



State of New Jersey
Department of Human Services
Division of Medical Assistance & Health Services

NEWSLETTER

Volume 9 No. 4

January 1999

TO: Home Health Agencies - For Action
Health Maintenance Organizations - For Information Only

SUBJECT: Revised Home Health Agency Billing Instructions

EFFECTIVE: Claims with service dates on or after January 1, 1999

PURPOSE: **To notify home health agencies of the new billing instructions for claims on or after January 1, 1999.**

BACKGROUND: The Division of Medical Assistance and Health Services (DMAHS) is changing the home health reimbursement methodology from a cost-based methodology to a prospective rate methodology. DMAHS will phase in the prospective rate methodology over a one-year transition period, beginning with services rendered on or after January 1, 1999. The full implementation of the prospective rate methodology will become effective for services on and after January 1, 2000. Regulations were proposed on September 8, 1998 in the New Jersey Register (Cite 30 N.J.R. 3199) describing the new methodology. DMAHS adopted the regulation in the December 21, 1998, New Jersey Register. The following billing instructions pertain to this change:

Billing Instructions

All billing modifications noted below are applicable for all home health claims processed on or after January 1, 1999, for dates of service on or after January 1, 1999. All other claims processed on or after January 1, 1999, for dates of service prior to January 1, 1999, will follow current billing methodologies.

Updated hardcopy and electronic billing instructions will be completed and mailed to all home health providers in the near future. However, in anticipation of these instructions, the following addresses the changes required:

- **UB92 Hardcopy Billing:** A HCFA Common Procedure Coding System (HCPCS) procedure code will be required in Field Locator Number (FLN) 44 when billing revenue code 270 (non-routine medical supplies). FLN 44 will only accommodate one HCPCS, so multiple medical supplies must be billed on individual revenue code service lines on the UB92 claim form.

- UB82 Electronic Billing: One occurrence of the HCPCS has been added to the filler section, located at the end of the 04 record (EMC-UB92-CLM-HH-DTL) of the home health electronic media claim specifications. Each occurrence of medical supplies must be billed on separate 04 records.
- UB92 Electronic Billing: Record 61 of the home health UB92 electronic media claim specifications currently allows three occurrences of revenue and HCPCS data. Each occurrence of medical supplies must be billed as separate occurrences on record 61. Additional records 61 may be billed when necessary.
- Billable Revenue Codes: The only revenue codes that will be reimbursed are those listed in the regulations. All billings under any other revenue code will be denied.
- Definition of a Unit of Service: Home health agencies must bill only for each full 15 minute interval unit pursuant to the regulations. For example, (1) one unit billed equals one (1) through twenty-nine (29) minutes of service, two (2) units billed equals thirty (30) through forty-four (44) minutes etc.
- Multiple visits on the same day: Same revenue codes must be combined and submitted as additional units when multiple visits are performed on the same day. However, the definition of a unit of service is based upon each visit. For example, if a home health aide visit of 58 minutes occurred in the morning and another 43 minute visit occurred in the afternoon, the agency should bill 5 units (58 minutes = 3 units + 43 minutes = 2 units). Home health agencies must also report the number of visits on their cost report.
- Time included in each unit billed: The fifteen (15) minute increment of time represents the face-to-face service in which hands-on care is provided. Items including, but not limited to, nursing supervision, travel time, paperwork, and telephone contact at the home are not included in the amount of time billed as a unit.
- Span billing no longer allowed: A separate line must be billed for each day the service is provided.
- Standardized definition of supply costs: Routine supplies cannot be billed separately because the related costs are included in the rate. Non-routine supplies, as defined on the attached listing, may be billed. When billing non-routine supplies, the appropriate HCPCS and revenue code 270 must be billed.
 - ◇ Attached please find a listing of non-routine medical supply HCPCS which are covered and payable under the Medicaid and NJ KidCare fee-for-service programs. All other HCPCS are considered not covered and payment will be denied for that revenue code/HCPCS service line if billed. For those HCPCS identified on the list as “by report”, additional documentation (invoice or manufacturer price list) is required in order to price the claim at Unisys. As a result, all “by report” HCPCS must be billed via hardcopy with the invoice or

manufacturer price list attached for manual pricing of the claim(s). Claims will be reimbursed at a rate equal to the invoice amount plus 30%, or manufacturer price list amount minus 20%.

If you have any questions related to this billing change, please call Michael Chiofolo at (609) 588-2759 or email machiofolo@dhs.state.nj.us.

Attachments: Revenue Code List
Medical Supplies List
Medical Supplies Fee Schedule (10:59-2.2 & 2.3)

**RETAIN THIS NEWSLETTER NUMERICALLY BEHIND THE NEWSLETTER TAB
(BLUE TAB MARKED "5")**

REVENUE CODE LIST

<u>Revenue Code</u>	<u>Description</u>
420	Physical Therapy
430	Occupational Therapy
440	Speech Therapy
550	Skilled Nursing
560	Medical Social Services and Dietary/Nutritional Services
570	Home Health Aide

SUPPLY CATEGORY: BEDPANS AND URINALS

SUPPLY ITEM	Routine Non-Billable	Non-Routine Billable	CODE	Prior Authorization	By Report (hard copy billing required)
Adult Fracture Pan		X	A4649	X	X
Bedpan		X	A4649	X	X
Plastic Bedpans (Disposable)		X	A4649	X	X
Plastic Urinal (Disposable)		X	A4649	X	X
Urinal		X	A4649	X	X
Female Urinal		X	A4649	X	X

SUPPLY CATEGORY: CATHETER CARE

SUPPLY ITEM	ROUTINE Non-Billable	NON- ROUTINE Billable	CODE	Prior Authorization	By Report (hard copy billing required)
Catheter Clamps		X	A4335		X
Catheters		X	A4351,A4352, A4338, A4340	X	
Catheter Tray		X	A4310		
Drainage Bags		X	A4357	X	
French Foley Cath & Trays		X	A4312		
French Silastic Cath		X	A4344	X	
French Suction Cath		X	A4624	X	
Leg Bag		X	A4358	X	
Texas Condom Catheter	X				
Universal Cath Tray		X	A4310		
URO Sheath External Cath	X				
Silastic Cath		X	A4344	X	
Catheter Straps		X	K0408		X
Catheter Tip Syringes		X	A4322		
Urethral Straight Cath Tray		X	A4402, K0281, X8433		K0281
Catheter and NGT Plugs		X	A4649	X	X
Urine Leg Bag		X	A4358	X	
Normal Saline for Irrigation (Cath or Feed Tube)		X	A4323		
Sterile H/2/0 30 cc vials (Inflate Cath)		X	A4214		

