY OR COMPO	048	Y	Y	Y		N				
Q0477		PWR MOD CABLE USE W/ELE OR ELEC/PNEU VENT RPLCMT	041	Y		N		Y	$74.46			
Q0478		PWR ADAPTER FOR USE WITH ELEC/ELEC/PNEUMATIC VAD	041	Y	Y	Y		Y				
Q0479		POWER MODULE FOR USE WITH ELEC/ELEC/PNEU VAD REPLA	041	Y	Y	Y		Y				
Q0480		DRIVER FOR USE/W PNEUMATIC ASSIST DEVICE REPLACEME	041	Y		Y		Y	$74,732.86			
Q0481		MICROPROCESSOR CONTROL UNIT USE WITH ELEC. VAD DEV	041	Y		Y		Y	$12,057.29			
Q0482		MICROPROCESSOR CNTL UNIT FOR USE W ELEC/PNEU VA	041	Y		Y		Y	$3,776.55			
Q0483		MONITOR/DISPLAY MODULE FOR USE WITH ELEC VAD REPLA	041	Y		Y		Y	$15,557.75			
Q0484		MONITOR/DISPLAY MODULE FOR USE WITH ELEC/PNEU VAD	041	Y		Y		Y	$3,021.26			
Q0485		MONITOR CONTROL CABLE FOR USE WITH ELEC VAD REPLAC	041	N		Y		Y	$291.72		1	365
Q0486		MONITOR CONTROL CABLE FOR USE W ELEC/PNEU VAD REPL	041	N		Y		Y	$242.77		1	365
Q0487		LEADS (PNEU/ELEC) FOR USE WITH ANY TYPE ELEC/PNEU	041	N		Y		Y	$283.24		1	365
Q0488		POWER PACK BASE FOR USE WITH ELECTRIC VAD REPLACEM	041	Y	Y	Y		Y				
Q0489		POWER PACK BASE FOR USE WITH ELEC/PNEU VAD REPLACE	041	Y		Y		Y	$13,487.73			
Q0490		EMERGENCY PWR SOURCE FOR USE WITH ELEC VAD REPLA	041	Y		Y		Y	$583.42			
Q0491		EMERGENCY POWER SOURCE FOR USE WITH ELEC/PNEU VAD	041	Y		Y		Y	$917.18			

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HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
Q0492		EMERGENCY POW/SUPPLY CABLE FOR USE WITH ELEC VAD R	041	N		Y		Y	$73.90		1	365
Q0493		EMERGENCY POWER SUPPLY CABLE FOR USE W ELEC/PNEU V	041	N		Y		Y	$210.64		1	365
Q0494		EMERGENCY HAND PUMP FOR USE W/ELECTRIC/PNEU VAD	041	N		Y		Y	$178.02		1	365
Q0495		BATTERY/POWER PACK CHARGER FOR USE W ELEC OR ELEC/	041	Y		Y		Y	$3,465.99			
Q0496		BATTERY FOR USE WITH ELEC OR ELEC/PNEU VAD, NOT LI	041	Y		Y		Y	$1,244.02			
Q0497		BATTERY CLIPS FOR USE W ELEC OR ELEC/PNEU VAD REPL	041	N		Y		Y	$388.45		1	365
Q0498		HOLSTER FOR USE WITH ELEC OR ELEC/PNEU VAD REPLAC	041	N		Y		Y	$426.21		1	365
Q0499		BELT/VEST/BAG FOR USE W/ ELEC OR ELEC/PNEU VAD REP	041	N		Y		Y	$138.48		1	365
Q0500		FILTERS FOR USE WITH ELEC OR ELEC/PNEU VAD REPLAC	041	N		Y		Y	$25.34		1	365
Q0501		SHOWER COVER FOR USE WITH ELEC OR ELEC/PNEU VAD RE	041	N		Y		Y	$423.74		1	365
Q0502		MOBILITY CART FOR PNEUMATIC VAD REPLACEMENT ONLY	041	Y		Y		Y	$539.52			
Q0503		BATTERY FOR PNEUMATIC VAD REPLACEMENT ONLY EACH	041	Y		Y		Y	$1,079.01			
Q0504		POWER ADAPTER FOR PNEUMATIC VAD REPLACE ONLY V	041	Y		Y		Y	$569.37			
Q0506		BATTERY,LITHIUM-ION FOR USE WITH ELEC/PNEU VAD REP	048	Y		Y		Y	$751.40			
Q0508		MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE WITH IMP	041	Y	Y	Y		Y				
S1040		HELMET CRANIAL REMOLDING ORTHOSIS INCLUDES FITTING	041	Y		Y		N	$1,366.06			
S5498		HOME INFUSION THRPY,CATH CARE/ADMN SVS/PROF PHAR	048	N		Y		N	$11.57		10	30
S5501		HOME INFUS THRPY,CATH CARE/COMP>1 LUMEN,W/ADM	048	N		Y		N	$38.82		4	30
S8185		FLUTTER DEVICE	041	N		Y		N	$46.03		1	180
S8189		TRACHEOSTOMY SUPPLY, NOT OTHERWISE CLASSIFIED	048	Y	Y	Y		N				
S8210		MUCUS TRAP	048	N		Y		N	$4.88		2	30
S8270		ENURESIS ALARM USING AUD. BUZZER OR VIBRATION DEVI	041	Y	Y	Y		N				
S8420		GRADIENT PRESSURE AID (SLEEVE AND GLOVE COMBINATIO	041	Y	Y	N		N				
S8421		GRADIENT PRESSURE AID (SLEEVE AND GLOVE COMBINAT)	041	N		Y		N	$66.80		2	180
S8422		GRADIENT PRESSURE AID (SLEEVE) CUSTOM MADE, MEDIUM	041	Y	Y	N		N				
S8423		GRADIENT PRESSURE AID (SLEEVE) CUSTOM MADE, HEAVY	041	Y	Y	N		N				
S8424		GRADIENT PRESSURE AID (SLEEVE) READY MADE	041	N		Y		N	$44.63		2	180

