

**SCHEDULE OF MAXIMUM ALLOWABLE
PAYMENTS
FOR
DURABLE MEDICAL EQUIPMENT
SERVICES**



**GEORGIA DEPARTMENT OF COMMUNITY HEALTH
DIVISION OF MEDICAL ASSISTANCE**

Published July 1, 2014

Georgia Department of Community Health
Schedule of Maximum Allowable Payments for Durable Medical Equipment
(DME)

PREFACE

The Schedule of Maximum Allowable Payments for Durable Medical Equipment (SMAP-DME) Services was newly published in July 1, 2009, to provide a consolidated list of DME supplies and services approved by Georgia Medicaid. The SMAP-DME is comprised of only approved DME services and supplies with unique Healthcare Common Procedural Coding System (HCPCS) codes and corresponding maximum allowable payments, which are based on 80% of Medicare's 2007 rate for the same service; as well as the service levels, limitations and prior approval (PA) requirements set forth by DCH. HCPCS codes covered by GA Medicaid that were not listed on the 2007 Medicare DMEPOS Fee Schedule will have a DCH Rate listed under the Max Allowed.

The SMAP-DME should be used in conjunction with the Part II Policy and Procedure Manual for DME Services and is not intended to be all inclusive of all approved DME supplies and services. For additional approved DME supplies and services, eligibility, billing and pricing guidelines, refer to Appendix D and E in the Part II DME Manual, and pricing guidelines.

We urge you and your office staff to familiarize yourself with the contents of the SMAP and the Part II DME manual and to refer to it when questions arise. Use of the manuals will assist in the elimination of misunderstandings concerning the coverage levels, eligibility, and billing procedures that can result in delays in payment, incorrect payment, or denial of payment.

Thank you for your participation and interest in Georgia's Medicaid/PeachCare program. Your service is greatly appreciated.

Procedure Coding

Rev. 07/09

Georgia Medicaid utilizes the HCPCS level II coding system as the standardized coding system for submitting claims for durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) products, supplies, and services. In accordance with CMS regulation published on August 17, 2000 (45 CFR 162.10002)—to implement the HIPAA requirement for standardized coding systems established the HCPCS level II codes as the standardized coding system for describing and identifying health care equipment and supplies in health care transactions that are not identified by the HCPCS level I, CPT codes.

Reimbursement:

Rev. 07/09

Effective for dates of service on and after July 01, 2009, the maximum allowable reimbursement for Durable Medical Equipment supplies and services is the lesser of submitted charges or the statewide maximum payment of 80% of the 2007 DMEPOS rate, as specified by Medicare for the Atlanta area for participating Medicare providers. All HCPCS codes recognized and adopted after the Centers for Medicare and Medicare Services (CMS) 2007 DMEPOS rates are subject to the same level of reimbursement.

Rev. 07/09 As required by the Part 1 Policies and Procedures Manual for Medicaid and PeachCare for Kids, Section 106(I), Conditions of Participation, Providers are required to bill Georgia Medicaid an amount not greater than the lowest price regularly and routinely offered to any segment of the general public for the same service or item or the statewide maximum allowable payment amount for the procedure code reflecting the service rendered. Providers must not change their fees to the upper limits in this schedule, even if the fees are higher than the maximum allowable payments for the services rendered.

Rev. 07/13 **PLEASE NOTE:** HCPCS Codes that were formerly listed in Appendix D of the Part II Policies and Procedures for DME Services that did not have an established payment on the 2007 Medicare DMEPOS Fee Schedule have been moved to the DME-SMAP with a pricing indicator “DCH RATE” for the 2007 CMS Rate. The pricing rate listed for these codes was established by the department. Refer to Appendix D and Appendix E in the DME Manual for codes that require invoice pricing only. This does not change the requirement for a prior authorization or documentation requirements for the submission and approval of the PA.

Rev. 01/14 **CODING CLARIFICATION:** The reasonable useful lifetime or maximum number of units over an extended period of time has been added to the DME SMAP for clarification. This is not new policy.

RR- Capped rental period = 10 months. Once ten months has been reimbursed the equipment is considered patient owned.

NU- Purchase of new equipment- equipment may be purchased 1 time during the reasonable useful lifetime. If the NU modifier is appended to a code that is a replacement component for a base piece of equipment such as a Power Wheelchair, the RUL is based on the manufacturer’s warranty plus any reasonable amount of time the Division expects the equipment to remain **in good working order** as it is “durable”.

Consumable supplies are typically billed monthly and may not have a maximum units over time value.

Indefinite Rentals (RR=LON or Medically Necessary Period of Rental):

Certain kinds of equipment may be rented indefinitely. This equipment includes:

- Liquid oxygen system (E0439)
- Oxygen concentrators (E1390, E1392)
- Portable oxygen systems/contents, gaseous and liquid (E0431, E0433, E0434, E0441, E0442)
- Apnea monitors (E0619)-refer to 806.7 for criteria and coverage time.
- Volume ventilator (E0450) pressure control ventilator (E0463 and E0464)

FOR REPAIRS- BILLING CLARIFICATION

REFER TO THE PART II POLICIES AND PROCEDURES FOR DURABLE MEDICAL EQUIPMENT SERVICE Manual, SECTION 802- SERVICES THAT REQUIRE PRIOR APPROVAL.

DO NOT use the indicators on the DME Schedule Of Maximum Allowable Payments when billing for labor and repairs. Policy and Procedures override PA instructions when billing for repairs, and providers must have prior authorization for parts exceeding policy limitations regardless of the requirement for individual codes.

Schedule of Maximum Allowable Payments for DME Services

Effective Date	HCPCS Code	MOD	Description	Max Units	Billing Period	2007 CMS Rate	Max Allowed Pmt (80% of 2007 CMS DMEPOS or DCH rate)	Prior Approval (Y/N)
05/13	A4217		Sterile water/saline, 500ml	10	1 Month	\$ 3.13	\$ 2.50	NO
07/10	A4221	NU	Supplies for maintenance of drug infusion catheter (i-port), per week (list drug separately)	4	1 Month	\$ 23.77	\$ 19.02	YES
07/09	A4222	NU	Supplies for drug infusion Gravity/pump, IV/subcutaneous	30	1 Month	\$ 46.73	\$ 37.38	YES
07/09	A4230	NU	Infusion set for external insulin infusion /pump, non-needle cannula	10	1 Month	\$0 /DCH Rate	\$ 16.00	NO
07/09	A4231	NU	Infusion set for external insulin pump, needle type	10	1 Month	\$0 /DCH Rate	\$ 16.00	YES
07/09	A4232	NU	Syringe with needle for external Insulin pump, sterile, 3cc	10	1 Month	\$0 /DCH Rate	\$ 3.75	NO
07/09	A4315	NU	Catheter Insertion Tray with catheter including tubing and drainage bag	2	1 Month	\$ 22.43	\$ 17.94	NO
07/09	A4320	NU	Irrigation tray for bladder with bulb or piston syringe	30	1 Month	\$ 4.71	\$ 3.77	YES if > max units
07/09	A4349	NU	Male external catheter, with or without adhesive, disposable, each	120	1 Month	\$ 2.02	\$ 1.62	No
07/09	A4351	NU	Catheter, self cath-Mentor or other 4/day	120	1 Month	\$ 1.80	\$ 1.44	YES if > max units
07/09	A4352	NU	Intermittent urinary catheter, Coude (curved tip)	120	1 Month	\$ 6.31	\$ 5.05	YES
07/09	A4353	NU	Intermittent urinary catheter, with insertion supplies	120	1 Month	\$ 7.00	\$ 5.60	YES
07/09	A4357	NU	Urinary drainage bag, bedside	4	1 Month	\$ 8.25	\$ 6.60	NO
07/09	A4358	NU	Urinary leg bag, vinyl with or w/o tube	4	1 Month	\$ 6.49	\$ 5.19	NO
01/10	A4360		Disposable external urethral device	30	1 Month	\$ 0.51	\$ 0.41	NO
07/09	A4362	NU	4 X 4 skin barrier, solid	20	1 Month	\$ 2.94	\$ 2.35	YES if > max units
07/09	A4364	NU	Adhesive for ostomy or catheter skin bond or cement (can or tube) any composition per ounce or stoma adhesive paste (2 oz. tube)	2	1 Month	\$ 2.49	\$ 1.99	NO
07/09	A4367	NU	Ostomy belt	2	1 Month	\$ 6.74	\$ 5.39	NO
07/09	A4371	NU	Ostomy skin barrier powder, per oz.	10	1 Month	\$ 3.65	\$ 2.92	NO
07/09	A4385	NU	Ostomy skin barrier, solid extended wear, w/o built in Convexity, each i.e. Eakin Ring	20	1 Month	\$ 5.10	\$ 4.08	NO
07/09	A4388	NU	Ostomy Pouch, drainable, w/extended wear barrier attached	20	1 Month	\$ 4.36	\$ 3.49	NO

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Effective Date	HCPCS Code	MOD	Description	Max Units	Billing Period	2007 CMS Rate	Max Allowed Pmt (80% of 2007 CMS DMEPOS or DCH rate)	Prior Approval (Y/N)
07/09	A4389	NU	Ostomy pouch, drainable, w/barrier attached, w/ built-in convexity (1 piece) each	20	1 Month	\$ 6.22	\$ 4.98	NO
07/09	A4397	NU	Irrigation sleeves, each	5	1 Month	\$ 4.41	\$ 3.53	NO
07/09	A4400	NU	Irrigation set	2	1 Year	\$ 41.54	\$ 33.23	NO
07/09	A4402	NU	Lubricant, per ounce	4	1 Month	\$ 1.36	\$ 1.09	NO
07/09	A4404	NU	Ostomy O rings/Convex	15	1 Month	\$ 1.69	\$ 1.35	NO
07/09	A4405	NU	Skin barrier; liquid, powder or paste (deodorant) per ounce	10	1 Month	\$ 3.40	\$ 2.72	NO
07/09	A4407	NU	Skin barrier w/flange (solid, flexible or accordion), extended wear, w/ built in convexity, 4X4 in or less, each	20	1 Month	\$ 8.76	\$ 7.01	YES if > max units
05/13	A4409	NU	Skin barrier, w/flange (solid, flexible, or accordion), extended wear, w/o built-in convexity, 4X4 in. or less, each	20	1 Month	\$ 6.22	\$ 4.98	YES if > max units
07/09	A4414	NU	Skin barrier, solid, w/flange Flex or accord	20	1 Month	\$ 4.93	\$ 3.94	YES if > max units
07/09	A4424	NU	Ostomy pouch, drainable, w/barrier attached, w/filter (1-piece)	20	1 Month	\$ 4.75	\$ 3.80	YES if > max units
07/09	A4425	NU	Ostomy pouch, drainable, for use on barrier w/flange, w/filter (2 piece), each	20	1 Month	\$ 3.58	\$ 2.86	YES if > max units
05/13	A4432	NU	Ostomy pouch, urinary; for use on barrier with nonlocking flange (2 pc)	20	1 Month	\$ 3.59	\$ 2.87	YES if > max units
05/09	A4450		Tape, nonwaterproof, per 18 sq in	300	1 Month	\$.09	\$.07	NO
12/13	A4452		Tape, waterproof, per 18 sq in	200	1 Month	\$.36	\$.28	NO
07/09	A4455	NU	Ostomy skin bond or adhesive	2	1 Month	\$ 1.43	\$ 1.14	NO
01/10	A4456		Adhesive remover, wipes	30	1 Month	\$ 0.26	\$ 0.21	NO
07/09	A4483	NU	Moisture exchanger, (humid vents trach vents)	20	1 Month	\$0/DCH Rate	\$ 4.00	NO
07/09	A4495	NU	Surgical stockings, thigh length, each	4	1 Year	\$0/DCH Rate	\$ 20.11	NO
07/09	A4500	NU	Surgical stockings, below knee length, each	6	1 Year	\$0/DCH Rate	\$ 14.19	NO
07/09	A4510	NU	Surgical stockings, full length, each	4	1 Year	\$0/DCH Rate	\$ 26.10	NO
01/14	A4605		Tracheal Suction Catheter, closed system, each (12 month)	12	1 Month	\$ 16.40	\$ 13.13	NO
11/13	A4606	NU	Disposable probes for oximeter. Complex Respiratory only	4	1 Month	\$0/DCH Rate	\$ 0.00	NO

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07/09	A4623	NU	Tracheotomy, inner cannula	60	1 Month	\$ 6.27	\$ 5.02	YES if > max units
07/09	A4624	NU	Suction Catheters (3/day)	100	1 Month	\$ 2.63	\$ 2.10	YES if > max units
07/09	A4635	NU	Underarm pad, crutch replacement, each	2	4 Months	\$ 4.35	\$ 3.48	NO
07/09	A4636	NU	Handgrip, cane, crutch or walker replacement, each	2	4 Months	\$ 3.58	\$ 2.86	NO
07/09	A4637	NU	Tip, cane, crutch or walker replacement, each	2	4 Months.	\$ 1.81	\$ 1.45	NO
07/09	A5051	NU	Pouch, closed, w/barrier attached (1 piece) each adhesive, each	60	1 Month	\$ 2.07	\$ 1.66	YES if > max units
07/09	A5052	NU	Ostomy pouch closed, w/o barrier - Age Restriction under 10 years only	60	1 Month	\$ 1.49	\$ 1.19	YES if > max units
07/09	A5054	NU	Closed end pouch w/flange, 2 piece system, each	30	1 Month	\$ 1.79	\$ 1.43	NO
07/09	A5055	NU	Stoma cap/each	30	1 Month	\$ 1.44	\$ 1.15	NO
07/09	A5061	NU	Ostomy Pouch, w barrier - Age Restriction under 10 years only	20	1 Month	\$ 3.52	\$ 2.82	YES
07/09	A5063	NU	Ostomy bag, reusable or drainable, 2 piece for use with flange, each	30	1 Month	\$ 2.70	\$ 2.16	NO
07/09	A5071	NU	Ostomy pouch, urinary, w/barrier attached (1 piece) each	20	1 Month	6.01	\$ 4.81	NO
07/09	A5073	NU	Urostomy bags w/flange, 2 piece, each	30	1 Month	\$ 3.18	\$ 2.54	YES if > max units
05/13	A5120		Skin barrier, wipes or swabs, each	100	1 Month	\$ 0.23	\$ 0.18	NO
05/13	A5122		Skin barrier, solid, 8x8 or equivalent, each	20	1 Month	\$ \$ 12.85	\$ 10.28	NO
05/13	A6021		Collagen dressing, sterile, size 16 sq in or less, each	5	1 Month	\$ 21.02	\$ 16.82	NO
05/13	A6154	NU	Wound pouch, each	20	1 Month	\$ 14.38	\$ 11.50	YES if > max units
05/13	A6196		Alginate or other fiber gelling dressing, wound cover, sterile, 16 sq in or less, each dressing	20	1 Month	\$ 7.35	\$ 5.88	NO
05/13	A6197		Alginiate or other fiber gelling dressing, wound cover, sterile, more than 16 sq in but less than or equal to -48 sq in, each dressing	30	1 Month	\$ 16.44	\$ 13.15	NO