SUPPLY CATEGORY: DRESSING CHANGES - ASSISTIVE SUPPLIES

SUPPLY ITEM	ROUTINE	NON-ROUTINE	CODE	Prior	By Report
	Non-Billable	Billable		Authorization	(hard copy billing required)
Alcohol Prep-Swabs	X				
Applicators - Sterile		X	A4649	X	X
Applicators - Non-sterile	X				
Surgical Masks	X				
Bandage Scissors	X				
Culturettes	X				
Disposable Dressing Tray		X	A4649	X	X
Disposable Gloves--Sterile		X	X8339		
Disposable Gloves--Non-sterile	X				
Skin Staple Remover		X	A4649	X	X
Suture Removal Kit		X	A4649	X	X

SUPPLY CATEGORY: DRESSING CHANGES -DRESSINGS

SUPPLY ITEM	ROUTINE	NON-ROUTINE	CODE	Prior	By Report
	Non-Billable	Billable		Authorization	(hard copy billing required)
Activated Charcoal Dressings (i.e., Lyofoam, Actisorb Plus, etc.)		X	A6210 thru A6214		X
Calcium Alginates (i.e., Kalostate, Sorbsan, etc.)		X	A6196-A6198, A6199		X
CVP Dressing Trays		X	A4649	X	X
Combine Dressings		X	A6251 thru A6256		X
Cotton Dressings		X	A4649	X	X
Drain (gauze) Dressings		X	A6216, A6217, A6218, A6402, A6403, A6404		X
Elastoplast		X	A4460		X
Exudate Absorptive Dressings (i.e., Bard, Debrisan, etc.)		X	A6261-A6262		X
Gauze Bandages		X	A6263, A6264, A6405, A6406		X
Gauze Sponges		X	A6216, A6217, A6218, A6402, A6403, A6404		X
Hydrocolloid Dressings (i.e., Duoderm, J&J Ulcer Drsg, etc.)		X	A6234-A6241		X

Hydrogels (i.e., Vigilon, Carrington, etc.)		X	A6242 thru A6248, K0249		X
Impregnated Gauzes (i.e., Vaseline, Mesalt, etc.)		X	A6222,A6223, A6229,A6230, K0224, K0228		X

SUPPLY CATEGORY: DRESSING CHANGES -DRESSINGS (Cont'd)

SUPPLY ITEM	ROUTINE	NON-ROUTINE	CODE	Prior	By Report
	Non-Billable	Billable		Authorization	(hard copy billing required)
Iodoform Gauze		X	A6266		X
Island Dressings (i.e., Telpha Plus, Viasorb, etc.)		X	A6203-A6205		X
Kerlix Roll		X	A6405, A6263		X
Kling		X	A6406, A6264		X
Unna Boot		X	A4649	X	X
Montgomery Straps		X	A4649	X	X
Non-Adherent Dressings (i.e., Telfa, Melolite, etc.)		X	A6216-A6218		X
Nu-gauze packing strips		X	A4649	X	X
Reston Foam Pad		X	A4649	X	X
Semipermeable Foam Dressings (i.e., Lyfoam, Allevyn, etc.)		X	A6210 thru A6214		X
Steripads		X	A6402, A6403, A6404		X
Steri-strips		X	A4649	X	X
Surgi Pads		X	A6251-A6256		X
Synthetic Barrier Dressings (i.e., Hydron wound drsg, etc.)		X	A4649	X	X
Toppers		X	A6402		X
Transparent Adhesive Dressings (i.e., Opsite, Tegaderm, etc.)		X	A6257-A6259		X

SUPPLY CATEGORY: DRESSING CHANGES -DRESSINGS TAPE

SUPPLY ITEM	ROUTINE	NON-ROUTINE	CODE	Prior	By Report
	Non-Billable	Billable		Authorization	(hard copy billing required)
Adhesive Tape		X	A6265		X
Cloth Tape--Dermicel		X	A6265		X

Paper Tape		X	A6265		X
Micropore Tape		X	A6265		X
Tape removal pads (i.e., Acetone pads)	X				

SUPPLY CATEGORY: DRESSING CHANGES-MEDICATED DRESSINGS

SUPPLY ITEM	ROUTINE	NON-ROUTINE	CODE	Prior	By Report
	Non-Billable	Billable		Authorization	(hard copy billing required)
Betadine gauze		X	A6222,A6223, A6229,A6230, K0224,K0228		X
Curity wet dressing		X	A4649	X	X
Lister dressing pack		X	A4649	X	X
Xeroform gauze		X	A6222,A6223, A6229,A6230, K0224,K0228		X

SUPPLY CATEGORY: DRESSING CHANGES-OINTMENTS AND SOLUTIONS

SUPPLY ITEM	ROUTINE	NON-ROUTINE	CODE	Prior	By Report
	Non-Billable	Billable		Authorization	(hard copy billing required)
Antacids for topical wounds treatments (i.e., Maalox, Riopan, Amphogel, etc.)	X				
Benzoine, Vaseline, septisol foam	X				
Betadine Ointment Douche	X				
Betadine Solution		X	A4246		X
Betadine Solution Swabs	X				
Betadine Solution Scrubs	X				
Duoderm CGF		X	A6234-A6240		X
Duoderm Hydroactive Granules		X	A6241		X
Granulex	X				
Hibiclens	X				
Over the counter ointments (i.e, Neosporin, Desitin, Elase, etc.)	X				
Peroxide	X				
PhisoHex/Phisoderm	X				
Proderm		X	A4649	X	X

Providone Iodine Soln	X			
Scarlet Red (Ilex Antiseptic)	X			
Sterile saline for wound irrigation		X	A4323	
Sterile water or saline solution for irrigation or sterile procedure		X	A4323	

SUPPLY CATEGORY: ENEMAS

SUPPLY ITEM	ROUTINE	NON-ROUTINE	CODE	Prior	By Report
	Non-Billable	Billable		Authorization	(hard copy billing required)
Disposable enema adm. unit		X	A4649	X	X
Enemas		X	A4649	X	X
Enema Soap		X	A4649	X	X
Fleets enema		X	A4649	X	X

SUPPLY CATEGORY: HOME TESTING

SUPPLY ITEM	ROUTINE	NON-ROUTINE	CODE	Prior	By Report
	Non-Billable	Billable		Authorization	(hard copy billing required)
Acetest Tablets		X	A4250	X	X
Albusticks		X	A4250	X	X
Chemstrip		X	A4253	X	X
Clinitest Kit		X	A4250	X	X
Clinitest Tablets		X	A4250	X	X
Clinistix		X	A4250	X	X
Combistix		X	A4250	X	X
					X
Hemastix		X	A4250	X	X
Hemastix Tablets		X	A4250	X	X
Accucheck		X	E0607	X	
Ket-Diastix K.D. Dipstix		X	A4250	X	X
Lancets		X	A4259		X

Note: As of July 1998, glucose monitoring devices and supplies are covered under Medicare Part B, regardless of insulin dependence. Please bill Medicare in accordance with DMERC Guidelines, prior to billing N.J. Medicaid.