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HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
S8425		GRADIENT PRESSURE AID (GLOVE) MEDIUM WEIGHT, CUSTO	041	Y	Y	N		N				
S8426		GRADIENT PRESSURE AID (GLOVE) HEAVY WEIGHT, CUSTOM	041	Y	Y	N		N				
S8427		GRADIENT PRESSURE AID (GLOVE) READY MADE	041	N		Y		N	$28.52		2	180
S8428		GRADIENT PRESSURE AID GAUNTLET READY MADE	041	N		Y		N	$44.47		2	180
S8999		RESUCITATION BAG USE FOR VENT PATIENTS DURING CAST	041	Y		Y		N	$152.15			
S9001		HOME UTERINE MONITOR	041	R		N		N		$109.38	30	30
S9211		HOME MGT GESTATNL HYPERTSN W/ADMN,PROF PHARM	041	R		N		N		$109.38	30	30
S9500		HOME INF THRPY,ANTI-BIOTIC-VIRAL-FUNGAL,ADMN/PROF	048	N		Y		N	$8.91		30	30
T2101		HUMAN BREAST MILK PROCESSING, STORAGE, DISTRIBUTION	048	Y		Y		N	$4.38			
T4521		ADULT SIZED DISP INCONT PRODT, BRIEF/DIAPER,SMALL,	048	N		Y		N	$0.48		200	30
T4522		ADULT SIZED DISP INCONT PRODT, BRIEF/DIAPER MEDIUM	048	N		Y		N	$0.58		200	30
T4523		ADULT SIZED DISP INCONT PRODT BRIEF/DIAPER, LARGE,	048	N		Y		N	$0.65		200	30
T4524		ADULT SIZED DISP INCONT PRODT, BRIEF/DIAPER,EXTRA	048	N		Y		N	$0.86		200	30
T4525		ADULT SIZED DISP INCONT PRODT, PROTEC UNDER/PULL-O	048	N		Y		N	$0.61		200	30
T4526		ADULT SIZED DISP INCONT PRODT PROTEC UNDER/PULL-ON	048	N		Y		N	$0.76		200	30
T4527		ADULT SIZED DISP INCONT PRODT, PROTEC UNDER/PULL-O	048	N		Y		N	$0.76		200	30
T4528		ADULT SIZED DISP INCONT PRODT,PROTEC UNDER/PULL-ON	048	N		Y		N	$0.94		200	30
T4529		PEDS SIZED DISP INCONT PRODT BRIEF/DIAPER SM/MED S	048	N		Y		N	$0.53		200	30
T4530		PEDS SIZED DISP INCONT PRODT,BRIEF/DIAPER,LARGE SI	048	N		Y		N	$0.65		200	30
T4531		PEDS SIZED DISP INCONT PRODT,PROTEC UNDER/PULL-ON	048	N		Y		N	$0.54		200	30
T4532		PEDS SIZED DISP INCONT PRODT,PROTEC UNDER/PULL-ON,	048	N		Y		N	$0.54		200	30
T4533		YOUTH SIZED DISP INCONT PRODT, BRIEF/DIAPER,EACH	048	N		Y		N	$0.48		200	30
T4534		YOUTH SIZED DISP INCONT PRODT, PROTEC UNDER/PULL-O	048	N		Y		N	$0.54		200	30
T4535		DISP LINER/SHIELD/GUARD/PAD/UNDERGARMENT,INCON	048	N		Y		N	$0.42		120	30
T4541		INCONTINENCE PROD,DISPOSABLE UNDERPAD,LARGE SIZ	048	N		Y		N	$0.48		150	30
T4543		ADULT SIZED DISP INCONT PRODT,PROTEC BRIEF-DIAPER	048	N		Y		N	$1.46		200	30
T4544		ADULT SIZED DISP INCONTINENCE PRODUCT,PULL-ON,ABO	048	N		Y		N	$1.46		200	365