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05/13	A6216		Gauze nonimpregnated, nonsterile, pad size 16 sq in or less, without adhesive border, each dressing	120	1 Month	\$ 0.05	\$ 0.04	NO
07/09	A6251		Specialty absorptive dressing, wound cover, sterile, 16 sq in or less, without adhesive border	30	1 Month	\$ 1.99	\$ 1.59	NO
05/13	A6252		Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing	30	1 Month	\$ 3.25	\$ 2.60	NO
05/13	A6402		Gauze, nonimpregnated, sterile, pad size 16 sq in or less, without adhesive border, each dressing	180	1 Month	\$ 0.12	\$ 0.10	NO
05/13	A6403		Gauze, nonimpregnated, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing	120	1 Month	\$ 0.43	\$ 0.34	NO
05/13	A6446		Conforming bandage, nonelastic, knitted/woven, nonsterile, width greater than or equal 3 in but less than 5 in, per yd	120	1 Month	\$ 0.41	\$ 0.33	NO
07/09	A6550	NU	Wound Care set for Negative Pressure Wound device, 10 sets per Month	10	1 Month	\$ 27.42	\$ 21.94	YES
07/09	A7000	NU	Suction Jar/Canister	5	1 Year	\$ 9.46	\$ 7.57	NO
07/09	A7002	NU	Suction Tube	6	1 Year	\$ 3.26	\$ 2.61	NO
07/09	A7005	NU	Replacement mask and tubing for nebulizer (E0570NU) 2/yr non- disposable	1	6 Months	\$ 26.21	\$ 20.97	NO
04/10	A7007	NU	Large volume nebulizer, disposable, unfilled, used with aerosol compressor	2	1 Month	\$ 4.31	\$ 3.45	NO
04/10	A7010	NU	Corrugated tubing, disposable, used with large volume nebulizer, 100 ft	1	2 Months	\$ 20.05	\$ 16.04	NO
04/10	A7012	NU	Water collection device, used with large volume nebulizer	2	1 Month	\$ 3.75	\$ 3.00	NO
07/09	A7015	NU	Replacement mask & tubing for nebulizer (1/month after Purchase of E0570NU ONLY) disposable	1	1 Month	\$ 1.88	\$ 1.50	NO
07/09	A7027	NU	Combination oral/nasal mask	1	6 Months	\$0/ DCH Rate	\$ 149.22	YES
07/09	A7028	NU	Oral cushion replacement for combination oral/nasal mask	1	1 Month	\$0/ DCH Rate	\$ 39.63	YES
07/09	A7029	NU	Nasal pillows replacement for combination oral/nasal mask	1	1 Month	\$0/ DCH Rate	\$ 16.19	YES

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07/09	A7030	NU	Full face Mask	1	6 Months	\$ 188.64	\$ 150.91	YES
07/09	A7031	NU	Replacement cushion mask,	1	6 Months	\$ 69.77	\$ 55.82	YES
07/09	A7032	NU	Replacement cushion,	1	1 Month	\$ 40.53	\$ 32.42	YES
07/09	A7033	NU	Replacement pillows,	1	1 Month	\$ 28.41	\$ 22.73	YES
07/09	A7034	NU	Mask/Nasal Interface,	1	6 Months.	\$ 117.64	\$ 94.11	YES
07/09	A7035	NU	Headgear,	1	6 Months	\$ 36.09	\$ 28.87	YES
07/09	A7036	NU	Chin strap	1	6 Months	\$ 15.47	\$ 12.38	YES
07/09	A7037	NU	Tubing	1	3 Months	\$ 39.88	\$ 31.90	YES
07/09	A7038	NU	Filter Disposable	1	1 Month	\$ 5.34	\$ 4.27	YES
07/09	A7039	NU	Filter Non-disposable	1	6 Months	\$ 13.03	\$ 10.42	YES
07/09	A7044	NU	Oral interface	1	6 Months.	\$ 120.91	\$ 96.73	YES
07/09	A7046	NU	Replacement chamber for heated humidifier	3	1 Year	\$ 19.51	\$ 15.61	YES
01/14	A7047	NU	Oral Interface for use with Respiratory Suction Pump	1	6 Months	\$ 122.32	\$ 97.86	YES
07/09	A7520	NU	Tracheotomy/laryngectomy tube non- cuffed, PVC, silicone or equal	1	3 Months	\$ 47.48	\$ 37.98	YES
07/09	A7521	NU	Tracheostomy/laryngectomy tube cuffed, PVC, silicone or equal	1	3 Months	\$ 47.05	\$ 37.64	YES
07/09	A7522	NU	Tracheotomy/laryngectomy tube stainless steel or equal (reusable) or any customized	1	1 Year	\$ 45.16	\$ 36.13	YES
07/09	A7525	NU	Tracheotomy mask	2	1 Month	\$ 2.07	\$ 1.66	NO
07/09	A7526	NU	Tracheotomy collar/holder	6	1 Month	\$ 3.37	\$ 2.70	NO
07/09	B4034		Enteral feeding supply kit; syringe fed, per day	30	1 Month	\$ 6.38	\$ 5.10	NO
07/09	B4035		Enteral feeding supply kit per day; pump fed (Inclusive of rental of enteral nutrition feeding pump - with alarm)	30	1 Month	\$ 12.16	\$ 9.65	YES if > max units
07/09	B4036		Enteral supply kit per day; gravity fed	30	1 Month	\$ 8.34	\$ 6.67	NO
04/14	B4081		Nasogastric tube, w/ stylet (up to 4 units per month- pediatric)	4	1 Month	\$ 22.55	\$ 18.04	NO
04/14	B4082		Nasogastric tube w/o stylet (up to 4 units per month- pediatric)	4	1 Month	\$ 16.78	\$ 13.42	NO
04/14	B4083		Stomach tube – Levine type	1	1 Month	\$ 2.57	\$ 2.06	NO
04/14	B4087		Gastrostomy/jejunostomy tube, Standard, any material, any type, per month	1	1 Month	\$0/DCH Rate	\$ 30.58	YES
04/14	B4088		Gastrostomy/jejunostomy tube, Low profile, any material, any type, each, i.e. MIC-KEY button per month	1	1 Month	\$0/DCH Rate	\$ 30.58	YES

Schedule of Maximum Allowable Payments for DME Services

Effective Date	HCPSC Code	MOD	Description	Max Units	Billing Period	2007 CMS Rate	Max Allowed Pymt (80% of 2007 CMS DMEPOS or DCH rate)	Prior Approval (Y/N)
07/09	B4149*		Enteral Formula, Blenderized Natural foods with intact Nutrients (e.g., Complete Pediatric) 100 cal. = 1 unit	900	1 Month	\$ 1.64	\$ 1.31	YES
07/09	B4150*		Enteral Formula Category I; Semi-Synthetic Intact Protein/ unit Protein Isolates (e.g. Enrich, Jevity 1.5 Powder, Isocal, Lonolac Powder, Meritene Powder, Osmolite, Osmolite HN, Portagen Powder, Isocal HN, Boost, Ultracal, Nutren 1.0, Travasorb, 100 cal.= 1 unit	900	1 Month	\$ 0.70	\$ 0.56	YES
07/09	B4152*		Enteral Formula; Category II: Intact Protein/Protein unit Isolates (Calorically dense) (e.g., Boost Plus, Comply, Carnation Instant Breakfast Plus, Ensure Plus HN, Ensure Plus) 100 Calories = 1 unit	900	1 Month	\$ 0.58	\$ 0.46	YES
07/09	B4153*		Enteral Formula; Category III: Hydrolyzed Protein/Amino Acids (e.g., Criticare HN, Subdue, Crucial, Vivonex HN, Vital (Vital HN), Travasorb HN, Isotein HN, Peptamen, Precision HN, Precision Isotonic) 100 Calories = 1 unit	900	1 Month	\$ 1.99	\$ 1.59	YES
07/09	B4154*		Enteral Formula; Category IV: defined formula for special metabolic need, (e.g., Hepatic-Aid, Travasorb Hepatic, Glucerna, Travasorb MCT, Vivonex T.E.N. (Total Enteral Nutrition), Traumacal, Choice DM 100 Calories = 1 unit	900	1 Month	\$ 1.27	\$ 1.02	YES
07/09	B4155*		Enteral Formula; Category V: Modular Components (Protein, Carbohydrates, Fats) (e.g., Cal-Plus, Calor-Aid, Casec, Microlipid, Controlyte, Juven Gevral Protein, Elementra 100 Calories = 1 unit	900	1 Month	\$ 0.99	\$ 0.79	YES
07/09	B4157*		Enteral Formula, nutritionally complete, for metabolic needs for inherited disease of metabolism. Includes proteins, fats, carbs. vits. & mins. W or w/o fiber, (e.g., BCAD 2, Hominex-2, Phenex-2, Tyrex-2) 100cal = 1 unit (under 21 years of age only)	900	1 Month	\$0/ DCH Rate	\$ 4.00	YES

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07/09	B4158*		Enteral Formula for Pediatrics nutritionally complete with intact nutrients. Includes protein, fats, carbs., vits., and mins. W or w/o fiber and/or iron. 100 cal = 1 unit (e.g., PediaSure, Kindercal, Enfamil, Similac, Resource for kids). 100cal =1 unit, Carnation Instant Breakfast Jr. (under 21 years of age only)	900	1 Month	\$0/ DCH Rate	\$0 .59	YES
07/09	B4159*		Enteral Formula for Pediatrics Nutritionally complete soy based w intact nutrients. Includes proteins, fats, carbs, vits. & mins. w/ or w/o fiber and/or iron. (e.g., ProSobee, Good Start 2 Soy, Similac, Isomil 2). 100 cal = 1 unit (under 21 years of age only)	900	1 Month	\$0/ DCH Rate	\$ 0.59	YES
07/09	B4160*		Enteral Formula for Pediatrics Nutritionally complete calorically dense (equal to or greater than 0.7 KCAL/ML) w. intact nutrients Includes proteins, fats, carbs., vits., and mins. w/ or w/o fiber (e.g., Enfamil EnfaCare, Resource Just Just for Kids 1.5 cal.) 1100 cal =1 unit (under 21 years of age)	900	1 Month	\$0/ DCH Rate	\$ 0.49	YES
07/09	B4161*		Enteral Formula for Pediatrics Hydrolyzed/amino acids and peptide chain proteins, w fats, carbs, vits., and mins. w/ or w/o fiber 100 cal. = 1 unit (e.g., Peptamin Jr., Elecare, Neocate Infant, Vivonex Pediatric, Nutramigen) 100 cal. = 1 unit	900	1 Month	\$0/ DCH Rate	\$ 3.00	YES
07/09	B4162*		Enteral Formula for pediatrics special metabolic needs for inherited of metabolism, includes proteins, fats, carbs, vits. & mins. w/ or w/o fiber (e.g., BCAD 2, Cyclinex-1,2,3, SHS, Phenex-2, Tyrex-1) 100	900	1 Month	\$0/ DCH Rate	\$ 4.00	YES
07/09	B9004	NU	Parenteral nutrition infusion pump, portable (includes all supplies)	1	8 Years.	\$ 2,551.22	\$ 2,040.98	YES
07/09	B9004	RR	Parenteral nutrition infusion pump, portable (includes all supplies)	1	1 Month	\$ 403.88	\$ 323.10	YES
07/09	B9998	NU	Mic Key extension	4	1 Month	\$0/ DCH Rate	\$ 12.00	YES if > max
01/14	B9998	U1	MIC-KEY Low-Profile Gastrostomy Tube Kit (Under 3 years of age only)	1	1 Month	\$0/ DCH Rate	\$ 153.81	YES
07/09	E0100	NU	Cane, includes canes of all materials, adjustable or fixed, w/ tip	1	3 Years	\$ 21.07	\$ 16.86	NO
07/09	E0105	NU	Cane, quad or three prong, includes canes of all materials, adjustable or fixed, with tips	1	3 Years	\$ 49.11	\$ 39.29	NO

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07/09	E0111	NU	Crutch forearm, includes crutches of various materials adjustable or fixed, each, with tip and handgrips. A Pair is 2	2	1-3 Years	\$ 49.19	\$ 39.35	NO
07/09	E0113	NU	Crutch underarm, wood, adjustable or fixed, each with pad, tip and handgrip. A pair is 2 units	2	1-3 Years	\$ 17.96	\$ 14.37	NO
07/09	E0116	NU	Crutch underarm, other than wood, adjustable or fixed, each with pad, tip and handgrip. A pair is 2 units	2	1-3 Years	\$ 23.58	\$ 18.86	NO
07/09	E0130	NU	Walker, rigid (pickup), adjustable or fixed height	1	3-5 Years	\$ 70.23	\$ 56.18	NO
07/09	E0135	NU	Walker, folding (pickup), adjustable or fixed height	1	3-5 Years	\$ 75.57	\$ 60.46	NO
07/09	E0141	RR	Walker, wheeled, adj or fixed ht.	1	1 Month	\$ 19.01	\$ 15.21	NO
07/09	E0141	NU	Walker, rigid, wheeled, adj. or fixed height	1	3-5 Years	\$ 111.41	\$ 89.13	NO
07/09	E0143	RR	Folding walker, wheeled, adj. or fixed ht.	1	1 Month	\$ 18.35	\$ 14.68	NO
07/09	E0143	NU	Folding walker, wheeled, Ht adj. or fixed	1	3-5 Years.	\$ 111.41	\$ 89.13	NO
07/09	E0147	RR	Rigid walker, wheeled, with seat (CRTS only)	1	1 Month	\$ 57.48	\$ 45.98	YES
07/09	E0147	NU	Walker, Heavy Duty, multiple breaking system, variable wheel resistance, K-	1	3-5 Years	\$ 574.81	\$ 459.85	YES
07/09	E0153	NU	Platform attachment, forearm crutches	2	1 Year	\$ 60.37	\$ 48.30	NO
07/09	E0154	NU	Platform attachment, walker	2	1 Year	\$ 70.51	\$ 56.41	NO
07/09	E0155	NU	Wheel attachment, rigid pick-up walker attachments, each	1	1 Year	\$ 30.61	\$ 24.49	NO
07/09	E0156	NU	Seat attachment, walker, each	1	1 Year	\$ 26.43	\$ 21.14	NO
07/09	E0157	NU	Crutch attachment, walker, each	2	1 Year	\$ 72.36	\$ 57.89	NO
07/09	E0158	NU	Leg extensions for walker, each	1	1 Year	\$ 32.18	\$ 25.74	NO
07/09	E0163	RR	Commode chair, stationary	1	1 Month	\$ 23.25	\$ 18.60	NO
07/09	E0163	NU	Commode chair, stationary	1	3-5 Years	\$ 110.29	\$ 88.23	NO
07/14	E0165	NU	Commode chair, mobile or stationary with detachable arms	1	3-5 Years	\$0/DCH Rate	\$ 148.65	YES
07/09	E0167	NU	Pail or pan for use with commode chair (Replacement Only)	1	6 Months.	\$ 10.20	\$ 8.16	NO
07/09	E0184	NU	Dry Pressure Mattress, Medicare Group I Prevention - Guidelines Required	1	3 Years	\$ 194.70	\$ 155.76	YES
07/09	E0185	NU	Gel or Gel-like Pressure Pad for mattress Medicare Group I - Guidelines	1	3 Years	\$ 290.29	\$ 232.23	YES