SUPPLY CATEGORY: INCONTINENT PATIENT SUPPLIES

SUPPLY ITEM	ROUTINE	NON-ROUTINE	CODE	Prior	By Report
	Non-Billable	Billable		Authorization	(hard copy billing required)
Adult Diapers	X				
Briefs	X				
Incontinent pants & liners	X				
Chux	X				

SUPPLY CATEGORY: IV SUPPLIES

SUPPLY ITEM	ROUTINE	NON-ROUTINE	CODE	Prior	By Report
	Non-Billable	Billable		Authorization	(hard copy billing required)
Heparin Lock		X	B9999	X	X
Heparin Caps		X	B9999	X	X
Heparin Flush Solutions		X	B9999	X	X
Intravenous Fluids (for hydration only)		X	B9999	X	X
Irrigation Solutions		X	B9999	X	X
Irrigation Trays		X	B9999	X	X
IV Start Kit		X	B9999	X	X
IV Tubing		X	B9999	X	X
I V Needles (all types)		X	B9999	X	X
IV Flush Kits		X	B9999	X	X
IV Injection Site		X	B9999	X	X
IV T-Connector		X	B9999	X	X
IV Filter		X	B9999	X	X
Sodium Chloride for Injection		X	B9999	X	X
PICC Line Insertion Supplies		X	B9999	X	X

SUPPLY CATEGORY: MATTRESSES AND PADS

SUPPLY ITEM	ROUTINE	NON-ROUTINE	CODE	Prior	By Report
	Non-Billable	Billable		Authorization	(hard copy billing required)
Eggcrate Mattress/Pads		DME	E0179		X
Foam Rubber Cushion		DME	E0179		X

Flotation Pad		DME	E0178		X
Inflation Cushion		DME	E0176		X
Sheepskin		DME	E0188, E0189		
Polyvent Mattress		DME	E0186	X	X

SUPPLY CATEGORY: NUTRITIONAL SUPPLEMENTS

SUPPLY ITEM	ROUTINE Non-Billable	NON-ROUTINE Billable	CODE	Prior Authorization	By Report (hard copy billing required)
Food Supplement (i.e., Ensure)	X				
Parenteral Enteral Nutrition		X			
Enteral Therapy Codes:		X	B4034-B4036, B4081-B4085, B4150-B4156, B9000, B9002, B9998	X	B4085, B4150-B4156, B9998
Total Parenteral Nutrition (TPN) codes:		X	B4164, B4168, B4172, B4176, B4178, B4180, B4184, B4186, B4189, B4193, B4197, B4199, B4220, B4224, B5000, B5100, B5200, B9004, B9006	X	
Levine Tube		X	B4083	X	
NG Feeding Tube		X	B4081, B4082	X	
Feeding Tube		X	B4085	X	X
Feeding Bags		X	B4035, B4036	X	
NG Tubes		X	B4081, B4082	X	

SUPPLY CATEGORY: OSTOMY CARE

SUPPLY ITEM	ROUTINE Non-Billable	NON-ROUTINE Billable	CODE	Prior Authorization	By Report (hard copy billing required)
Bangart stoma bags		X	A5071		
Coloplast colostomy bags		X	A5061, A5051, A5054		
Coloplast irrigation sleeve		X	A4397		
Coloplast ileostomy bag		X	A5061		
Colostomy belt		X	A4367		
Colostomy supplies		X	A4421		X
Hollister irrigating sleeve		X	A4397		
Hollister karaya powder		X	A4363		
Hollister karaya stoma bags		X	A5051, A5061		
Hollister urostomy bag		X	A5071-A5073		

Hollister urostomy bags and karaya seal		X	A5071		
Hollister urostomy drain tubes		X	A4649	X	X
Marsaw colostomy bags		X	A5051, A5061		
Marsaw colostomy pouches & refill		X	A5051, A5054, A5061		
Marsaw irrigation set		X	A4400		
Marsaw karaya washer		X	A4421		X
Marsaw plastic gasket		X	A4421		X
Stomahesive		X	A4363		
Stoma irrigation drains		X	A4397		

SUPPLY CATEGORY: OSTOMY CARE (Cont'd)

SUPPLY ITEM	ROUTINE	NON-ROUTINE	CODE	Prior	By Report
	Non-Billable	Billable		Authorization	(hard copy billing required)
Karaya paste		X	A4363		
Karaya powder		X	A4363		
Tincture Benzoin (Skin Prep)		X	A4364		
Skin bond cement (Skin Prep)		X	A4364		
Skin prep pads	X				
Patient collection system		X	A4649	X	X
Marsaw saf-t-belt		X	A4367		

SUPPLY CATEGORY: PERSONAL CARE ITEMS

SUPPLY ITEM	ROUTINE	NON-ROUTINE	CODE	Prior	By Report
	Non-Billable	Billable		Authorization	(hard copy billing required)
Admission kits	X				
Bibs	Not Covered				
Body lotions/oils	X				
Deodorant	Not Covered				
Emesis basins	X				
Non-medicated powders	Not Covered				
Shampoo	Not Covered				
Soap	Not Covered				
Toothpaste	Not Covered				

Lemon glycerine	X				
Lemon swabs	X				
Room deodorizers/sprays	Not Covered				
Mouthwash/toothettes	X				
Peri-care solutions, douches	X				
Medisets/pill box	Not Covered				

SUPPLY CATEGORY: SECONDARY DRESSINGS

SUPPLY ITEM	ROUTINE	NON-ROUTINE	CODE	Prior	By Report
	Non-Billable	Billable		Authorization	(hard copy billing required)
Ace bandages		X	A4460		X
Band-aids	X				
Elastic stockings		X	L8110, L8120, L8130, L8140, L8150, L8160		
Gauntlets	X				
Leg warmers	X				
Leotards	X				

SUPPLY CATEGORY: SYRINGES

SUPPLY ITEM	ROUTINE	NON-ROUTINE	CODE	Prior	By Report
	Non-Billable	Billable		Authorization	(hard copy billing required)
Asepto Syringe		X	A4649	X	X
Disposable Syringes		X	A4215		X
Glass Bulb Syringe		X	A4649	X	X
Glass Syringe -- 50 cc		X	A4649	X	X
Infusion sets		X	B9999	X	X
Needles used by nurse		X	A4213		X
Syringes used by nurse		X	A4215		X

SUPPLY CATEGORY: TRACH CARE

SUPPLY ITEM	ROUTINE	NON-ROUTINE	CODE	Prior	By Report
	Non-Billable	Billable		Authorization	(hard copy billing required)

Aerosol humid kit		X	A4649	X	X
Airway		X	A4649	X	X
Trach care kit		X	A4625	X	
Trach collars		X	A4621	X	
Trach dressing		X	A4649	X	X