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V5014		HEARING AID; REPAIR/MODIFICATION OF A HEARING AID	041	N		N		N	$731.70		2	1,095
V5030	NR	HEARING AID MON, BODY WORN, AIR COND	041	N		N		N	$376.00		1	1,095
V5040	NR	HEARING AID,MON,BODY WORN BONE COND	041	N		N		N	$376.00		1	1,095
V5050	NR	HEARING AID,MON IN THE EAR	041	N		N		N	$376.00		1	1,095
V5060	NR	HEARING AID,MON,BEHIND THE EAR	041	N		N		N	$376.00		1	
V5095	NR	SEMI-IMPLANTABLE MIDDLE EAR HEARING PROSTHESIS	041	Y	Y	N		N				1,095
V5120	NR	BINAURAL, BODY	041	N		N		N	$752.00		1	1,095
V5130	NR	BINAURAL, IN THE EAR	041	N		N		N	$752.00		1	1,095
V5140	NR	BINAURAL, BEHIND THE EAR	041	N		N		N	$752.00		1	1,095
V5160		DISPENSING FEE, BINAURAL	041	N		N		N	$340.24		1	1,095
V5171	NR	HEARING AID, MONAURAL, ITE	041	N		N		N	$376.00		1	1,095
V5172	NR	HEARING AID, MONAURAL, ITC	041	N		N		N	$376.00		1	1,095
V5181	NR	HEARING AID, MONAURAL, BTE	041	N		N		N	$376.00		1	1,095
V5190	NR	HEARING AID,CROS,GLASSES	041	N		N		N	$376.00		1	1,095
V5200		DISPENSING FEE CROS	041	N		N		N	$340.24		1	1,095
V5211	NR	HEARING AID, BINAURAL, ITE/ITE	041	N		N		N	$752.00		1	1,095
V5212	NR	HEARING AID BINAURAL ITE/ITC	041	N		N		N	$752.00		1	1,095
V5213	NR	HEARING AID BINAURAL ITE/BTE	041	N		N		N	$752.00		1	1,095
V5214	NR	HEARING AID BINAURAL ITC/ITC	041	N		N		N	$752.00		1	1,095
V5215	NR	HEARING AID BINAURAL ITC/BTE	041	N		N		N	$752.00		1	1,095
V5221	NR	HEARING AID BINAURAL BTE/BTE	041	N		N		N	$752.00		1	1,095
V5230	NR	HEARING AID,BICROS,GLASSES	041	N		N		N	$752.00		1	1,095
V5240		DISPENSING FEE BICROS	041	N		N		N	$340.24		1	1,095
V5241		HEARING AID; DISPENSING FEE, MON HEARING AID ANY T	041	N		N		N	$211.28		1	1,095
V5242	NR	HEARING AID, ANALOG, MON, COMPLETELY IN THE EAR CA	041	N		N		N	$376.00		1	1,095
V5243	NR	HEARING AID, ANALOG, MON, IN THE EAR CANAL	041	N		N		N	$376.00		1	1,095
V5244	NR	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONA,	041	N		N		N	$376.00		1	1,095