Schedule of Maximum Allowable Payments for DME Services

Effective Date	HCPCS Code	MOD	Description	Max Units	Billing Period	2007 CMS Rate	Max Allowed Pymt (80% of 2007 CMS DMEPOS or DCH rate)	Prior Approval (Y/N)
07/09	E0197	RR	Air Pressure Pad for mattress Standard Mattress length and width	1	1 Month	\$ 25.98	\$ 20.78	YES
07/09	E0197	NU	Air Pressure Pad for mattress Standard Mattress length and width	1	3 Years	\$ 188.34	\$ 150.67	YES
07/09	E0202	RR	Phototherapy (bilirubin) Light, with photometer.	1	1 Day (5	\$ 53.22	\$ 42.58	NO
07/09	E0240	NU	Bath/Shower chair, with or without wheels , any size	1	2-5 Years	\$0/DCH Rate	\$ 157.67	NO
07/09	E0241	NU	Bath Tub Rail or Wall Rail, Each	1	2-5 Years	\$0/DCH Rate	\$ 33.10	NO
07/09	E0243	NU	Toilet Rail, Each	1	2-5 Years	\$0/DCH Rate	\$ 33.10	NO
07/09	E0244	NU	Raised toilet seat with clamps	1	2-5 Years	\$0/DCH Rate	\$ 35.41	NO
07/09	E0245	NU	Tub Stool or Bench	1	2-5 Years	\$0/DCH Rate	\$ 56.75	NO
07/09	E0246	NU	Seat, with clamps bath tub transfer	1	2-5 Years	\$0/DCH Rate	\$ 110.84	NO
07/09	E0255	RR	Hospital Bed, Variable Height, Hi-Lo, with any type side rails with mattress	1	1 Month	\$ 100.70	\$ 80.56	YES
03/14	E0255	NU	Hospital Bed, Variable Height, Hi-Lo, with any type side rails with mattress	1	8-10 Years	\$0/DCH Rate	\$ 805.60	YES
07/09	E0260	RR	Hospital Bed, Semi-electric, (Head and Foot adjustment) with any type side rails with mattress	1	1 Month	\$ 140.46	\$ 112.37	YES
07/09	E0260	NU	Hospital Bed, Semi-electric, (Head and Foot adjustment) with any type side rails with mattress	1	8-10 Years	\$0/DCH Rate	\$ 1,037.61	YES
05/14	E0261	RR	Hospital Bed, Semi-electric, (Head and Foot adjustment) with any type side rails without mattress	1	1 Month	\$ 116.40	\$ 93.12	YES
05/14	E0261	NU	Hospital Bed, Semi-electric, (Head and Foot adjustment) with any type side rails without mattress	1	8-10 Years	\$0/DCH Rate	\$ 931.20	YES
07/09	E0265	RR	Hospital Bed, Total electric (Head, Foot and Height adjustments) with any type side rails with mattress	1	1 Month	\$ 169.90	\$ 135.92	YES
07/09	E0265	NU	Hospital Bed, Total electric (Head, Foot and Height adjustments) with any type side rails with mattress	1	8-10 Years	\$0/DCH Rate	\$ 1,207.08	YES
07/09	E0271	NU	Mattress, Innerspring Replacement only	1	4-6 Years	\$ 203.04	\$ 162.43	NO
07/09	E0276	NU	Bed Pan, Fracture, Metal or Plastic	1	6 Months	\$ 13.30	\$ 10.64	NO

Schedule of Maximum Allowable Payments for DME Services

Effective Date	HCPCS Code	MOD	Description	Max Units	Billing Period	2007 CMS Rate	Max Allowed Pymt (80% of 2007 CMS DMEPOS or DCH rate)	Prior Approval (Y/N)
07/09	E0277	RR	Powered Pressure-reducing Air Mattress Group III Surface Low Air and Alternating Pressure or combination	1	1 Month.	\$ 703.48	\$ 562.78	YES
07/09	E0301	RR	Hospital bed heavy duty, extra wide, wt. >350 to 600 lbs., w/o mattress, w/ side rails	1	1 Month	\$ 262.20	\$ 209.76	YES
07/09	E0302	RR	Hospital bed extra heavy duty, wt.> 600 lbs., ex wide, w/o mattress, w/ side rails	1	1 Month	\$ 715.44	\$ 572.35	YES

Schedule of Maximum Allowable Payments for DME Services

Effective Date	HCPCS Code	MOD	Description	Max Units	Billing Period	2007 CMS Rate	Max Allowed Pymt (80% of 2007 CMS DMEPOS or DCH rate)	Prior Approval (Y/N)
07/09	E0303	RR	Hospital bed heavy duty, extra wide, wt. > 350-600 lbs., w/ mattress, w/ side rails	1	1 Month	\$ 295.44	\$ 236.35	YES
07/09	E0304	RR	Hospital bed, extra heavy duty extra wide, wt. > 600 lbs., w/ side rails, w/ mattress	1	1 Month	\$ 770.67	\$ 616.54	YES
07/09	E0310	NU	Bed Side Rails, Replacement, only	2	3-5 Years	\$ 194.14	\$ 155.31	NO
07/09	E0315	NU	Foam Wedge or Frame Elevator	1	1 Year.	\$0/DCH Rate	\$ 29.11	NO
07/09	E0371	RR	Non-powered advanced pressure reducing overlay for standard Mattress	1	1 Month	\$ 431.14	\$ 344.91	YES
07/09	E0372	RR	Powered Air overlay for mattress standard mattress length and width	1	1 Month	\$ 523.13	\$ 418.50	YES
07/09	E0373	RR	Non-powered advanced pressure reducing mattress	1	1 Month	\$ 599.24	\$ 479.39	YES
07/09	E0431	RR	Portable Gaseous Oxygen System, includes regulator with flow gauge, humidifier, cannula or mask, tubing and	1	1 Month	\$ 31.79	\$ 25.43	YES
01/01/2010	E0433	RR	Portable liquid oxygen system	1	1 Month	\$ 51.63	\$ 41.30	YES
07/09	E0434	RR	Portable Liquid Oxygen System, includes portable container, supply reservoir, humidifier, flow meter, refill adapter,	1	1 Month	\$ 31.79	\$ 25.43	YES
07/09	E0439	RR	Oxygen System, Liquid, includes use of supply reservoir, flow humidifier, cannula or mask, tubing, refill adapter and	1	1 Month	\$ 198.40	\$ 158.72	YES
07/09	E0441	NU	Oxygen contents, gaseous, per cubic foot (includes all charges for use of the container, regulator with flow gauge,	1	1 Month	\$ 77.45	\$ 61.96	YES
07/09	E0442	NU	Oxygen contents, liquid,	1	1 Month	\$ 77.45	\$ 61.96	YES
10/09	E0445	RR	Pulse Oximeter, for children on oxygen requiring specific saturation levels (Complex Respiratory only) *21 or	1	1 Month	\$0 /DCH Rate	\$ 276.30	YES
07/09	E0450	RR	Volume Ventilator; stationary or portable	1	1 Month	\$ 954.52	\$ 763.62	YES
07/09	E0463	RR	Pressure Ventilator (i.e. LTV950) used w/ trachs	1	1 Month	\$ 1,406.38	\$ 1,125.10	YES

Schedule of Maximum Allowable Payments for DME Services

Effective Date	HCPCS Code	MOD	Description	Max Units	Billing Period	2007 CMS Rate	Max Allowed Pymt (80% of 2007 CMS DMEPOS or DCH rate)	Prior Approval (Y/N)
07/09	E0464	RR	Pressure Ventilator (used without trach)	1	1 Month	\$ 1,406.38	\$ 1,125.10	YES
07/09	E0470	NU	Intermittent Assist Device (i.e., BIPAP S) Includes supplies, humidifier, maintenance (see 601.7)	1	4-5 Years	\$0 /DCH Rate	\$ 1,980.00	YES
07/09	E0470	RR	Intermittent Assist Device (i.e., BIPAP S) Includes supplies, humidifier, maintenance (see 601.7)	1	1 Month	\$ 256.60	\$ 205.28	YES
07/09	E0471	NU	Therapeutic Ventilator (i.e. BIPAP ST)	1	4-5 Years	\$0 /DCH Rate	\$ 4,050.00	YES
07/09	E0471	RR	Therapeutic Ventilator (i.e. BIPAP ST)	1	1 Month	\$ 642.17	\$ 513.74	YES
07/09	E0480	RR	Percussor, electric/pneumatic	1	1 Month	\$ 43.20	\$ 34.56	YES
07/09	E0482	NU	Cough stimulating device, alternating positive and Negative airway	1	5 Years	\$0/ DCH Rate	\$ 3,700.00	YES
07/09	E0482	RR	Cough stimulating device, alternating positive and Negative airway	1	1 Month	\$ 417.11	\$ 333.69	YES
07/09	E0483*	RR	High Frequency chest wall Oscillation air-pulse system Generator system	1	1 Month	\$ 1,063.13	\$ 850.50	YES
07/09	E0500	NU	IPPB device	1	5 Years	\$ 93.30	\$ 74.64	YES
07/09	E0561	RR	Non-heated humidifier	1	1 Month	\$ 10.69	\$ 8.55	YES
07/09	E0561	NU	Non-heated humidifier Use w/ PAP device	1	2 Years	\$ 107.00	\$ 85.60	YES
07/09	E0562	RR	Heated humidifier, used with PAP device	1	1 Month	\$ 30.11	\$ 24.09	YES
07/09	E0562	NU	Heated humidifier, used with PAP device	1	2 Years	\$ 301.22	\$ 240.98	YES
07/09	E0570	RR	Nebulizer, with compressor, e.g., Devilbiss, Pulmo-aid (only for delivery of aerosol meds.)	1	1 Month	\$ 16.10	\$ 12.88	NO
07/09	E0570	NU	Nebulizer, with compressor, e.g., Devilbiss, Pulmo-aid (only for delivery of aerosol meds.)	1	2-5 Years	\$0 /DCH Rate	\$ 108.00	NO
07/14	E0574	NU	Replacement only, Altera Nebulizer system for use with Cayston	1	2 Years	\$0 /DCH Rate	\$ 910.00	YES
07/14	E0574	U1	Replacement only, Altera Nebulizer Handset for use with Cayston	1	2 Years	\$0 /DCH Rate	\$ 340.00	YES

Schedule of Maximum Allowable Payments for DME Services

Effective Date	HCPCS Code	MOD	Description	Max Units	Billing Period	2007 CMS Rate	Max Allowed Pymt (80% of 2007 CMS DMEPOS or DCH rate)	Prior Approval (Y/N)
07/09	E0575	RR	Nebulizer, ultrasonic 50 P.S.I. compressor. Includes decontamination filter and is limited to use with Pentamidine	1	1 Month	\$ 100.78	\$ 80.62	NO
07/09	E0585	NU	Humidifier/Compressor and heater for patients with tracheotomies or members using a Therapeutic Ventilator (K0533) (includes all disposable supplies).	1	1 Year	\$0 /DCH Rate	\$ 238.50	YES
07/09	E0585	RR	Humidifier/Compressor and heater for patients with tracheotomies or members using a Therapeutic Ventilator (K0533) (includes all disposable supplies).	1	1 Month	\$ 29.81	\$ 23.85	YES
07/09	E0600	NU	Suction pump, home model (Includes suction catheters for 10 months rental)	1	3-5 Years.	\$0/DCH Rate	\$292.50	YES
07/09	E0600	RR	Suction pump, home model	1	1 Month	\$ 40.71	\$ 32.57	YES
07/09	E0601	NU	Continuous Positive Airway Pressure (i.e., CPAP). Includes supplies, maintenance (see 601.7)	1	4-5 Years	\$0/DCH Rate	\$ 877.50	YES
07/09	E0601	RR	Continuous Positive Airway Pressure (i.e., CPAP). Includes supplies, maintenance (see 601.7)	1	1 Month.	\$ 111.71	\$ 89.37	YES
10/01/2013	E0603	NU	Breast Pump, Electric (AC and/or DC), any type (Home model- single user)	1	3 Years.	\$0/DCH Rate	\$ 189.00	NO
07/09	E0604	RR	Breast Pump, Hospital Grade Electric (AC and/ or DC), any type (rental only for duration of NICU stay- multi-user)	1	3 Years	\$0/DCH Rate	\$ 55.00	NO
07/09	E0619	RR	Apnea Monitor (maximum rental four (4) months and includes lead wires, belts and electrodes). Monitors that document in real time ONLY. Covered if less than 21 years of age.	1	1 Month	\$0 /DCH Rate	\$ 198.61	YES
07/09	E0630	RR	Patient lift. PT/OT evaluation required.	1	1 Month	\$ 91.83	\$ 73.46	YES
07/09	E0630	NU	Patient lift. PT/OT evaluation required.	1	6-8 Years	\$0/ DCH Rate	\$ 734.60	YES
11/01/2009	E0635	NU	Patient lift, electric, with seat or sling	1	6-8 Years	\$ 1,223.60	\$ 978.88	YES

Schedule of Maximum Allowable Payments for DME Services

Effective Date	HCPCS Code	MOD	Description	Max Units	Billing Period	2007 CMS Rate	Max Allowed Pymt (80% of 2007 CMS DMEPOS or DCH rate)	Prior Approval (Y/N)
07/09	E0705	NU	Transfer board, each	1	3-5 Years	\$ 55.12	\$ 44.10	NO
10/13	E0720	RR	TENS two lead (Maximum of 6 rentals)	1	1 Month	\$0/ DCH Rate	\$ 49.01	YES
07/09	E0730	RR	TENS four lead (Maximum of 6 rentals)	1	1 Month	\$0/ DCH Rate	\$ 49.41	YES
07/09	E0747	NU	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications	1	5 Years	\$ 3,813.12	\$ 3,050.50	YES
07/09	E0748	NU	Osteogenesis stimulator, electrical, noninvasive, spinal applications	1	5 Years	\$ 3,788.41	\$ 3,030.73	YES
07/09	E0760	NU	Osteogenesis stimulator, low intensity ultrasound, noninvasive	1	5 Years	\$ 3,148.10	\$ 2,518.48	YES
07/09	E0784	RR	External Ambulatory Infusion Pump, Insulin, includes all supplies	1	1 Month.	\$ 417.57	\$ 334.06	YES
07/09	E0784	NU	External Ambulatory Infusion Pump, Insulin, includes all supplies	1	4 Years.	\$0 DCH Rate	\$ 3,340.60	YES
07/09	E0791	RR	Parenteral infusion pump, stationary, single or multiple channel (includes all supplies)	1	1 Month.	\$ 268.77	\$ 215.02	YES
07/09	E0890	RR	Traction Frame, attached to footboard, simple pelvic traction with belt	1	1 Month.	\$ 32.65	\$ 26.12	NO
07/09	E0910	NU	Trapeze Bar, also known as patient helper, attached to bed, with grab bar	1	3-5 Years	\$0 DCH Rate	\$ 171.32	NO
07/09	E0910	RR	Trapeze Bar, also known as patient helper, attached to bed, with grab bar	1	1 Month	\$ 18.80	\$ 15.04	NO
07/09	E0912	RR	Trapeze Bar, heavy duty, free standing with grab bar, for weight capacity > 250 lbs.	1	1 Month	\$ 114.47	\$ 91.58	NO