SUPPLY CATEGORY: VENIPUNCTURE/LAB SUPPLIES

SUPPLY ITEM	ROUTINE	NON-ROUTINE	CODE	Prior	By Report
	Non-Billable	Billable		Authorization	(hard copy billing required)
Blood Drawing Supplies	X				
Specimen Containers (Urine cups, etc.)	X				
Sterile Specimen Containers	X				
Vacutainer used for Drawing Blood	X				
Stool Guaiac Test	X				

SUPPLY CATEGORY: MISCELLANEOUS

SUPPLY ITEM	ROUTINE	NON-ROUTINE	CODE	Prior	By Report
	Non-Billable	Billable		Authorization	(hard copy billing required)
Alcohol	X				
Aprons	X				
Arm Sling		X	A4565		X
Cloth tape measure	X				
Cotton balls	X				
Cotton buds/Q-tips	X				
Coverlette	X				
Disposable isolation gowns	X				
Disposable plastic aprons and washcloths	X				
Disposable/Protection gowns	X				
DRUGS-REFER TO NOTE ON PAGE 15					
Flashlight	Not Covered				
Gait belts	X				
K-Y Jelly	X				

Lysol concentrate or spray	Not Covered				
Soft restraints (i.e., Poseys)	X				
Thermometer	X				
Thermometer cover	X				
Thermometer holder	X				
Thermometer solution	X				
Tongue blade/depressors	X				
Tubex holder	X				
Sharps container		X	A4649	X	X
Theraband	X				
Decubnex heel pads	X				
Support Stockings (Jobst/Teds)		X	L8100		
Elbow Protectors	X				
Heel Protectors	X				
Knee Supports	X				
Shoulder immobilizer		X	A4565		X
Scrotal support susp		X	A4649	X	X
Rib belt		X	A4572		X
Clavicle strap and brace		X	L3650		
Back brace		X	L0500		
Splints		X	A4649	X	X

SUBCHAPTER 2. HCFA COMMON PROCEDURE CODING SYSTEM (HCPCS)**10:57-2.1 Introduction**

- (a) The New Jersey Medicaid program utilizes the H e a l t h C a r e F i n a n c i n g A d m i n i s t r a t i o n ' s (HCFA) C o m m o n P r o c e d u r e C o d i n g S y s t e m (HCPCS). HCPCS follows the American Medical Association's Physicians' Current Procedural Terminology - 4th Edition (CPT-4) architecture, employing a five-position code and as many as two 2-position modifiers. Unlike the CPT-4 numeric design, the HCFA assigned codes and modifiers contain alphabetic characters. HCPCS was developed as a three-level coding system. Level I codes are not applicable to medical supplies and durable medical equipment. The Level II and Level III codes are as follows:
1. LEVEL II CODES (Narratives found at N.J.A.C. 10:59-2.3) are assigned by the Health Care Financing Administration (HCFA) for physician and non-physician services which are not in CPT-4.
 2. LEVEL III CODES (Narratives found in N.J.A.C. 10:59-2.3) are assigned by the Division to be used for those services not identified by CPT-4 codes or HCFA-assigned codes. Level III codes identify services unique to New Jersey.
- (b) The responsibilities of the provider of durable medical equipment (DME) and medical supply services for rendering services and requesting reimbursement is listed at N.J.A.C. 10:59-1 of the Medical Supplier Chapter.

10:59-2.2 Elements of HCPCS Coding System Which Require Attention of Provider

(a) The list of HCPCS procedure codes in N.J.A.C. 10:55-2.4 is arranged in tabular form with specific information for each code given under columns with the titles "HCPCS Code", "Description", and "Maximum Fee Allowance".

(b) The column titled "Maximum Fee Allowance" indicates the maximum amount of reimbursement or the following symbol:

1. "B.R." (By Report) is listed instead of a dollar amount. It means that additional information will be required in order to properly evaluate the service. Attach a copy of the provider's invoice or manufacturer's price list to the claim form.

(c) Services and procedures may be modified under certain circumstances. When applicable, the modifying circumstances should be identified by the addition of alphabetic and/or numeric characters at the end of the HCPCS procedure code. The New Jersey Medicaid program's recognized modi-fier codes for medical supply services are as follows:

1. "NU" Purchase of new Durable Medical Equipment (DME)
2. "UE" Purchase of used DME
3. "RR" DME rental service

10:59-2.3

Medical Supplies

10:59-2.3 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Medical Supplies and Durable Medical Equipment

<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
A4190	Transparent film, each	B.R.
A4200	Gauze pads, medicated or non-medicated, each	B.R.
A4202	Gauze, elastic, all types, per roll	B.R.
A4203	Gauze, nonelastic, per roll	B.R.
A4204	Absorptive dressing (i.e., hydrocollid), adhesive or nonadhesive	B.R.
A4205	Nonabsorptive dressing (e.g., hydrogel) adhesive or nonadhesive	B.R.
A4206	Syringe with needle, sterile 1cc	B.R.
A4207	Syringe with needle, sterile 2cc	B.R.
A4208	Syringe with needle, sterile 3cc	B.R.
A4209	Syringe with needle, sterile 5cc or greater	B.R.
A4210	Needle-free injection device	B.R.
A4211	Supplies for self-administered injections	B.R.
A4212	Huber-type needle, each	B.R.
A4213	Syringe, sterile, 20cc or greater	B.R.

Medical Supplies**10:59-2.3**

<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
A4214	Sterile saline or water, 30 cc vial	0.81/vial
A4215	Needles only, sterile, any size	B.R.
A4216	Hemostatic cellulose (e.g., surgical) any size	B.R.
A4244	Alcohol or peroxide, per pint	B.R.
A4245	Alcohol wipes, per box	B.R.
A4246	Betadine or Phisohex solution, per pint	B.R.
A4247	Betadine or iodine swabs/wipes, per box	B.R.
A4250	Urine test or reagent strips or tablets (100 tablets or strips)	B.R.
A4253	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips	B.R.
A4256	Normal, low and high calibrator solution/chips	B.R.
A4259	Lancets, per box	B.R.
A4265	Paraffin	B.R.
A4300	Implantable vascular access portal/catheter (venous, arterial, epidural or peritoneal)	B.R.
A4305	Disposable drug delivery system, flow rate of 50 ml. or greater per hour	B.R.