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
V5245	NR	HEARING AID DIGITALLY PROGRAMMABLE, ANTALOG, MON,	041	N		N		N	$376.00		1	1,095
V5246	NR	HEARING AID DIGITALLY PROGRAM ANALOG, MONA, I	041	N		N		N	$376.00		1	1,095
V5247	NR	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MON, B	041	N		N		N	$376.00		1	1,095
V5248	NR	HEARING AID, ANALOG, BINAURAL, CIC	041	N		N		N	$752.00		1	1,095
V5249	NR	HEARING AID, ANALOG, BINAURAL, ITC	041	N		N		N	$752.00		1	1,095
V5250	NR	HEARING AID, DIGITALLY PROGRAM ANALOG, BINAUR	041	N		N		N	$752.00		1	1,095
V5251	NR	HEARING AID, DIGITALLY PROGRAM ANALOG, BINAUR	041	N		N		N	$752.00		1	1,095
V5252	NR	HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, ITE	041	N		N		N	$752.00		1	1,095
V5253	NR	HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, BTE	041	N		N		N	$725.00		1	1,095
V5254	NR	HEARING AID DIGITAL, MONAURAL, CIC	041	N		N		N	$376.00		1	1,095
V5255	NR	HEARING AID DIGITALLY, MON, ITC	041	N		N		N	$376.00		1	1,095
V5256	NR	HEARING AID, DIGITAL, MON, ITE	041	N		N		N	$376.00		1	1,095
V5257	NR	HEARING AID DIGITAL, MON, BTE	041	N		N		N	$376.00		1	1,095
V5258	NR	HEARING AID, DIGITAL, CIC	041	N		N		N	$752.00		1	1,095
V5259	NR	HEARING AID, DIGITAL, BINAURAL, ITC	041	N		N		N	$752.00		1	1,095
V5260	NR	HEARING AID, DIGITAL, BINAURAL, ITE	041	N		N		N	$752.00		1	1,095
V5261	NR	HEARING AID, DIGITAL, BINAURAL, BTE	041	N		N		N	$752.00		1	365
V5264		HEARING AID; EAR MOLD/INSERT, NOT DISPOSABLE, ANY	041	N		N		N	$36.25		2	60
V5266		HEARING AID; BATTERY FOR USE IN HEARING DEVICE	048	N		Y		N	$1.52		16	
V5267		HEARING AID, SUPPLIES/ACCESSORIES	041	Y	Y	N		N				
V5281		AST LISTEN DVC PRSL FMDM MONO 1 RCVR TRNSMTTR M	041	Y	Y	Y		N				
V5282		AST LISTENING DVC PRSL FMDM BI2 RECVR TRANSMITTR M	041	Y	Y	Y		N				
V5283		AST LISTENING DVC PRSL FMDM NECK LOOP INDUCTION RE	041	Y	Y	Y		N				
V5284		AST LISTENING DVC PRSL FMDM EAR LEVEL RECEIVER	041	Y	Y	Y		N				
V5285		AST LISTENING DVC PRSL FMDM DIRECT AUDIO INPUT REC	041	Y	Y	Y		N				
V5286		AST LISTENING DVC PRSL BLUE TOOTH FMDM RECEIVER	041	Y	Y	Y		N				
V5287		AST LISTENING DVC PRSL FMDM RECEIVER NOS	041	Y	Y	Y		N				

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

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

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
V5288		AST LISTENING DVC PRSL FMDM TRANSMITTER ASSTV LIST	041	Y	Y	Y		N				
V5289		AST LISTENING DVC PRSL FMDM ADPT BOOT COUPLNG DEVC	041	Y	Y	Y		N				
V5290		AST LISTENING DVC TRANSMITTER MIC ANY TYPE	041	Y	Y	Y		N				