Schedule of Maximum Allowable Payments for DME Services

Effective Date	HCPCS Code	MOD	Description	Max Units	Billing Period	2007 CMS Rate	Max Allowed Pymt (80% of 2007 CMS DMEPOS or DCH rate)	Prior Approval (Y/N)
07/09	E0940	NU	Trapeze Bar, free standing, complete with grab bar	1	3-5 Years	\$0 DCH Rate	\$ 236.40	NO
07/09	E0940	RR	Trapeze Bar, free standing, complete with grab bar	1	1 Month.	\$ 29.55	\$ 23.64	NO
07/09	E0941	RR	Gravity assisted traction de	1	1 Month	\$ 43.41	\$ 34.73	NO
07/09	E0942	RR	Cervical head harness/halter	1	1 Month	\$ 1.99	\$ 1.59	NO
07/09	E0942	NU	Cervical head harness/halter	1	1 Year	\$ 17.20	\$ 13.76	NO
07/09	E0944	RR	Pelvic belt/harness/boot	1	1 Month	\$ 4.49	\$ 3.59	NO
07/09	E0944	NU	Pelvic belt/harness/boot	1	1 Year	\$ 44.81	\$ 35.85	NO
07/09	E0945	RR	Belt/harness extremity	2	1 Month	\$ 3.77	\$ 3.02	NO
07/09	E0945	NU	Belt/harness extremity	2	1 Year	\$ 37.67	\$ 30.14	NO
07/09	E0946	RR	Fracture frame dual w cross	1	1 Month	\$ 50.29	\$ 40.23	NO
07/09	E0947	RR	Fracture frame attachments pelvic traction	1	1 Month.	\$ 54.39	\$ 43.51	NO
07/09	E0947	NU	Fracture frame attachments pelvic traction	1	2 Years	\$ 537.25	\$ 429.80	NO

Schedule of Maximum Allowable Payments for DME Services

Effective Date	HCPCS Code	MOD	Description	Max Units	Billing Period	2007 CMS Rate	Max Allowed Pymt (80% of 2007 CMS DMEPOS or DCH rate)	Prior Approval (Y/N)
07/09	E0948	RR	Fracture Frame, attachments for complex cervical traction (enter serial number on claim form HCFA 1500 on the 10th month of rental, See 805.1)	1	1 Month	\$ 53.74	\$ 42.99	YES
07/09	E0948	NU	Fracture frame attachments for complex cervical traction	1	2 Years	\$ 537.25	\$ 429.80	YES
07/09	E0950	RR	Tray	1	1 Month	\$ 8.85	\$ 7.08	YES
07/09	E0950	NU	Tray	1	2 Years	\$ 88.36	\$ 70.69	YES
07/09	E0951	RR	Loop heel	2	1 Month	\$ 1.96	\$ 1.57	NO
07/09	E0951	NU	Loop heel	2	1 Year	\$ 18.98	\$ 15.18	NO
07/09	E0952	RR	Toe loop/holder, each	2	1 Month	\$ 1.67	\$ 1.34	NO
07/09	E0952	NU	Toe loop/holder, each	2	1 Year	\$ 16.01	\$ 12.81	NO
07/09	E0955	RR	Cushioned headrest	1	1 Month	\$ 20.23	\$ 16.18	YES
07/09	E0955	NU	Cushioned headrest	1	2 Years	\$ 202.18	\$ 161.74	YES
07/09	E0956	RR	W/c lateral trunk/hip suppor	2	1 Month	\$ 9.87	\$ 7.90	YES

Schedule of Maximum Allowable Payments for DME Services

Effective Date	HCPCS Code	MOD	Description	Max Units	Billing Period	2007 CMS Rate	Max Allowed Pymt (80% of 2007 CMS DMEPOS or DCH rate)	Prior Approval (Y/N)
07/09	E0956	NU	W/c lateral trunk/hip support	2	1 Year	\$ 98.58	\$ 78.86	YES
07/09	E0957	RR	W/c medial thigh support	2	1 Month	\$ 13.79	\$ 11.03	YES
07/09	E0957	NU	W/c medial thigh support	2	1 Year	\$ 137.93	\$ 110.34	YES
07/09	E0958	RR	One-Arm Drive attachment	2	1 Month	\$ 42.89	\$ 34.31	YES
07/09	E0958	NU	Whlchr att- conv 1 arm drive	2	2 Years	\$ 428.90	\$ 343.12	YES
07/09	E0959	RR	Amputee adapter	2	1 Month	\$ 3.84	\$ 3.07	NO
07/09	E0959	NU	Amputee Adapter, each (device used to compensate for transfer weight due to lost limbs to maintain proper balances)	2	1 Year	\$ 38.50	\$ 30.80	YES
07/09	E0960	RR	W/c shoulder harness/straps	2	1 Month	\$ 9.10	\$ 7.28	YES
07/09	E0960	NU	W/c shoulder harness/straps	2	1 Year.	\$ 90.98	\$ 72.78	YES
07/09	E0961	RR	Wheelchair brake extension	2	1 Month	\$ 2.64	\$ 2.11	YES

Schedule of Maximum Allowable Payments for DME Services

Effective Date	HCPCS Code	MOD	Description	Max Units	Billing Period	2007 CMS Rate	Max Allowed Pymt (80% of 2007 CMS DMEPOS or DCH rate)	Prior Approval (Y/N)
07/09	E0961	NU	Wheelchair brake extension	2	1 Year	\$ 25.28	\$ 20.22	YES
07/09	E0966	RR	Wheelchair head rest extensi	1	1 Month.	\$ 6.55	\$ 5.24	YES
07/09	E0966	NU	Wheelchair head rest extensi	1	1 Year	\$ 65.56	\$ 52.45	YES
07/09	E0967	RR	Manual wc hand rim w project	2	1 Month	\$ 6.57	\$ 5.26	YES
07/09	E0967	NU	Manual wc hand rim w project	2	1 Year	\$ 65.69	\$ 52.55	YES
07/09	E0971	RR	Manual wheelchair accessory, antitipping device, each	2	1 Month	\$ 4.34	\$ 3.47	NO
07/09	E0971	NU	Manual wheelchair accessory, antitipping device, each	2	1 Year	\$ 43.39	\$ 34.71	NO
07/09	E0973	RR	W/Ch access det adj armrest	2	1 Month	\$ 10.95	\$ 8.76	YES
07/09	E0973	NU	W/Ch access det adj armrest	2	2 Years	\$ 114.97	\$ 91.98	YES
07/09	E0974	RR	W/Ch access anti-rollback	2	1 Month	\$ 8.31	\$ 6.65	YES

Schedule of Maximum Allowable Payments for DME Services

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07/09	E0974	NU	W/Ch access anti-rollback	2	1 Year	\$ 78.41	\$ 62.73	YES
07/09	E0978	RR	W/C acc,saf belt pelv strap	1	1 Month	\$ 4.28	\$ 3.42	YES
07/09	E0978	NU	W/C acc,saf belt pelv strap	1	1 Year	\$ 42.70	\$ 34.16	YES
07/09	E0980	RR	Wheelchair safety vest	1	1 Month.	\$ 2.81	\$ 2.25	YES
07/09	E0980	NU	Wheelchair safety vest	1	1 Year	\$ 28.10	\$ 22.48	YES
07/09	E0981	RR	Seat upholstery, replacement	1	1 Month	\$ 4.56	\$ 3.65	YES
07/09	E0981	NU	Seat upholstery, replacement	1	1 Year	\$ 45.59	\$ 36.47	YES
07/09	E0982	RR	Back upholstery, replacement	1	1 Month	\$ 5.15	\$ 4.12	YES
07/09	E0982	NU	Back upholstery, replacement	1	1 Year	\$ 51.53	\$ 41.22	YES
07/09	E0983	RR	Add pwr joystick	1	1 Month	\$ 242.91	\$ 194.33	YES
07/09	E0984	RR	Add pwr tiller	1	1 Month	\$ 177.59	\$ 142.07	YES

Schedule of Maximum Allowable Payments for DME Services

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07/09	E0984	NU	Add pwr tiller	1	2 Years	\$ 1,910.58	\$ 1,528.46	YES
07/09	E0985	RR	W/c seat lift mechanism	1	1 Month	\$ 20.30	\$ 16.24	YES
07/09	E0985	NU	W/c seat lift mechanism	1	3-5Years	\$ 202.85	\$ 162.28	YES
07/09	E0986	RR	Man w/c push-rim pow assist	1	1 Month	\$ 486.43	\$ 389.14	YES
07/09	E0986	NU	Man w/c push-rim pow assist	1	2 Years	\$ 4,864.24	\$ 3891.39	YES
07/09	E0990	RR	Wheelchair elevating leg res	2	1 Month.	\$ 11.75	\$ 9.40	YES
07/09	E0990	NU	Wheelchair elevating leg res	2	2 Years.	\$ 117.43	\$ 93.94	YES
07/09	E0992	RR	Wheelchair solid seat insert	1	1 Month	\$ 8.01	\$ 6.41	YES
07/09	E0992	NU	Wheelchair solid seat insert	1	2 Years	\$ 80.88	\$ 64.70	YES
07/09	E0994	RR	Wheelchair arm rest	2	1 Month	\$ 1.51	\$ 1.21	NO
07/09	E0994	NU	Wheelchair arm rest	2	2 Years	\$ 14.99	\$ 11.99	NO
07/09	E0995	RR	Wheelchair calf rest	2	1 Month	\$ 3.05	\$ 2.44	NO
07/09	E0995	NU	Wheelchair calf rest	2	2 Years	\$ 30.40	\$ 24.32	NO
07/09	E1002	RR	Pwr seat tilt	1	1 Month	\$ 405.32	\$ 324.26	YES
07/09	E1002	NU	Power Tilt	1	3Years	\$ 4,053.21	\$ 3,242.57	YES
07/09	E1003	RR	Pwr seat recline	1	1 Month	\$ 439.14	\$ 351.31	YES
07/09	E1003	NU	Power Recliner w. shear reduction	1	3 Years	\$ 4,391.30	\$ 3,513.04	YES
07/09	E1004	RR	Pwr seat recline mech	1	1 Month	\$ 486.90	\$ 389.52	YES
07/09	E1004	NU	Pwr seat recline mech	1	3 Years	\$ 4,869.05	\$ 3,895.24	YES
07/09	E1005	RR	Pwr seat recline pwr	1	1 Month	\$ 527.03	\$ 421.62	YES
07/09	E1005	NU	Pwr seat recline pwr	1	3 Years	\$ 5,270.36	\$ 4,216.29	YES
07/09	E1006	RR	Pwr seat combo w/o shear	1	1 Month	\$ 645.55	\$ 516.44	YES

Schedule of Maximum Allowable Payments for DME Services

Effective Date	HCPCS Code	MOD	Description	Max Units	Billing Period	2007 CMS Rate	Max Allowed Pymt (80% of 2007 CMS DMEPOS or DCH rate)	Prior Approval (Y/N)
07/09	E1006	NU	Pwr seat combo w/o shear	1	3 Years.	\$ 6,455.70	\$ 5,164.56	YES
07/09	E1007	RR	Pwr seat combo w/shear	1	1 Month	\$ 874.13	\$ 699.30	YES
07/09	E1007	NU	Pwr seat combo w/shear	1	3 Years	\$ 8,741.27	\$ 6,993.02	YES
07/09	E1008	RR	Pwr seat combo pwr shear	1	1 Month	\$ 874.20	\$ 699.36	YES
07/09	E1008	NU	Power Tilt and Recline w. mechanical shear	1	3 Years	\$ 8,742.05	\$ 6,993.64	YES
07/09	E1010	RR	Add pwr leg elevation	1	1 Month	\$ 114.38	\$ 91.50	YES
07/09	E1010	NU	Add pwr leg elevation	1	2 Years	\$ 1,143.79	\$ 915.03	YES
07/09	E1014	RR	Reclining back add ped w/c	1	1 Month	\$ 36.52	\$ 29.22	YES
07/09	E1014	NU	Reclining back add ped w/c	1	2-3 Years	\$ 365.14	\$ 292.11	YES
07/09	E1015	RR	Shock absorber for man w/c	2	1 Month	\$ 11.46	\$ 9.17	YES
07/09	E1015	NU	Shock absorber for man w/c	2	1 Year	\$ 114.70	\$ 91.76	YES
07/09	E1016	RR	Shock absorber for power w/c	2	1 Month.	\$ 13.14	\$ 10.51	YES
07/09	E1016	NU	Shock absorber for power w/c	2	1 Year	\$ 131.31	\$ 105.05	YES
07/09	E1020	RR	Residual limb support system	2	1 Month	\$ 24.32	\$ 19.46	YES
07/09	E1020	NU	Residual limb support system	2	1 Year	\$ 243.41	\$ 194.73	YES
07/09	E1028	RR	W/c manual swingaway	4	1 Month	\$ 20.65	\$ 16.52	YES
07/09	E1028	NU	W/c manual swingaway	4	1 Year	\$ 206.54	\$ 165.23	YES
07/09	E1029	RR	W/c vent tray fixed	1	1 Month	\$ 36.95	\$ 29.56	YES
07/09	E1029	NU	W/c vent tray fixed	1	2 Years	\$ 369.54	\$ 295.63	YES
07/09	E1030	RR	W/c vent tray gimbaled	1	1 Month	\$ 116.53	\$ 93.22	YES
07/09	E1030	NU	W/c vent tray gimbaled	1	Years	\$ 1,165.27	\$ 932.22	YES
07/09	E1031	RR	Rollabout chair with casters	1	1 Month.	\$ 42.93	\$ 34.34	YES
07/09	E1035	RR	Patient transfer system	1	1 Month	\$ 613.20	\$ 490.56	YES
07/09	E1037	RR	Transport chair, ped size	1	1 Month	\$ 108.49	\$ 86.79	YES
07/09	E1038	RR	Transport chair pt wt<=300lb	1	1 Month	\$ 18.03	\$ 14.42	YES
07/09	E1039	RR	Transport chair pt wt >300lb	1	1 Month	\$ 34.20	\$ 27.36	YES
07/09	E1060	RR	Wheelchair detachable arms (desk or full length), swing away detachable elevating leg rests	1	1 Month	\$ 107.16	\$ 85.73	YES
03/14	E1060	NU	Wheelchair detachable arms (desk or full length), swing away detachable elevating leg rests	1	3-5 Years	\$0/ DCH Rate	\$ 857.28	YES
07/09	E1150	RR	Wheelchair detachable arms (desk or full length), swing away detachable elevating leg rests	1	1 Month	\$ 74.83	\$ 59.86	YES
03/14	E1150	NU	Wheelchair detachable arms (desk or full length), swing away detachable elevating leg rests	1	3-5 Years	\$0/ DCH Rate	\$ 598.64	YES
07/09	E1160	RR	Wheelchair, fixed full length arms, swing away detachable elevating leg rests	1	1 Month	\$ 53.13	\$ 42.50	YES
03/14	E1160	NU	Wheelchair, fixed full length arms, swing away detachable elevating leg rests	1	3-5 Years	\$0/ DCH Rate	\$ 428.04	YES