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<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
A4306	Disposable drug delivery system, flow rate of 5 ml. or less per hour	B.R.
A4310	Insertion tray without drainage bag and without catheter (accessories only)	6.61
A4311	Insertion tray without drainage bag with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)	8.34
A4312	Insertion tray without drainage bag with indwelling catheter, foley type, two-way, all silicone	8.34
A4313	Insertion tray without drainage bag with indwelling catheter, foley type, three-way, for continuous irrigation	8.34
A4314	Insertion tray with drainage bag with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)	15.46
A4315	Insertion tray with drainage bag with indwelling catheter, foley type, two-way, all silicone	15.46
A4316	Insertion tray with drainage bag with indwelling catheter, foley type, three-way, for continuous irrigation	15.46
A4320	Irrigation tray for bladder irrigation with bulb or piston syringe	5.00
A4322	Irrigation syringe, bulb or piston	2.50
A4323	Sterile saline irrigation solution, 1000 ml.	8.00

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<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
A4326	Male external catheter; specialty type (for example, inflatable, faceplate, etc., each)	B.R.
A4327	Female external urinary collection device; metal cup, each	B.R.
A4328	Female external urinary collection device;	10.00
A4329	External catheter starter set, male/female, includes catheters/urinary collection device,bag/pouch and accessories (tubing, clamps, etc.), 7-day supply	39.95
A4330	Perianal fecal collection pouch with adhesive	B.R.
A4335	Incontinence supply; miscellaneous	B.R.
A4338	Indwelling catheter; foley type, two-way latex with coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.)	8.14
A4340	Indwelling catheter; specialty type, (e.g., coude, mushroom, wing, etc.)	10.00
A4344	Indwelling catheter, foley type, two-way, all silicone	15.52
A4346	Indwelling catheter, foley type, three-way for continuous irrigation	15.00
A4347	Male external catheter with or without adhesive, with or without anti-reflux device; per dozen	17.29
A4351	Intermittent urinary catheter; straight tip	5.00

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<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
A4352	Intermittent urinary catheter; coude (curved) tip	5.00
A4354	Insertion tray with drainage bag, without catheter	9.00
A4355	Irrigation tubing set for continuous bladder irrigation through a three-way indwelling foley catheter	6.86
A4356	External urethral clamp or compression device (not to be used for catheter clamp)	37.03
A4357	Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube	7.94
A4358	Urinary leg bag; vinyl, with or without tube	7.12
A4359	Urinary suspensory without leg bag	27.00
A4361	Ostomy face plate	6.20
A4362	Skin barrier; solid, 4" x 4" or equivalent; each	5.03
A4363	Skin barrier; liquid (spray, brush, etc.) powder or paste; per oz.	4.07
A4364	Adhesive for ostomy or catheter; liquid (spray, brush, etc.) cement, powder or paste; any composition (e.g., silicone, latex, etc.); per oz.	4.58
A4367	Ostomy belt	6.86
A4397	Irrigation supplies; sleeve	4.50
A4398	Irrigation supplies; bag	2.25

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<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
A4399	Irrigation supplies; cone/catheter	11.25
A4400	Ostomy irrigation set	24.61
A4402	Lubricant	1.08
A4404	Ostomy rings	1.22
A4421	Not otherwise classified ostomy supplies; ureterostomy supplies	B.R.
A4454	Tape, all types, all sizes	B.R.
A4455	Adhesive remover or solvent (for tape, cement or other adhesive)	B.R.
A4460	Elastic bandage, per roll (e.g., compression bandage)	B.R.
A4465	Nonelastic binder for extremity	B.R.
A4470	Gravlee jet washer	B.R.
A4480	Vabra aspirator	B.R.
A4550	Surgical trays	B.R.
A4554	Disposable underpads, all sizes (e.g., Chux's), each	0.31
A4556	Electrodes (e.g., apnea monitor)	B.R.
A4557	Lead wires (e.g., apnea monitor)	B.R.
A4558	Conductive paste or gel	B.R.

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Medical Supplies

<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
A4560	Pessary	20.94
A4565	Slings	B.R.
A4570	Splint	B.R.
A4572	Rib belt	B.R.
A4581	Supplies, Risser jacket	B.R.
A4611	Battery, heavy duty; replacement for patient-owned ventilator	180.00
A4612	Battery cables; replacement for patient-owned ventilator	44.00
A4613	Battery charger; replacement for patient-owned ventilator	B.R.
A4615	Cannula, nasal	B.R.
A4617	Mouthpiece	5.00
A4618	Breathing circuits	9.15
A4619	Face tent	10.00
A4620	Variable concentration mask	10.00
A4621	Tracheostomy mask or collar	10.17
A4622	Tracheostomy or laryngectomy tube	75.00
A4623	Tracheostomy, inner cannula (replacement only)	6.00

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<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
A4624	Tracheal suction catheter, any type, each	2.00
A4625	Tracheostomy care or cleaning starter kit	8.00
A4626	Tracheostomy cleaning brush, each	3.00
A4627	Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler	B.R.
A4630	Replacement batteries for medically necessary TENS, owned by patient	B.R.
A4631	Replacement batteries for medically necessary electronic wheelchair, owned by patient	B.R.
A4635	Underarm pad, crutch, replacement, each	B.R.
A4636	Replacement handgrip, cane, crutch, walker, each	B.R.
A4637	Replacement tip, cane crutch, walker, each	B.R.
A4640	Replacement pad for use with medically necessary alternating pressure pad, owned by patient	B.R.
A4649	Surgical supplies; miscellaneous	B.R.
A4655	Needles and syringes for dialysis	B.R.
A4660	Sphygmomanometer/blood pressure apparatus with cuff and stethoscope	B.R.
A4663	Blood pressure cuff, only	B.R.
A4670	Automatic blood pressure monitor	B.R.

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<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
A4700	Standard dialysate solution, each	B.R.
A4705	Bicarbonate dialysate solution, each	B.R.
A4712	Water, sterile	B.R.
A4714	Treated water (deionized, distilled, reverse osmosis) for use in dialysis system	B.R.
A4730	Fistula cannulation set for dialysis only	B.R.
A4735	Local/topical anesthetics for dialysis only	B.R.
A4740	Shunt accessories for dialysis only	B.R.
A4750	Blood tubing, arterial or venous, each	B.R.
A4755	Blood tubing, arterial and venous combined	B.R.
A4760	Dialysate standard testing solution, supplies	B.R.
A4765	Dialysate concentrate additives, each	B.R.
A4770	Blood testing supplies (e.g., vacutainers and tubes)	B.R.
A4771	Serum clotting time tube, per box	B.R.
A4772	Dextrostick or glucose test strips, per box	B.R.
A4773	Hemostix, per bottle	B.R.
A4774	Ammonia test paper, per box	B.R.