Schedule of Maximum Allowable Payments for DME Services

Effective Date	HCPCS Code	MOD	Description	Max Units	Billing Period	2007 CMS Rate	Max Allowed Pymt (80% of 2007 CMS DMEPOS or DCH rate)	Prior Approval (Y/N)
07/09	E1161	RR	Manual adult wc w tiltinspace	1	1 Month	\$ 236.61	\$ 189.29	YES
07/09	E1161	NU	Specially sized or constructed Wheelchair with Tilt n Space Indicate name and model number	1	3-5 Years	\$ 2,366.09	\$ 1,892.87	YES
07/09	E1170	RR	Amputee Wheelchair, fixed full length arms, swing away detachable elevating leg rests	1	1 Month	\$ 75.91	\$ 60.73	YES
03/14	E1170	NU	Amputee Wheelchair, fixed full length arms, swing away detachable elevating leg rests	1	3-5 Years	\$0/ DCH Rate	\$ 607.73	YES
07/09	E1180	RR	Amputee Wheelchair, detachable arms (desk or full length), swing away detachable footrests	1	1 Month	\$ 86.14	\$ 68.91	YES
03/14	E1180	NU	Amputee Wheelchair, detachable arms (desk or full length), swing away detachable footrests	1	3-5 Years	\$0/ DCH Rate	\$ 689.12	YES
07/09	E1190	RR	Amputee Wheelchair, detachable arms (desk or full length), swing away detachable elevating leg rests	1	1 Month	\$ 99.51	\$ 79.61	YES
03/14	E1190	NU	Amputee Wheelchair, detachable arms (desk or full length), swing away detachable elevating leg rests	1	3-5 Years	\$0/ DCH Rate	\$ 796.08	YES
07/09	E1200	RR	Amputee Wheelchair, fixed full length arms, swing away detachable footrests	1	1 Month	\$ 73.96	\$ 59.17	YES
03/14	E1200	NU	Amputee Wheelchair, fixed full length arms, swing away detachable footrests	1	3-5 Years	\$ 73.96	\$ 59.17	YES
07/09	E1225	RR	Manual semi-reclining back	1	1 Month	\$ 40.61	\$ 32.49	YES
07/09	E1226	RR	Manual fully reclining back	1	1 Month	\$ 56.16	\$ 44.93	YES
07/09	E1226	NU	Manual fully reclining back	1	3-5 Years	\$ 545.65	\$ 436.52	YES
07/09	E1232	RR	Folding ped wc tilt-in-space	1	1 Month.	\$ 213.85	\$ 171.08	YES
07/09	E1232	NU	Folding ped wc tilt-in-space	1	2-3 Years	\$ 2,138.41	\$ 1,710.73	YES
07/09	E1233	RR	Rig ped wc tiltinspace w/o seat	1	1 Month	\$ 221.57	\$ 177.26	YES
07/09	E1233	NU	Rig ped wc tiltinspace w/o seat	1	2-3 Years	\$ 2,215.73	\$ 1,772.58	YES
07/09	E1234	RR	Fld ped wc tiltinspace w/o seat	1	1 Month	\$ 192.91	\$ 154.33	YES
07/09	E1234	NU	Fld ped wc tiltinspace w/o seat	1	2-3 Years	\$ 1,928.95	\$ 1,543.16	YES
07/09	E1235	RR	Rigid ped wc adjustable	1	1 Month	\$ 185.75	\$ 148.60	YES

Schedule of Maximum Allowable Payments for DME Services

Effective Date	HCPCS Code	MOD	Description	Max Units	Billing Period	2007 CMS Rate	Max Allowed Pymt (80% of 2007 CMS DMEPOS or DCH rate)	Prior Approval (Y/N)
07/09	E1235	NU	Rigid ped wc adjustable	1	2-3 Years	\$ 1,857.43	\$ 1,485.94	YES
07/09	E1236	RR	Folding ped wc adjustable	1	1 Month	\$ 163.87	\$ 131.10	YES
07/09	E1236	NU	Folding ped wc adjustable	1	2-3 Years	\$ 1,638.73	\$ 1,310.98	YES
07/09	E1237	RR	Rgd ped wc adjstabl w/o seat	1	1 Month	\$ 165.30	\$ 132.24	YES
07/09	E1237	NU	Rgd ped wc adjstabl w/o seat	1	2-3 Years	\$ 1,653.05	\$ 1,322.44	YES
07/09	E1238	RR	Fld ped wc adjstabl w/o seat	1	1 Month	\$ 163.87	\$ 131.10	YES
07/09	E1238	NU	Fld ped wc adjstabl w/o seat	1	2-3 Years	\$ 1,638.73	\$ 1,310.98	YES
07/09	E1240	RR	Ltwt Whch, det arms (desk or full) swing away det elev leg rsts	1	1 Month	\$ 103.02	\$ 82.42	YES
07/09	E1240	NU	Whchr litwt det arm leg rest	1	3 Years	\$ 1,030.20	\$ 824.16	YES
07/09	E1270	RR	Wheelchair lightweight leg r	1	1 Month	\$ 78.94	\$ 63.15	YES
07/09	E1280	RR	Heavy Duty Wheelchair, detachable arms (desk or full length), elevating leg rests	1	1 Month	\$ 114.32	\$ 91.46	YES
07/09	E1260	RR	Lightweight Wheelchair, detachable arm (desk or full length), swing away detachable footrests	1	1 Month	\$0/ DCH Rate	\$ 88.56	YES
07/09	E1280	NU	Whchr h-duty det arm leg res	1	3 Years.	\$ 1,143.20	\$ 914.56	YES
07/09	E1290	RR	Whch h-duty det arm w/ det leg res	1	1 Month	\$0/DCH Rate	\$ 83.36	YES
07/09	E1290	NU	Whch h-duty det arm w/ det leg res	1	3-5 Years	\$0/DCH Rate	\$ 833.58	Yes
07/09	E1295	RR	Wheelchair heavy duty fixed	1	1 Month	\$ 121.47	\$ 97.18	YES
07/09	E1296	RR	Wheelchair special seat heig	1	1 Month	\$ 49.94	\$ 39.95	YES
07/09	E1296	NU	Wheelchair special seat heig	1	3 Years	\$ 491.67	\$ 393.34	YES
07/09	E1297	RR	Wheelchair special seat dept	1	1 Month	\$ 11.62	\$ 9.30	YES
07/09	E1297	NU	Wheelchair special seat dept	1	3 Years	\$ 104.61	\$ 83.69	YES
07/09	E1298	RR	Wheelchair spec seat depth/w	1	1 Month	\$ 43.35	\$ 34.68	YES

Schedule of Maximum Allowable Payments for DME Services

Effective Date	HCPCS Code	MOD	Description	Max Units	Billing Period	2007 CMS Rate	Max Allowed Pymt (80% of 2007 CMS DMEPOS or DCH rate)	Prior Approval (Y/N)
07/09	E1298	NU	Wheelchair spec seat depth/w	1	3 Years	\$ 423.65	\$ 338.92	YES
07/09	E1390	RR	Oxygen Concentrator, single del.port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	1	1 Month	\$ 198.40	\$ 158.72	YES
07/09	E1392	RR	Portable oxygen concentrator	1	1 Month	\$ 51.63	\$ 41.30	YES
07/09	E2201	RR	Man w/ch acc seat w>=20ö<24ö	1	1 Month	\$ 37.31	\$ 29.85	YES
07/09	E2201	NU	Man w/ch acc seat w>=20ö<24ö	1	3 Years	\$ 373.10	\$ 298.48	YES
07/09	E2202	RR	Seat width 24-27 in	1	1 Month	\$ 47.40	\$ 37.92	YES
07/09	E2202	NU	Seat width 24-27 in	1	3 Years	\$ 473.98	\$ 379.18	YES
07/09	E2203	RR	Frame depth less than 22 in	1	1 Month	\$ 47.89	\$ 38.31	YES
07/09	E2203	NU	Frame depth less than 22 in	1	3 Years	\$ 479.05	\$ 383.24	YES
07/09	E2204	RR	Frame depth 22 to 25 in	1	1 Month	\$ 81.35	\$ 65.08	YES
07/09	E2204	NU	Frame depth 22 to 25 in	1	3 Years	\$ 813.40	\$ 650.72	YES
07/09	E2205	RR	Manual wc accessory, handrim	2	1 Month	\$ 3.25	\$ 2.60	YES
07/09	E2205	NU	Manual wc accessory, handrim	2	1 Year	\$ 32.67	\$ 26.14	YES
07/09	E2206	RR	Complete wheel lock assembly	2	1 Month	\$ 4.06	\$ 3.25	YES
07/09	E2206	NU	Complete wheel lock assembly	2	1 Year	\$ 40.68	\$ 32.54	YES
07/09	E2207	RR	Crutch and cane holder	2	1 Month	\$ 4.34	\$ 3.47	YES
07/09	E2207	NU	Crutch and cane holder	2	3 Years	\$ 43.35	\$ 34.68	YES
07/09	E2208	RR	Cylinder tank carrier	1	1 Month	\$ 11.87	\$ 9.50	YES
07/09	E2208	NU	Cylinder tank carrier	1	3 Years	\$ 118.78	\$ 95.02	YES
07/09	E2209	RR	Arm trough each	2	1 Month	\$ 10.74	\$ 8.59	YES
07/09	E2209	NU	Arm trough each	2	1 Year	\$ 107.16	\$ 85.73	YES

Schedule of Maximum Allowable Payments for DME Services

Effective Date	HCPCS Code	MOD	Description	Max Units	Billing Period	2007 CMS Rate	Max Allowed Pymt (80% of 2007 CMS DMEPOS or DCH rate)	Prior Approval (Y/N)
07/09	E2210	RR	Wheelchair bearings	8	1 Month	\$ 0.66	\$ 0.53	NO
07/09	E2210	NU	Wheelchair bearings	8	1 Year	\$ 6.55	\$ 5.24	NO
07/09	E2211	RR	Pneumatic propulsion tire	2	1 Month	\$ 3.64	\$ 2.91	NO
07/09	E2211	NU	Pneumatic propulsion tire	2	1 Year	\$ 36.60	\$ 29.28	NO
07/09	E2212	RR	Pneumatic prop tire tube	2	1 Month.	\$ 0.61	\$ 0.49	NO
07/09	E2212	NU	Pneumatic prop tire tube	2	1 Year	\$ 5.88	\$ 4.70	NO
07/09	E2213	RR	Pneumatic prop tire insert	2	1 Month.	\$ 3.05	\$ 2.44	NO
07/09	E2213	NU	Pneumatic prop tire insert	2	1 Year	\$ 30.41	\$ 24.33	NO
07/09	E2214	RR	Pneumatic caster tire each	2	1 Month	\$ 3.37	\$ 2.70	NO
07/09	E2214	NU	Pneumatic caster tire each	2	1 Year	\$ 30.60	\$ 24.48	NO
07/09	E2215	RR	Pneumatic caster tire tube	2	1 Month	\$ 0.95	\$ 0.76	NO
07/09	E2215	NU	Pneumatic caster tire tube	2	1 Year.	\$ 9.60	\$ 7.68	NO
07/09	E2219	RR	Foam caster tire any size ea	2	1 Month	\$ 4.72	\$ 3.78	NO
07/09	E2219	NU	Foam caster tire any size ea	2	1 Year	\$ 41.85	\$ 33.48	NO
07/09	E2220	RR	Solid propulsion tire each	2	1 Month	\$ 2.75	\$ 2.20	NO
07/09	E2220	NU	Solid propulsion tire each	2	1 Year	\$ 28.52	\$ 22.82	NO
07/09	E2221	RR	Solid caster tire each	2	1 Month.	\$ 2.58	\$ 2.06	NO
07/09	E2221	NU	Solid caster tire each	2	1 Year	\$ 25.55	\$ 20.44	NO
07/09	E2222	RR	Solid caster integrated whl	2	1 Month.	\$ 2.09	\$ 1.67	NO
07/09	E2222	NU	Solid caster integrated whl	2	1 Year	\$ 21.06	\$ 16.85	NO
07/09	E2224	RR	Propulsion whl excludes tire	2	1 Month	\$ 8.75	\$ 7.00	YES

Schedule of Maximum Allowable Payments for DME Services

Effective Date	HCPCS Code	MOD	Description	Max Units	Billing Period	2007 CMS Rate	Max Allowed Pymt (80% of 2007 CMS DMEPOS or DCH rate)	Prior Approval (Y/N)
07/09	E2224	NU	Propulsion whl excludes tire	2	2 Years	\$ 83.35	\$ 66.68	YES
07/09	E2225	RR	Caster wheel excludes tire	2	1 Month	\$ 1.74	\$ 1.39	NO
07/09	E2225	NU	Caster wheel excludes tire	2	2 Years	\$ 17.40	\$ 13.92	NO
07/09	E2226	RR	Caster fork replacement only	2	1 Month	\$ 3.79	\$ 3.03	NO
07/09	E2226	NU	Caster fork replacement only	2	1 Year	\$ 37.94	\$ 30.35	NO
03/14	E2227	RR	Gear reduction drive wheel	2	1 Month	\$ 156.93	\$ 125.54	YES
03/14	E2227	NU	Gear reduction drive wheel	2	4 Years	\$ 1,569.13	\$ 1,255.30	YES
03/14	E2228	RR	MWC acc, wheelchair braking system and lock complete	2	1 Month	\$ 93.62	\$ 74.90	YES
03/14	E2228	NU	MWC acc, wheelchair braking system and lock complete	2	2 Years	\$ 936.26	\$ 749.01	YES
03/14	E2231	RR	MWC acc, Solid Seat Support Base (replaces sling seat), includes any type mounting hardware	1	1 Month	\$ 16.14	\$ 12.91	YES
03/14	E2231	NU	MWC acc, Solid Seat Support Base (replaces sling seat), includes any type mounting hardware	1	1 Year	\$ 121.01	\$ 96.80	YES
07/09	E2310	RR	Electro connect btw control	1	1 Month	\$ 117.02	\$ 93.62	YES
07/09	E2310	NU	Electro connect btw control	1	2 Years	\$ 1,170.24	\$ 936.19	YES
07/09	E2311	RR	Electro connect btw 2 sys	1	1 Month	\$ 236.93	\$ 189.54	YES
07/09	E2311	NU	Electro connect btw 2 sys	1	2 Years	\$ 2,369.20	\$ 1,895.36	YES
03/14	E2312	RR	Mini proportional joystick	1	1 Month	\$ 201.67	\$ 161.34	YES
03/14	E2312	NU	Mini proportional joystick	1	2 Years	\$ 2,016.71	\$ 1,613.37	YES
03/14	E2313	RR	Electronics harness	1	1 Month	\$ 32.03	\$ 25.62	YES
03/14	E2313	NU	Electronics harness	1	2 Years	\$ 320.26	\$ 256.21	YES
07/09	E2321	RR	Hand interface joystick	1	1 Month	\$ 158.92	\$ 127.14	YES
07/09	E2321	NU	Hand interface joystick	1	2 Years	\$ 1,589.10	\$ 1,271.28	YES

Schedule of Maximum Allowable Payments for DME Services

Effective Date	HCPCS Code	MOD	Description	Max Units	Billing Period	2007 CMS Rate	Max Allowed Pymt (80% of 2007 CMS DMEPOS or DCH rate)	Prior Approval (Y/N)
07/09	E2322	RR	Mult mech switches	1	1 Month	\$ 236.26	\$ 189.01	YES
07/09	E2322	NU	Mult mech switches	1	2 Years	\$ 1,410.36	\$ 1,128.29	YES
07/09	E2323	RR	Special joystick handle	1	1 Month	\$ 6.92	\$ 5.54	YES
07/09	E2323	NU	Special joystick handle	1	1 Year	\$ 69.16	\$ 55.33	YES
07/09	E2324	RR	Chin cup interface	1	1 Month	\$ 4.37	\$ 3.50	YES
07/09	E2324	NU	Chin cup interface	1	2 Years.	\$ 43.82	\$ 35.06	YES
07/09	E2325	RR	Sip and puff interface	1	1 Month	\$ 134.70	\$ 107.76	YES
07/09	E2325	NU	Sip-n-Puff interface	1	2 Years	\$ 1,346.83	\$ 1,077.46	YES
07/09	E2326	RR	Breath tube kit	1	1 Month	\$ 34.73	\$ 27.78	YES
07/09	E2326	NU	Breath tube kit	1	1 Year	\$ 347.14	\$ 277.71	YES
07/09	E2327	RR	Head control interface mech	1	1 Month	\$ 342.08	\$ 273.66	YES
07/09	E2327	NU	Head control interface mech	1	2 Years..	\$ 2,612.38	\$ 2,089.90	YES
07/09	E2328	RR	Head/extremity control inter	1	1 Month	\$ 495.52	\$ 396.42	YES
07/09	E2328	NU	Head/extremity control inter	1	2 Years.	\$ 4,955.32	\$ 3,964.26	YES
07/09	E2329	RR	Head control nonproportional	1	1 Month	\$ 176.61	\$ 141.29	YES
07/09	E2329	NU	Head control nonproportional	1	2 Years.	\$ 1,766.13	\$ 1,412.90	YES
07/09	E2330	RR	Head control proximity switc	1	1 Month	\$ 342.20	\$ 273.76	YES
07/09	E2330	NU	Head or Chin Control	1	2 Years.	\$ 3,422.09	\$ 2,737.67	YES
07/09	E2340	RR	W/c wdth 20-23 in seat frame	1	1 Month	\$ 35.85	\$ 28.68	YES
07/09	E2340	NU	W/c wdth 20-23 in seat frame	1	3 Years.	\$ 358.36	\$ 286.69	YES
07/09	E2341	RR	W/c wdth 24-27 in seat frame	1	1 Month	\$ 53.76	\$ 43.01	YES
07/09	E2341	NU	W/c wdth 24-27 in seat frame	1	3 Years.	\$ 537.58	\$ 430.06	YES
07/09	E2342	RR	W/c dpth 20-21 in seat frame	1	1 Month	\$ 44.80	\$ 35.84	YES
07/09	E2342	NU	W/c dpth 20-21 in seat frame	1	3 Years	\$ 447.98	\$ 358.38	YES
07/09	E2343	RR	W/c dpth 22-25 in seat frame	1	1 Month	\$ 71.67	\$ 57.34	YES
07/09	E2343	NU	W/c dpth 22-25 in seat frame	1	3 Years	\$ 716.78	\$ 573.42	YES
07/09	E2351	RR	Electronic SGD interface	1	1 Month.	\$ 69.88	\$ 55.90	YES
07/09	E2351	NU	Electronic SGD interface	1	2 Years	\$ 698.63	\$ 558.90	YES
01/12	E2359	RR	GR34 sealed lead acid battery	2	1 month	\$	\$ 14.97	NO
01/12	E2359	NU	GR34 sealed lead acid battery	2	1 Year	\$	\$ 149.63	NO
07/09	E2360	RR	22nf nonsealed lead acid	2	1 Month	\$ 9.60	\$ 7.68	NO
07/09	E2360	NU	22nf nonsealed lead acid	2	1 Year	\$ 95.49	\$ 76.39	NO
07/09	E2361	RR	22nf sealed leadacid battery	2	1 Month	\$ 13.95	\$ 11.16	NO
07/09	E2361	NU	22NF sealed lead acid	2	1 Year	\$ 139.47	\$ 111.58	NO
07/09	E2362	RR	Gr24 nonsealed leadacid	2	1 Month	\$ 9.20	\$ 7.36	NO
07/09	E2362	NU	Gr24 nonsealed leadacid	2	1 Year	\$ 91.98	\$ 73.58	NO

Schedule of Maximum Allowable Payments for DME Services

Effective Date	HCPCS Code	MOD	Description	Max Units	Billing Period	2007 CMS Rate	Max Allowed Pymt (80% of 2007 CMS DMEPOS or DCH rate)	Prior Approval (Y/N)
07/09	E2363	RR	Gr24 sealed leadacid battery	2	1 Month	\$ 18.61	\$ 14.89	NO
07/09	E2363	NU	Gr24 sealed leadacid battery	2	1 Year	\$ 186.00	\$ 148.80	NO
07/09	E2364	RR	U1nonsealed leadacid battery	2	1 Month	\$ 9.60	\$ 7.68	NO
07/09	E2365	RR	U1 sealed leadacid battery	2	1 Month	\$ 11.22	\$ 8.98	NO
07/09	E2365	NU	U-1 (gel cell)	2	1 Year	\$ 112.17	\$ 89.74	NO
07/09	E2366	RR	Battery charger, single mode	1	1 Month	\$ 22.47	\$ 17.98	NO
07/09	E2366	NU	Battery charger, single mode	1	1 Year	\$ 224.08	\$ 179.26	NO
07/09	E2367	RR	Battery charger, dual mode	1	1 Month	\$ 41.91	\$ 33.53	YES
07/09	E2367	NU	Battery Charger (p/yr)	1	1 Year	\$ 419.08	\$ 335.26	YES
07/09	E2368	RR	Power wc motor replacement	2	1 Month	\$ 51.67	\$ 41.34	YES
07/09	E2368	NU	Power wc motor replacement	2	2 Years	\$ 516.57	\$ 413.26	YES
07/09	E2369	RR	Pwr wc gear box replacement	2	1 Month	\$ 45.00	\$ 36.00	YES
07/09	E2369	NU	Pwr wc gear box replacement	2	2 Years	\$ 449.94	\$ 359.95	YES
07/09	E2370	RR	Pwr wc motor/gear box combo	2	1 Month	\$ 80.29	\$ 64.23	YES
07/09	E2370	NU	Pwr wc motor/gear box combo	2	2 Years.	\$ 802.84	\$ 642.27	YES
07/09	E2371	RR	Gr27 sealed leadacid battery	2	1 Month	\$ 15.08	\$ 12.06	YES
07/09	E2371	NU	Gr27 sealed leadacid battery	2	1 Year	\$ 150.74	\$ 120.59	YES
07/09	E2373	RR	Hand/chin ctrl spec joystick	1	1 Month	\$ 125.83	\$ 100.66	YES
07/09	E2373	NU	Hand/chin ctrl spec joystick	1	2 Years	\$	\$ 1,006.68	YES
07/09	E2374	RR	Hand/chin ctrl std joystick	1	1 Month	\$ 53.40	\$ 42.72	YES
07/09	E2374	NU	Hand/chin ctrl std joystick	1	2 Years	\$ 534.02	\$ 427.22	YES
07/09	E2375	RR	Non-expandable controller	1	1 Month	\$ 85.65	\$ 68.52	YES
07/09	E2375	NU	Non-expandable controller	1	2 Years	\$ 856.56	\$ 685.25	YES
07/09	E2376	RR	Expandable controller, repl	1	1 Month	\$ 134.23	\$ 107.38	YES
07/09	E2376	NU	Expandable controller, repl	1	2 Years	\$	\$ 1,073.82	YES
07/09	E2377	RR	Expandable controller, initl	1	1 Month.	\$ 48.56	\$ 38.85	YES
07/09	E2500	RR	SGD digitized pre-rec <=8min	1	1 Month	\$ 39.11	\$ 31.29	YES
07/09	E2500	NU	SGD digitized pre-rec <=8min	1	3-5 Years.	\$ 391.06	\$ 312.85	YES
07/09	E2502	RR	SGD prerec msg >8min <=20min	1	1 Month	\$ 199.59	\$ 95.67	YES
07/09	E2502	NU	SGD prerec msg >8min <=20min	1	3-5 Years.	\$ 1,195.80	\$ 956.64	YES
07/09	E2504	RR	SGD prerec msg>20min <=40min	1	1 Month	\$ 157.76	\$ 126.21	YES
07/09	E2504	NU	SGD prerec msg>20min <=40min	1	3-5 Years.	\$ 1,577.42	\$ 1,261.94	YES
07/09	E2506	RR	SGD prerec msg > 40 min	1	1 Month	\$ 231.29	\$ 185.03	YES
07/09	E2506	NU	SGD prerec msg > 40 min	1	3-5 Years.	\$ 2,312.96	\$ 1,850.37	YES
07/09	E2508	RR	SGD spelling phys contact	1	1 Month	\$ 357.67	\$ 286.14	YES
07/09	E2508	NU	SGD spelling phys contact	1	3-5	\$	\$ 2,861.29	YES
07/09	E2510	RR	SGD w multi methods msg/accs	1	1 Month	\$ 676.82	\$ 541.46	YES
07/09	E2510	NU	SGD w multi methods msg/accs	1	3-5 Years.	\$ 6768.25	\$ 5,414.60	YES

Schedule of Maximum Allowable Payments for DME Services

Effective Date	HCPCS Code	MOD	Description	Max Units	Billing Period	2007 CMS Rate	Max Allowed Pymt (80% of 2007 CMS DMEPOS or DCH rate)	Prior Approval (Y/N)
07/09	E2601	RR	Gen w/c cushion wth < 22 in	1	1 Month	\$ 6.13	\$ 4.90	YES
07/09	E2601	NU	Gen w/c cushion wth < 22 in	1	2 Years.	\$ 61.16	\$ 48.93	YES
07/09	E2602	RR	Gen w/c cushion wth >=22 in	1	1 Month	\$ 11.94	\$ 9.55	YES
07/09	E2602	NU	Gen w/c cushion wth >=22 in	1	2 Years.	\$ 119.40	\$ 95.52	YES
07/09	E2603	RR	Skin protect wc cus wd <22in	1	1 Month	\$ 15.17	\$ 12.14	YES
07/09	E2603	NU	Skin Protection Cushion, NRRTS	1	2 Years.	\$ 151.59	\$ 121.27	YES
07/09	E2604	RR	Skin protect wc cus wd>=22in	1	1 Month	\$ 18.83	\$ 15.06	YES
07/09	E2604	NU	Skin protect wc cus wd>=22in	1	2 Years.	\$ 188.41	\$ 150.73	YES
07/09	E2605	RR	Position wc cush wth <22 in	1	1 Month	\$ 26.93	\$ 21.54	YES
07/09	E2605	NU	Position wc cush wth <22 in	1	2 Years.	\$ 269.17	\$ 215.34	YES
07/09	E2606	RR	Position wc cush wth>=22 in	1	1 Month	\$ 42.01	\$ 33.61	YES
07/09	E2606	NU	Position wc cush wth>=22 in	1	2 Years.	\$ 419.93	\$ 335.94	YES
07/09	E2607	RR	Skin pro/pos wc cus wd <22in	1	1 Month	\$ 28.99	\$ 23.19	YES
07/09	E2607	NU	Low Pressure and Positioning equalization pad	1	2 Years.	\$ 289.85	\$ 231.88	YES
07/09	E2608	RR	Skin pro/pos wc cus wd>=22in	1	1 Month	\$ 34.80	\$ 27.84	YES
07/09	E2608	NU	Skin pro/pos wc cus wd>=22in	1	2 Years.	\$ 348.09	\$ 278.47	YES
07/09	E2611	RR	Gen use back cush wth <22in	1	1 Month	\$ 31.23	\$ 24.98	YES
07/09	E2611	NU	Gen use back cush wth <22in	1	2 Years.	\$ 312.35	\$ 249.88	YES
07/09	E2612	RR	Gen use back cush wth>=22in	1	1 Month	\$ 42.25	\$ 33.80	YES
07/09	E2612	NU	Gen use back cush wth>=22in	1	2 Years.	\$ 422.54	\$ 338.03	YES
07/09	E2613	RR	Position back cush wd <22in	1	1 Month	\$ 39.31	\$ 31.45	YES
07/09	E2613	NU	Position back cush wd <22in	1	2 Years.	\$ 393.04	\$ 314.43	YES
07/09	E2614	RR	Position back cush wd>=22in	1	1 Month	\$ 54.40	\$ 43.52	YES
07/09	E2614	NU	Position back cush wd>=22in	1	2 Years.	\$ 543.93	\$ 435.14	YES
07/09	E2615	RR	Pos back post/lat wth <22in	1	1 Month	\$ 45.24	\$ 36.19	YES
07/09	E2615	NU	Pos back post/lat wth <22in	1	2 Years.	\$ 452.32	\$ 361.86	YES
07/09	E2616	RR	Pos back post/lat wth>=22in	1	1 Month	\$ 60.86	\$ 48.69	YES
07/09	E2616	NU	Pos back post/lat wth>=22in	1	2 Years.	\$ 608.58	\$ 486.86	YES
07/09	E2619	RR	Replace cover w/c seat cush	2	1 Month	\$ 5.13	\$ 4.10	NO
07/09	E2619	NU	Replace cover w/c seat cush	2	2 Years.	\$ 51.32	\$ 41.06	NO
07/09	E2620	RR	WC planar back cush wd <22in	1	1 Month.	\$ 54.77	\$ 43.82	YES
07/09	E2620	NU	WC planar back cush wd <22in	1	2 Years.	\$ 547.70	\$ 438.16	YES
07/09	E2621	RR	WC planar back cush wd>=22in	1	1 Month	\$ 57.47	\$ 45.98	YES
07/09	E2621	NU	WC planar back cush wd>=22in	1	2 Years..	\$ 574.76	\$ 459.81	YES
01/11	E2622	RR	WC skin protection cush wd<=22in	1	1 Month	\$ 29.97	\$ 23.98	YES
01/11	E2622	NU	WC skin protection cush wd<=22in	1	2 Years.	\$ 299.68	\$ 239.74	YES
01/11	E2623	RR	Adj skin pro w/c cus wd<22in	1	1 Month	\$ 38.14	\$ 30.51	YES
01/11	E2623	NU	Adj skin pro wc cus wd>=22in	1	2 Years.	\$ 381.30	\$ 305.06	YES
01/11	E2624	RR	Adj skin pro/pos wc cus<22in	1	1 Month	\$ 38.22	\$ 30.59	YES
01/11	E2624	NU	Adj skin pro/pos wc cus<22in	1	2 Years.	\$ 302.14	\$ 241.71	YES
01/11	E2625	RR	Adj skin pro/pos wc cus>=22in	1	1 Month.	\$ 38.24	\$ 30.59	YES
01/11	E2625	NU	Adj skin pro/pos wc cus>=22in	1	2 Years.	\$ 382.49	\$ 305.99	YES
07/09	K0001	RR	Standard wheelchair	1	1 Month	\$ 47.03	\$ 37.62	YES
07/09	K0002	RR	Stnd hemi (low seat) whlchr	1	1 Month	\$ 69.56	\$ 55.65	YES