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<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
A4780	Sterilizing agent for dialysis equipment, per gallon	B.R.
A4820	Hemodialysis kit supplies	B.R.
A4850	Hemostats with rubber tips for dialysis	B.R.
A4860	Disposable catheter caps	B.R.
A4900	C.A.P.D. (continuous ambulatory peritoneal dialysis), inclusive of all necessary supplies - per month	1,600.00
A4901	C.C.P.D. (continuous cycling peritoneal dialysis), inclusive of all necessary supplies, including the auto-peritoneal dialysis cyler - per month	2,000.00
A4905	Intermittent peritoneal dialysis (IPD) supply kit	B.R.
A4912	Gomco drain bottle	B.R.
A4913	Miscellaneous dialysis supplies, not identified elsewhere	B.R.
A4914	Preparation kits	B.R.
A4918	Venous pressure clamps, each	B.R.
A4919	Dialyzer holder, each	B.R.
A4920	Harvard pressure clamp, each	B.R.
A4921	Measuring cylinder, any size, each	B.R.
A5051	Pouch, closed; with barrier attached (1 piece)	3.05
A5052	Pouch, closed; without barrier attached (1 piece)	3.05

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<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
A5053	Pouch, closed; for use on faceplate	3.05
A5054	Pouch, closed; for use on barrier with flange (2 piece)	3.05
A5055	Stoma cap	2.00
A5061	Pouch, drainable; with barrier attached (1 piece)	4.07
A5062	Pouch, drainable; without barrier attached (1 piece)	4.07
A5063	Pouch, drainable; for use on barrier with flange (2 piece system)	4.07
A5064	Pouch, drainable; with faceplate attached; plastic or rubber	4.07
A5065	Pouch, drainable; for use on faceplate; plastic or rubber	4.07
A5071	Pouch, urinary; with barrier attached (1 piece)	4.07
A5072	Pouch, urinary; without barrier attached (1 piece)	4.07
A5073	Pouch, urinary; for use on barrier with flange (2 piece system)	4.07
A5074	Pouch, urinary; with faceplate attached; plastic or rubber	4.07
A5075	Pouch urinary; for use with faceplate; plastic or rubber	4.07
A5081	Continent device; plug for continent stoma	3.50
A5082	Continent device; catheter for continent stoma	11.00
A5093	Ostomy accessory; convex insert	1.65

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<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
A5102	Bedside drainage bottle, rigid or expandable	28.00
A5105	Urinary suspensory; with leg bag, with or without tube	31.90
A5112	Urinary leg bag; latex	7.12
A5113	Leg strap; latex, per set	4.00
A5114	Leg strap; foam or fabric, per set	8.95
A5119	Skin barrier; wipes, box per 50	9.50
A5121	Skin barrier; solid, 6" x 6" or equivalent, each	5.03
A5122	Skin barrier; solid, 8" x 8" or equivalent, each	5.03
A5123	Skin barrier; with flange (solid, flexible or accordion), any size, each	6.00
A5126	Adhesive; disc or foam pad	1.25
A5131	Appliance cleaner, incontinence and ostomy appliances, 16 oz.	16.25
B4034	Enteral feeding supply kit; syringe (monthly)	150.00
B4035	Enteral feeding supply kit; pump fed (monthly)	275.00
B4036	Enteral feeding supply kit; gravity fed (monthly)	195.00
B4081	Nasogastric tubing with stylet	16.75
B4082	Nasogastric tubing without stylet	12.98

<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
B4083	Stomach tube - Levine type	1.90
B4084	Gastrostomy/jejunostomy tubing	15.00
B4150	Enteral formulae; category I: Semi-synthetic intact protein/protein isolates (e.g., Enrich, Ensure, Ensure HN, Ensure Powder, Isocal, Lonalac Powder, Meritene, Meritene Powder, Osmolite, Osmolite HN, Portagen Powder, Sustacal, Renu, Sustagen Powder, Travasorb) 1 can = 1 unit	B.R.
B4151	Enteral formulae; category I: Natural intact protein/protein isolates (e.g., Compleat B, Vitaneed, Compleat B Modified) 1 can = 1 unit	B.R.
B4152	Enteral formulae; category II: Intact protein/ protein isolates (calorically dense) (e.g., Magnacal, Isocal HCN, Sustacal HC, Ensure Plus, Ensure Plus HN) 1 can= 1 unit	B.R.
B4153	Enteral formulae; category III: hydrolyzed Vivonex protein/ amino acids (e.g., Criticare HN, T.E.N. (Total Enteral Nutrition), Vivonex HN, Precision HN, Precision Isotonic) 1 can = 1 unit	B.R.
B4156	Enteral formulae; category VI: standardized nutrients (Vivonex STD, Precision LR and Tolerex) 1 can = 1 unit	B.R.
B4164	Parenteral nutrition solution: carbohydrates (dextrose), 50% or less (500 ml = 1 unit) - home mix	13.26
B4168	Parenteral nutrition solution; amino acid, 3.5%, (500 ml = 1 unit) - home mix	18.59
B4172	Parenteral nutrition solution; amino acid 5.5% through 7% (500 ml = 1 unit) - home mix	30.50

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<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
B4176	Parenteral nutrition solution; amino acid, 7% through 8.5% (500 ml = 1 unit) - home mix	43.22
B4178	Parenteral nutrition solution; amino acid, greater than 8.5% (500 ml = 1 unit)	43.22
B4180	Parenteral nutrition solution; carbohydrates, (dextrose), greater than 50% (500 ml = 1 unit) - home mix	18.30
B4184	Parenteral nutrition solution; lipids, 10% with administration set (500 ml = 1 unit)	60.00 (12 per month)
B4186	Parenteral nutrition solution, lipids, 20% with administration set (500 ml = 1 unit)	80.00 (12 per month)
B4189	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 10 to 51 grams of protein - premix	133.50
B4193	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 grams of protein - premix	172.50
B4197	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 74 to 100 grams of protein - premix	210.00
B4199	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 grams of protein - premix	252.69

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<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
B4216	Parenteral nutrition; additives (vitamins, trace elements, heparin, electrolytes) - home mix	11.65 (per day)
B4220	Parenteral nutrition supply kit for 1 month - premix	182.98
B4222	Parenteral nutrition supply kit for 1 month- home mix	283.25
B4224	Parenteral nutrition administration kit for 1 month	600.00
B5000	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal - Amirosyn RF, NephroAmine, RenAmin - premix	9.28
B5100	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic - FreAmine HBC, HepatAmine - premix	3.63
B5200	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress - branch chain amino acids - premix	4.94
B9000	Enteral nutrition infusion pump - without alarm	950.00
B9002	Enteral nutrition infusion pump - with alarm	950.00
B9004	Parenteral nutrition infusion pump, portable	1,895.00
B9006	Parenteral nutrition infusion pump, stationary	1,895.00
B9998	Not otherwise classified for enteral supplies	B.R.

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<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
B9999	Not otherwise classified for parenteral supplies	B.R.
E0100	Cane, includes canes of all materials, adjustable or fixed with tips	14.97
E0105	Cane, quad or three prong, includes canes of all materials, adjustable or fixed with tips	39.48
E0110	Crutches forearm, includes crutches of various materials, adjustable or fixed, complete with tips and handgrips, pair	65.43
E0111	Crutch forearm, includes crutches of various materials, adjustable or fixed, with tip and handgrip, each	57.92
E0112	Crutches underarm, wood, adjustable or fixed, with pads, tips and handgrips, pair	47.46
E0113	Crutch underarm, wood, adjustable or fixed, with pad, tip and handgrip, each	19.51
E0114	Crutches underarm, aluminum, adjustable or fixed, with pads, tips and handgrips, pair	68.56
E0116	Crutch underarm, aluminum, adjustable or fixed, with pad, tip and handgrip, each	18.99
E0130	Walker, rigid (pickup), adjustable or fixed height	55.94
E0135	Walker, folding (pickup), adjustable or fixed height	59.43
E0141	Walker, wheeled, without seat	95.86
E0142	Rigid walker, wheeled, with seat	343.81

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<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
E0143	Folding walker, wheeled, without seat	109.05
E0145	Walker, wheeled, with seat and crutch attachments	176.60
E0146	Walker, wheeled, with seat	318.23
E0147	Heavy duty, multiple breaking system, variable wheel resistance walker	206.71
E0153	Platform attachment, forearm crutch, each	55.37
E0154	Platform attachment, walker, each	68.56
E0155	Wheel attachment, rigid pick-up walker	25.62
E0156	Seat attachment, walker	21.09
E0157	Crutch attachment, walker, each	55.37
E0158	Leg extensions, walker	33.74
E0160	Sitz type bath, portable, fits over commode seat	9.50
E0161	Sitz type bath, portable, fits over commode seat, with faucet attachments	52.73
E0162	Sitz bath, chair	B.R.
E0163	Commode chair, stationary, with fixed arms	89.16
E0164	Commode chair, mobile, with fixed arms	210.93
E0165	Commode chair, stationary, with detachable arms	181.01

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<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
E0166	Commode chair, mobile, with detachable arms	265.35
E0167	Pail or pan for use with commode chair	10.19
E0175	Foot rest, for use with commode chair, each	44.07
E0176	Air pressure pad or cushion, non-positioning	B.R.
E0177	Water pressure pad or cushion, non-positioning	B.R.
E0178	Gel pressure pad or cushion, non-positioning	B.R.
E0179	Dry pressure pad or cushion, non-positioning	B.R.
E0180	Pressure pad, alternating with pump	240.44
E0181	Pressure pad, alternating with pump, heavy duty	263.73
E0182	Pump for alternating pressure pad	291.08
E0184	Dry pressure mattress	68.56
E0185	Gel pressure pad for mattress	62.22
E0186	Air pressure mattress	B.R.
E0187	Water pressure mattress	B.R.
E0188	Synthetic sheepskin pad	21.09
E0189	Lambswool sheepskin pad, any size	21.09
E0191	Heel or elbow protector, each	10.34

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<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
E0192	Low pressure and positioning equalization pad	326.66
E0193	Powered air flotation bed (low air loss therapy)	36.00 (per day)
E0194	Air fluidized bed	65.20 (per day)
E0200	Heat lamp, without stand (table model), includes bulb, or infrared element	36.92
E0202	Phototherapy (bilirubin) light with photometer	B.R.
E0235	Paraffin bath unit, portable (see medical supply code A4265 for paraffin)	194.38
E0236	Pump for water circulating pad	B.R.
E0237	Water circulating heat pad with pump	B.R.
E0241	Bathtub wall rail, each	B.R.
E0242	Bathtub rail, floor base	B.R.
E0243	Toilet rail, each	B.R.
E0244	Raised toilet seat	B.R.
E0245	Tub stool or bench	B.R.
E0246	Transfer tub rail attachment	B.R.
E0249	Pad for water circulating heat unit	124.44

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<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
E0250	Hospital bed, fixed height, with any type side rails, with mattress	881.42
E0251	Hospital bed, fixed height, with any type side rails, without mattress	672.33
E0255	Hospital bed, variable height, hi-lo, with any type side rails, with mattress	964.20
E0256	Hospital bed, variable height, hi-lo, with any type side rails, without mattress	B.R.
E0260	Hospital bed, semi-electric (head and foot adjustments), with any type side rails, with mattress	1,542.26
E0261	Hospital bed, semi-electric (head and foot adjustments), with any type side rails, without mattress	B.R.
E0265	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, with mattress	1,940.52
E0266	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, without mattress	1,909.20
E0270	Hospital bed, institutional type includes: oscillating, circulating and stryker frame, with mattress	B.R.
E0271	Mattress, inner spring	168.73
E0272	Mattress, foam rubber	155.55
E0273	Bed board	B.R.
E0274	Over-bed table	B.R.

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<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
E0275	Bed pan, standard, metal or plastic	15.82
E0276	Bed pan, fracture, metal or plastic	12.60
E0277	Alternating pressure mattress	B.R.
E0280	Bed cradle, any type	29.53
E0290	Hospital bed, fixed height, without side rails, with mattress	B.R.
E0291	Hospital bed, fixed height, without side rails, without mattress	B.R.
E0292	Hospital bed, variable height, hi-lo, without side rails, with mattress	B.R.
E0293	Hospital bed, variable height, hi-lo, without side rails, without mattress	B.R.
E0294	Hospital bed, semi-electric (head and foot adjustments), without side rails, with mattress	B.R.
E0295	Hospital bed, semi-electric (head and foot adjustments), without side rails, without mattress	B.R.
E0296	Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress	B.R.
E0297	Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress	B.R.
E0305	Bedside rails, half length	143.77
E0310	Bedside rails, full length	164.74

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<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
E0325	Urinal; male, jug-type, any material	6.53
E0326	Urinal; female, jug-type, any material	9.28
E0424	Stationary compressed gaseous oxygen system rental; includes: <u>contents</u> , regulator, flowmeter humidifier, nebulizer, cannula or mask and tubing.	250.00 (per month)
E0431	Portable compressed gaseous oxygen system, rental; includes: <u>contents</u> , regulator, flowmeter, humidifier, cannula or mask and tubing.	47.33 (per month)
E0434	Portable liquid oxygen system, rental; includes: <u>contents</u> , portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge cannula or masks and tubing.	47.33 (per month)
E0439	Stationary liquid oxygen system, rental; includes, <u>contents</u> use of reservoir, regulator, flowmeter, humidifier, nebulizer, cannula or mask and tubing.	250.00 (per month)
E0441	Oxygen contents, gaseous, per unit (for use with owned gaseous stationary systems or when both a stationary and portable gaseous system are owned; 1 unit = 50 cubic ft.)	6.50
E0442	Oxygen contents, liquid, per unit (for use with owned liquid stationary systems or when both a stationary and portable liquid system are owned; 1 unit = 10 lbs.)	14.00
E0443	Portable oxygen contents, gaseous, per unit (for use only with portable gaseous systems when no stationary gas or liquid system is used; 1 unit = 5 cubic ft.)	.65