Schedule of Maximum Allowable Payments for DME Services

Effective Date	HCPCS Code	MOD	Description	Max Units	Billing Period	2007 CMS Rate	Max Allowed Pymt (80% of 2007 CMS DMEPOS or DCH rate)	Prior Approval (Y/N)
07/09	K0003	RR	Lightweight wheelchair	1	1 Month	\$ 88.46	\$ 70.77	YES
07/09	K0004	RR	High strength ltwt whlchr	1	1 Month	\$ 113.59	\$ 90.87	YES
07/09	K0005	RR	Ultralightweight wheelchair	1	1 Month	\$ 184.86	\$ 147.89	YES
07/09	K0005	NU	Ultralightweight wheelchair	1	3-5 Years	\$	\$ 1,479.01	YES
07/09	K0006	RR	Heavy duty wheelchair	1	1 Month	\$ 125.41	\$ 100.33	YES
07/09	K0007	RR	Extra heavy duty wheelchair	1	1 Month	\$ 175.51	\$ 140.41	YES
07/09	K0009	RR	Other manual wheelchair/base	1	1 Month	\$ 80.50	\$ 64.64	YES
07/09	K0009	NU	Other manual wheelchair/base	1	3-5 Years	\$0/DCH Rate	\$ 646.40	YES
07/09	K0015	RR	Detach non-adjust hght armrst	2	1 Month	\$ 18.18	\$ 14.54	YES
07/09	K0015	NU	Detach non-adjust hght armrst	2	2 Years.	\$ 181.70	\$ 145.36	YES
07/09	K0017	RR	Detach adjust armrest base	2	1 Month	\$ 5.11	\$ 4.09	YES
07/09	K0017	NU	Detach adjust armrest base	2	2 Years	\$ 51.11	\$ 40.89	YES
07/09	K0018	RR	Detach adjust armrst upper	2	1 Month	\$ 2.84	\$ 2.27	YES
07/09	K0018	NU	Detach adjust armrst upper	2	2 Years	\$ 28.55	\$ 22.84	YES
07/09	K0019	RR	Arm pad each	2	1 Month	\$ 1.70	\$ 1.36	NO
07/09	K0019	NU	Arm pad each	2	1 Year	\$ 16.99	\$ 13.59	NO
07/09	K0020	RR	Fixed adjust armrest pair	1	1 Month	\$ 4.65	\$ 3.72	YES
07/09	K0020	NU	Fixed adjust armrest pair	1	2 Years	\$ 46.46	\$ 37.17	YES
07/09	K0037	RR	High mount flip-up footrest	2	1 Month	\$ 4.30	\$ 3.44	NO
07/09	K0037	NU	High mount flip-up footrest	2	2 Years	\$ 48.16	\$ 38.53	NO
07/09	K0038	RR	Leg strap each	2	1 Month.	\$ 2.43	\$ 1.94	NO
07/09	K0038	NU	Leg strap each	2	1 Year	\$ 24.26	\$ 19.41	NO
07/09	K0039	RR	Leg strap h style each	2	1 Month	\$ 5.40	\$ 4.32	NO
07/09	K0039	NU	Leg strap h style each	2	1 Year	\$ 53.88	\$ 43.10	NO
07/09	K0040	RR	Adjustable angle footplate	2	1 Month	\$ 7.45	\$ 5.96	NO
07/09	K0040	NU	Adjustable angle footplate	2	2 Years.	\$ 74.67	\$ 59.74	YES
07/09	K0041	RR	Large size footplate each	2	1 Month	\$ 5.31	\$ 4.25	NO
07/09	K0041	NU	Large size footplate each	2	2 Years	\$ 52.92	\$ 42.34	NO
07/09	K0042	RR	Standard size footplate each	2	1 Month	\$ 3.63	\$ 2.90	NO
07/09	K0042	NU	Standard size footplate each	2	2 Years	\$ 36.43	\$ 29.14	NO
07/09	K0043	RR	Ftrst lower extension tube	2	1 Month	\$ 1.95	\$ 1.56	NO
07/09	K0043	NU	Ftrst lower extension tube	2	1 Year	\$ 19.53	\$ 15.62	NO
07/09	K0044	RR	Ftrst upper hanger bracket	2	1 Month	\$ 1.67	\$ 1.34	NO
07/09	K0044	NU	Ftrst upper hanger bracket	2	1 Year	\$ 16.64	\$ 13.31	NO
07/09	K0045	RR	Footrest complete assembly	2	1 Month	\$ 5.84	\$ 4.67	NO
07/09	K0045	NU	Footrest complete assembly	2	2 Years.	\$ 56.62	\$ 45.30	NO
07/09	K0046	RR	Elevat legrst low extension	2	1 Month	\$ 1.95	\$ 1.56	NO
07/09	K0046	NU	Elevat legrst low extension	2	1 Year	\$ 19.53	\$ 15.62	NO
07/09	K0047	RR	Elevat legrst up hangr brack	2	1 Month	\$ 7.67	\$ 6.14	NO
07/09	K0047	NU	Elevat legrst up hangr brack	2	1 Year	\$ 76.48	\$ 61.18	YES
07/09	K0050	RR	Ratchet assembly	2	1 Month	\$ 3.24	\$ 2.59	NO
07/09	K0050	NU	Ratchet assembly	2	1 Year.	\$ 32.50	\$ 26.00	NO
07/09	K0051	RR	Cam relese assem ftrst/lgrst	2	1 Month	\$ 5.29	\$ 4.23	NO
07/09	K0051	NU	Cam relese assem ftrst/lgrst	2	1 Year	\$ 52.61	\$ 42.09	NO

Schedule of Maximum Allowable Payments for DME Services

Effective Date	HCPCS Code	MOD	Description	Max Units	Billing Period	2007 CMS Rate	Max Allowed Pymt (80% of 2007 CMS DMEPOS or DCH rate)	Prior Approval (Y/N)
07/09	K0052	RR	Swingaway detach footrest	2	1 Month	\$ 9.24	\$ 7.39	NO
07/09	K0052	NU	Swingaway detach footrest	2	2 Years	\$ 92.44	\$ 73.95	YES
07/09	K0053	RR	Elevate footrest articulate	2	1 Month	\$ 10.19	\$ 8.15	YES
07/09	K0053	NU	Elevate footrest articulate	2	2 Years	\$ 102.01	\$ 81.61	YES
07/09	K0056	RR	Seat ht <17 or >=21 ltwc	1	1 Month	\$ 9.51	\$ 7.61	YES
07/09	K0056	NU	Seat ht <17 or >=21 ltwc	1	1 Year	\$ 95.10	\$ 76.08	YES
07/09	K0065	RR	Spoke protectors	2	1 Month	\$ 4.45	\$ 3.56	YES
07/09	K0065	NU	Spoke protectors	2	1 Year	\$ 44.46	\$ 35.57	YES
07/09	K0069	RR	Rear whl complete solid tire	2	1 Month	\$ 10.41	\$ 8.33	NO
07/09	K0069	NU	Rear whl complete solid tire	2	1 Year	\$ 99.92	\$ 79.94	NO
07/09	K0070	RR	Rear whl compl pneum tire	2	1 Month	\$ 18.33	\$ 14.66	NO
07/09	K0070	NU	Rear whl compl pneum tire	2	1-Year	\$ 183.16	\$ 146.53	YES if > max units
07/09	K0071	RR	Front castr compl pneum tire	2	1 Month	\$ 10.93	\$ 8.74	NO
07/09	K0071	NU	Front castr compl pneum tire	2	1-Year	\$ 109.25	\$ 87.40	NO
07/09	K0072	RR	Frnt cstr compl sem-pneum tir	2	1 Month.	\$ 6.57	\$ 5.26	NO
07/09	K0072	NU	Frnt cstr compl sem-pneum tir	2	1 Year	\$ 65.76	\$ 52.61	NO
07/09	K0073	RR	Caster pin lock each	2	1 Month	\$ 3.48	\$ 2.78	YES
07/09	K0073	NU	Caster pin lock each	2	1 Year	\$ 34.80	\$ 27.84	YES
07/09	K0077	RR	Front caster assem complete	2	1 Month	\$ 5.88	\$ 4.70	YES
07/09	K0077	NU	Front caster assem complete	2	1 Year	\$ 58.85	\$ 47.08	YES
07/09	K0098	RR	Drive belt power wheelchair	2	1 Month	\$ 2.72	\$ 2.18	YES
07/09	K0098	NU	Drive belt power wheelchair	2	1 Year	\$ 27.21	\$ 21.77	YES
07/09	K0105	RR	Iv hanger	1	1 Month	\$ 9.93	\$ 7.94	YES
07/09	K0105	NU	Iv hanger	1	3 Years	\$ 99.43	\$ 79.54	YES
07/09	K0195	RR	Elevating whlchair leg rests	2	1 Month	\$ 20.93	\$ 16.74	YES
07/09	K0195	NU	Elevating whlchair leg rests	2	3 Years	\$ 209.30	\$ 167.44	YES
07/09	K0601	NU	Replacement battery for external insulin pump (silver oxide 1.5v.)	4	2 Months	\$ 1.10	\$ 0.88	YES
07/09	K0602	NU	Replacement battery for external insulin pump (silver oxide 3v.)	4	2 Months	\$ 6.36	\$ 5.09	NO
07/09	K0603	NU	Replacement battery for external insulin pump (alkaline 1.5v.)	4	2 Months	\$ 0.57	\$ 0.46	NO
07/09	K0604	NU	Replacement battery for external insulin pump (alkaline 3.6v.)	1	6 Months	\$ 6.09	\$ 4.87	NO
06/12	K0606	RR	AED Garment with Elec Analysis (Maximum of 6 months rentals per lifetime)	1	1 Month (6 months per lifetime)	\$ 2,268.20	\$ 1814.56	YES
07/09	K0733	RR	12-24hr sealed lead acid	2	1 Month	\$ 3.04	\$ 2.43	NO
07/09	K0733	NU	12-24hr sealed lead acid	2	1 Year	\$ 30.21	\$ 24.17	NO
07/09	K0734	RR	Adj skin pro w/c cus wd<22in	1	1 Month	\$ 33.15	\$ 26.52	YES

Schedule of Maximum Allowable Payments for DME Services

Effective Date	HCPCS Code	MOD	Description	Max Units	Billing Period	2007 CMS Rate	Max Allowed Pymt (80% of 2007 CMS DMEPOS or DCH rate)	Prior Approval (Y/N)
07/09	K0738	RR	Portable gaseous oxygen system, rental, Home compressor used to fill portable containers, regulator, flow meter, humidifier, cannula or mask, and tubing	1	1 Month.	\$ 51.63	\$ 41.30	YES
04/13	K0739	U1	Repair or nonroutine service for durable medical equipment other than oxygen (itemization, including prescription, parts and labor - per 15 min	14	6 Months	\$0 DCH Rate	\$ 10.73	YES
07/09	K0740	U1	Repair or nonroutine service for oxygen equipment (itemization, including prescription, parts and labor - per 15 min	14	6 Months	\$0 DCH Rate	\$ 10.73	YES
07/09	K0800	RR	POV group 1 std up to 300lbs	1	1 Month	\$ 129.28	\$ 103.42	YES
07/09	K0800	NU	POV group 1 std up to 300lbs	1	3-5 Years	\$ 1,034.22	\$ 1,034.22	YES
07/09	K0801	RR	POV group 1 hd 301-450 lbs	1	1 Month.	\$ 208.40	\$ 166.72	YES
07/09	K0801	NU	POV group 1 hd 301-450 lbs	1	3-5 Years	\$ 1,667.38	\$ 1,667.38	YES
07/09	K0802	RR	POV group 1 vhd 451-600 lbs	1	1 Month	\$ 235.86	\$ 188.69	YES
07/09	K0802	NU	POV group 1 vhd 451-600 lbs	1	3-5 Years	\$ 1,886.93	\$ 1,886.93	YES
07/09	K0806	RR	POV group 2 std up to 300lbs	1	1 Month	\$ 156.39	\$ 125.11	YES
07/09	K0806	NU	POV group 2 std up to 300lbs	1	3-5 Years	\$ 1,251.13	\$ 1,251.13	YES
07/09	K0807	RR	POV group 2 hd 301-450 lbs	1	1 Month.	\$ 237.30	\$ 189.84	YES
07/09	K0807	NU	POV group 2 hd 301-450 lbs	1	3-5 Years	\$ 1,898.44	\$ 1,898.44	YES
07/09	K0808	RR	POV group 2 vhd 451-600 lbs	1	1 Month	\$ 367.15	\$ 293.72	YES
07/09	K0808	NU	POV group 2 vhd 451-600 lbs	1	3-5 Years	\$ 2,937.28	\$ 2,937.28	YES
07/09	K0813	RR	PWC gp 1 std port seat/back	1	1 Month	\$ 241.24	\$ 192.99	YES
07/09	K0813	NU	PWC gp 1 std port seat/back	1	3-5 Years	\$ 1,929.92	\$ 1,929.92	YES
07/09	K0814	RR	PWC gp 1 std port cap chair	1	1 Month	\$ 308.78	\$ 247.02	YES
07/09	K0814	NU	PWC gp 1 std port cap chair	1	3-5 Years	\$ 2,470.24	\$ 2,470.24	YES
07/09	K0815	RR	PWC gp 1 std seat/back	1	1 Month	\$ 351.63	\$ 281.30	YES
07/09	K0815	NU	PWC gp 1 std seat/back	1	3-5 Years	\$ 2,813.04	\$ 2,813.04	YES
07/09	K0816	RR	PWC gp 1 std cap chair	1	1 Month	\$ 336.74	\$ 269.39	YES
07/09	K0816	NU	PWC gp 1 std cap chair	1	3-5 Years	\$ 2,693.92	\$ 2,693.92	YES

Schedule of Maximum Allowable Payments for DME Services

Effective Date	HCPCS Code	MOD	Description	Max Units	Billing Period	2007 CMS Rate	Max Allowed Pymt (80% of 2007 CMS DMEPOS or DCH rate)	Prior Approval (Y/N)
07/09	K0820	RR	PWC gp 2 std port seat/back	1	1 Month	\$ 257.66	\$ 206.13	YES
07/09	K0820	NU	PWC gp 2 std port seat/back	1	3-5 Years	\$ 2,576.6	\$ 2,061.28	YES
07/09	K0821	RR	PWC gp 2 std port cap chair	1	1 Month	\$ 330.77	\$ 264.62	YES
07/09	K0821	NU	PWC gp 2 std port cap chair	1	3-5 Years	\$ 3,307.7	\$ 2,646.16	YES
07/09	K0822	RR	PWC gp 2 std seat/back	1	1 Month	\$ 399.75	\$ 319.80	YES
07/09	K0822	NU	PWC gp 2 std seat/back	1	3-5 Years	\$ 3,997.5	\$ 3,198.00	YES
07/09	K0823	RR	PWC gp 2 std cap chair	1	1 Month	\$ 402.37	\$ 321.90	YES
07/09	K0823	NU	PWC gp 2 std cap chair	1	3-5 Years	\$ 4,023.7	\$ 3,218.96	YES
07/09	K0824	RR	PWC gp 2 hd seat/back	1	1 Month	\$ 484.27	\$ 387.42	YES
07/09	K0824	NU	PWC gp 2 hd seat/back	1	3-5 Years	\$ 4,842.7	\$ 3,874.16	YES
07/09	K0825	RR	PWC gp 2 hd cap chair	1	1 Month	\$ 443.32	\$ 354.66	YES
07/09	K0825	NU	PWC gp 2 hd cap chair	1	3-5 Years	\$ 4,433.2	\$ 3,546.56	YES
07/09	K0826	RR	PWC gp 2 vhd seat/back	1	1 Month	\$ 626.93	\$ 501.54	YES
07/09	K0826	NU	PWC gp 2 vhd seat/back	1	3-5 Years	\$ 6,269.3	\$ 5,015.44	YES
07/09	K0827	RR	PWC gp vhd cap chair	1	1 Month.	\$ 533.09	\$ 426.47	YES
07/09	K0828	RR	PWC gp 2 xtra hd seat/back	1	1 Month	\$ 690.82	\$ 552.66	YES
07/09	K0828	NU	PWC gp 2 xtra hd seat/back	1	3-5 Years	\$ 6,908.2	\$ 5,526.56	YES
07/09	K0829	RR	PWC gp 2 xtra hd cap chair	1	1 Month	\$ 634.37	\$ 507.50	YES
07/09	K0829	NU	PWC gp 2 xtra hd cap chair	1	3-5 Years	\$ 6,343.7	\$ 5,074.96	YES
07/09	K0835	RR	PWC gp2 std sing pow opt s/b	1	1 Month	\$ 405.74	\$ 324.59	YES
07/09	K0835	NU	PWC gp2 std sing pow opt s/b	1	3-5 Years	\$ 4,057.4	\$ 3,245.92	YES
07/09	K0836	RR	PWC gp2 std sing pow opt cap	1	1 Month	\$ 420.75	\$ 336.60	YES
07/09	K0836	NU	PWC gp2 std sing pow opt cap	1	3-5 Years	\$ 4,207.5	\$ 3,366.00	YES
07/09	K0837	RR	PWC gp 2 hd sing pow opt s/b	1	1 Month	\$ 484.27	\$ 387.42	YES
07/09	K0837	NU	PWC gp 2 hd sing pow opt s/b	1	3-5 Years	\$ 4,842.7	\$ 3,874.16	YES
07/09	K0838	RR	PWC gp 2 hd sing pow opt cap	1	1 Month	\$ 433.23	\$ 346.58	YES

Schedule of Maximum Allowable Payments for DME Services

Effective Date	HCPCS Code	MOD	Description	Max Units	Billing Period	2007 CMS Rate	Max Allowed Pymt (80% of 2007 CMS DMEPOS or DCH rate)	Prior Approval (Y/N)
07/09	K0838	NU	PWC gp 2 hd sing pow opt cap	1	3-5 Years	\$ 4,332.3	\$ 3,465.84	YES
07/09	K0839	RR	PWC gp2 vhd sing pow opt s/b	1	1 Month	\$ 626.93	\$ 501.54	YES
07/09	K0839	NU	PWC gp2 vhd sing pow opt s/b	1	3-5 Years	\$ 6,269.3	\$ 5,015.44	YES
07/09	K0840	RR	PWC gp2 xhd sing pow opt s/b	1	1 Month	\$ 949.83	\$ 759.86	YES
07/09	K0840	NU	PWC gp2 xhd sing pow opt s/b	1	3-5 Years	\$ 9,498.3	\$ 7,598.64	YES
07/09	K0841	RR	PWC gp2 std mult pow opt s/b	1	1 Month	\$ 431.86	\$ 345.49	YES
07/09	K0841	NU	PWC gp2 std mult pow opt s/b	1	3-5 Years	\$ 4,318.6	\$ 3,454.88	YES
07/09	K0842	RR	PWC gp2 std mult pow opt cap	1	1 Month	\$ 431.86	\$ 345.49	YES
07/09	K0842	NU	PWC gp2 std mult pow opt cap	1	3-5 Years	\$ 4,318.6	\$ 3,454.88	YES
07/09	K0843	RR	PWC gp2 hd mult pow opt s/b	1	1 Month	\$ 519.96	\$ 415.97	YES
07/09	K0843	NU	PWC gp2 hd mult pow opt s/b	1	3-5 Years	\$ 5,199.6	\$ 4,159.68	YES
07/09	K0848	RR	PWC gp 3 std seat/back	1	1 Month	\$ 528.44	\$ 422.75	YES
07/09	K0848	NU	PWC gp 3 std seat/back	1	3-5 Years	\$ 5,284.4	\$ 4,227.52	YES
07/09	K0849	RR	PWC gp 3 std cap chair	1	1 Month	\$ 508.07	\$ 406.46	YES
07/09	K0849	NU	PWC gp 3 std cap chair	1	3-5 Years	\$ 5,080.7	\$ 4,064.56	YES
07/09	K0850	RR	PWC gp 3 hd seat/back	1	1 Month	\$ 612.98	\$ 490.38	YES
07/09	K0850	NU	PWC gp 3 hd seat/back	1	3-5 Years	\$ 6,129.8	\$ 4,903.84	YES
07/09	K0851	RR	PWC gp 3 hd cap chair	1	1 Month	\$ 589.37	\$ 471.50	YES
07/09	K0851	NU	PWC gp 3 hd cap chair	1	3-5 Years	\$ 5,893.7	\$ 4,714.96	YES
07/09	K0852	RR	PWC gp 3 vhd seat/back	1	1 Month	\$ 708.26	\$ 566.61	YES
07/09	K0852	NU	PWC gp 3 vhd seat/back	1	3-5 Years	\$ 7,082.6	\$ 5,666.08	YES
07/09	K0853	RR	PWC gp 3 vhd cap chair	1	1 Month	\$ 727.56	\$ 582.05	YES
07/09	K0853	NU	PWC gp 3 vhd cap chair	1	3-5 Years	\$ 7,275.6	\$ 5,820.48	YES
07/09	K0854	RR	PWC gp 3 xhd seat/back	1	1 Month	\$ 963.86	\$ 771.09	YES
07/09	K0854	NU	PWC gp 3 xhd seat/back	1	3-5 Years	\$ 9,638.6	\$ 7,710.88	YES
07/09	K0855	RR	PWC gp 3 xhd cap chair	1	1 Month	\$ 910.51	\$ 728.41	YES

Schedule of Maximum Allowable Payments for DME Services

Effective Date	HCPCS Code	MOD	Description	Max Units	Billing Period	2007 CMS Rate	Max Allowed Pymt (80% of 2007 CMS DMEPOS or DCH rate)	Prior Approval (Y/N)
07/09	K0855	NU	PWC gp 3 xhd cap chair	1	3-5 Years	\$ 9,105.1	\$ 7,284.08	YES
07/09	K0856	RR	PWC gp3 std sing pow opt s/b	1	1 Month	\$ 567.23	\$ 453.78	YES
07/09	K0856	NU	PWC gp3 std sing pow opt s/b	1	3-5 Years	\$ 5,672.3	\$ 4,537.84	YES
07/09	K0857	RR	PWC gp3 std sing pow opt cap	1	1 Month.	\$ 578.60	\$ 462.88	YES
07/09	K0857	NU	PWC gp3 std sing pow opt cap	1	3-5 Years	\$ 5,786.0	\$ 4,628.80	YES
07/09	K0858	RR	PWC gp3 hd sing pow opt s/b	1	1 Month.	\$ 703.76	\$ 563.01	YES
07/09	K0858	NU	PWC gp3 hd sing pow opt s/b	1	3-5 Years	\$ 7,037.60	\$ 5,630.08	YES
07/09	K0859	RR	PWC gp3 hd sing pow opt cap	1	1 Month	\$ 671.17	\$ 536.94	YES
07/09	K0859	NU	PWC gp3 hd sing pow opt cap	1	3-5 Years	\$ 6,711.70	\$ 5,369.36	YES
07/09	K0860	RR	PWC gp3 vhd sing pow opt s/b	1	1 Month	\$ 1,005.41	\$ 804.33	YES
07/09	K0860	NU	PWC gp3 vhd sing pow opt s/b	1	3-5 Years	\$ 10,054.10	\$ 8,043.28	YES
07/09	K0861	RR	PWC gp3 std mult pow opt s/b	1	1 Month	\$ 568.14	\$ 454.51	YES
07/09	K0861	NU	PWC gp3 std mult pow opt s/b	1	3-5 Years	\$ 5,681.40	\$ 4,545.12	YES
07/09	K0862	RR	PWC gp3 hd mult pow opt s/b	1	1 Month	\$ 703.76	\$ 563.01	YES
07/09	K0862	NU	PWC gp3 hd mult pow opt s/b	1	3-5 Years	\$ 7,037.6	\$ 5,630.08	YES
07/09	K0863	RR	PWC gp3 vhd mult pow opt s/b	1	1 Month	\$ 1,005.4	\$ 804.33	YES
07/09	K0863	NU	PWC gp3 vhd mult pow opt s/b	1	3-5 Years	\$ 10,054.10	\$ 8,043.28	YES
07/09	K0864	RR	PWC gp3 xhd mult pow opt s/b	1	1 Month	\$ 1,196.4	\$ 957.16	YES
07/09	K0864	NU	PWC gp3 xhd mult pow opt s/b	1	3-5 Years	\$ 11,964.50	\$ 9,571.60	YES
07/09	L8500	NU	Speech Aid, esophageal hand held with battery	1	1 Year	\$ 552.02	\$ 441.62	YES
07/09	L8501	NU	Passyair valve	2	1 Year	\$ 122.60	\$ 98.08	NO
07/10	Q4101	NU	Skin substitute, Apligraf, per sq cm	50	1 Month	\$ 32.77	\$ 26.22	YES
07/10	Q4102	NU	Skin substitute, Oasis wound matrix, per sq cm	50	1 Month	\$ 4.20	\$ 3.36	YES
07/10	Q4103	NU	Skin substitute, Oasis burn matrix, per sq cm	50	1 Month	\$ 4.20	\$ 3.36	YES
07/10	Q4104	NU	kin substitute, Integra bilayer matrix wound dressing (BMWD), per sq cm	50	1 Month	\$ 12.00	\$ 9.60	YES

Schedule of Maximum Allowable Payments for DME Services

Effective Date	HCPCS Code	MOD	Description	Max Units	Billing Period	2007 CMS Rate	Max Allowed Pymt (80% of 2007 CMS DMEPOS or DCH rate)	Prior Approval (Y/N)
07/10	Q4105	NU	Skin substitute, Integra dermal regeneration template (DRT), per sq cm	50	1 Month	\$ 12.00	\$ 9.60	YES
07/10	Q4106	NU	Skin substitute, Dermagraft, per sq cm	50	1 Month	\$ 40.00	\$ 32.00	YES
07/10	Q4107	NU	Skin substitute, GRAFTJACKET, per sq cm	50	1 Month	\$ 90.95	\$ 72.76	YES
07/10	Q4108	NU	Skin substitute, Integra matrix, per sq cm	50	1 Month	\$ 18.32	\$ 14.66	YES
07/10	Q4110	NU	Skin substitute, PriMatrix, per sq cm	50	1 Month	\$ 34.64	\$ 27.71	YES
07/10	Q4111	NU	Skin substitute, GammaGraft, per sq cm	50	1 Month	\$ 7.26	\$ 5.81	YES
07/09	S8185	NU	Flutter device	2	1Month	\$0 DCH Rate	\$ 29.74	NO
07/09	S8265	NU	Haberman feeder, Cleft lip/palate 6 units/year	6	1 Year	\$0 DCH Rate	\$ 15.00	NO
07/09	S8999	NU	Resuscitation bag	2	2 Year	\$0 DCH Rate	\$ 22..00	NO

Schedule of Maximum Allowable Payments for DME Services

Summary of July 2014

The following codes were revised on the Georgia Medicaid Fee Schedule effective 07/01/2014

REVISED

E0604	RR	Breast pump, hospital grade, electric (AC and/or DC), any type – Modifier changed to RR (rental only for duration of NICU stay-multi-user)
E0603	NU	Breast pump, electric (AC and/or DC), any type (home model- single user)

The following codes were added to the Georgia Medicaid Fee Schedule effective 07/01/2014

ADDED

E0261	RR	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress
E0574	U1	Replacement only, Altera Nebulizer system for use with Cayston
E0574	U2	Replacement only, Altera Nebulizer Handset for use with Cayston
E0165	NU	Commode chair, mobile or stationary, with detachable arms