<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
E0444	Portable oxygen contents, liquid, per unit (for use only with portable liquid systems when no stationary gas or liquid system is used; 1 unit = 1 lb.)	1.40
E0450	Volume ventilator; stationary or portable	10,546.29
E0452	Intermittent assist device with continuous positive airway pressure device NOTE: Medicaid and NJ KidCare fee-for-service reimbursement, all supplies necessary for use and maintenance of device	B.R.
E0453	Therapeutic ventilator; suitable for use 12 hours or less per day	B.R.
E0455	Oxygen tent, excluding croup or pediatric tents	B.R.
E0457	Chest shell (cuirass)	414.80
E0459	Chest wrap	539.24
E0460	Negative pressure ventilator; portable or stationary	B.R.
E0462	Rocking bed with or without rails	B.R.
E0480	Percussor, electric or pneumatic, home model	279.47
E0500	IPPB machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source	469.32
E0550	Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery	315.33
E0555	Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmeter	15.00

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<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
E0560	Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery	64.64
E0565	Compressor, air power source for equipment which is not self-contained or cylinder driven	506.07
E0570	Nebulizer, with compressor	166.19
E0575	Nebulizer, ultrasonic	732.97
E0580	Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter	121.29
E0585	Nebulizer, with compressor and heater	121.29
E0600	Suction pump, home model, portable	409.72
E0601	Continuous airway pressure (CPAP) Device	126.56
E0605	Vaporizer, room type	30.58
E0606	Postural drainage board	158.19
E0607	Home blood glucose monitor	90.00
E0608	Apnea monitor	200.00 (per month)
E0609	Blood glucose monitor with special features (e.g., voice synthesizers, automatic timers, etc.)	B.R.
E0610	Pacemaker monitor, self-contained (checks battery depletion, includes audible and visible check systems)	336.42

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Medical Supplies

<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
E0615	Pacemaker monitor, self-contained, (checks battery depletion and other pacemaker components, includes digital/visible check systems	336.42
E0621	Sling or seat, patient lift, canvas or nylon	63.36
E0625	Patient lift, Kartop, bathroom or toilet	B.R.
E0630	Patient lift, hydraulic, with seat or sling	932.66
E0635	Patient lift, electric with seat or sling	770.15
E0650	Pneumatic compressor, nonsegmental home model, (lymphedema pump)	522.05
E0651	Pneumatic compressor, segmental home model, (lymphedema pump) without calibrated gradient pressure	732.97
E0652	Pneumatic compressor, segmental home model, (lymphedema pump) with calibrated gradient pressure	3,374.81
E0655	Nonsegmental pneumatic appliance for use with pneumatic compressor, half arm	83.42
E0660	Nonsegmental pneumatic appliance for use with pneumatic compressor, full leg	137.10

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<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
E0665	Nonsegmental pneumatic appliance for use with pneumatic compressor, full arm	89.75
E0666	Nonsegmental pneumatic appliance for use with pneumatic compressor, half leg	131.83
E0667	Segmental pneumatic appliance for use with pneumatic compressor, full leg	258.39
E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm	226.75
E0690	Ultraviolet cabinet, appropriate for home use safety equipment	B.R.
E0700	Safety equipment (e.g., belt, harness or vest)	B.R.
E0710	Restraints, any type (body, chest, wrist or ankle)	B.R.
E0720	TENS, two lead, localized stimulation	452.02
E0730	TENS, four lead, larger area/multiple nerve stimulation	448.08
E0731	Form-fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from the patient's skin by layers of fabric)	B.R.
E0744	Neuromuscular stimulator for scoliosis	1,031.82
E0745	Neuromuscular stimulator, electronic shock unit	1,049.36
E0746	Electromyography (EMG), biofeedback device	694.79
E0747	Osteogenesis stimulator (noninvasive)	2,742.04

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Medical Supplies

<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
E0755	Electronic salivary reflex stimulator (intraoral/noninvasive)	B.R.
E0776	IV pole	69.74
E0781	Ambulatory infusion pump, single or multiple channels with administrative equipment, worn by patient	B.R.
E0791	Parenteral infusion pump, stationary, single or multichannel	B.R.
E0840	Traction frame, attached to headboard, simple cervical traction	36.92
E0850	Traction stand, freestanding, simple cervical traction	36.92
E0860	Traction equipment, overdoor, cervical	27.17
E0870	Traction frame, attached to footboard, simple extremity traction (e.g., Buck's)	83.84
E0880	Traction stand, freestanding simple extremity traction (e.g., Buck's)	68.56
E0890	Traction frame, attached to footboard, simple pelvic traction	80.47
E0900	Traction stand, freestanding simple pelvic traction (e.g., Buck's)	80.47
E0910	Trapeze bars, A/K/A patient helper, attached to bed, with grab bar	163.74
E0920	Fracture frame, attached to bed, includes weights	394.43
E0930	Fracture frame, freestanding, includes weights	394.43

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<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
E0935	Passive motion exercise device	17.00 (per day)
E0940	Trapeze bar, freestanding, complete with grab bar	314.78
E0941	Gravity assisted traction device, any type	384.94
E0942	Cervical head harness/halter	15.82
E0943	Cervical pillow	41.48
E0944	Pelvic belt/harness/boot	32.74
E0945	Extremity belt/harness	36.92
E0946	Fracture, frame, dual with cross bars, attached to bed, (e.g., balkan, 4 poster)	894.33
E0947	Fracture frame, attachments for complex pelvic traction pelvic traction	B.R.
E0948	Fracture frame, attachments for complex cervical traction	B.R.
E0950	Tray	82.96
E0951	Loop heel, each	15.04
E0952	Loop toe, each	15.04
E0953	Pneumatic tire, each	92.59
E0954	Semi-pneumatic caster, each	47.46

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Medical Supplies

<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
E0958	Wheelchair attachment to convert any wheelchair to one-arm drive	421.32
E0959	Amputee adapter (device used to compensate for transfer of weight due to lost limbs to maintain proper balance)	73.82
E0961	Brake extension, for wheelchair	11.61
E0962	1" cushion, for wheelchair	47.46
E0963	2" cushion, for wheelchair	61.17
E0964	3" cushion, for wheelchair	70.66
E0965	4" cushion, for wheelchair	79.10
E0966	Hook-on headrest extension	51.67
E0967	Wheelchair hand rims with 8 vertical rubber-tipped projections, pair	105.46
E0968	Commode seat, wheelchair	181.39
E0969	Narrowing device, wheelchair	B.R.
E0970	No. 2 footplates, except for elevating leg rest	94.92
E0971	Anti-tipping device wheelchairs	50.28
E0972	Transfer board, wheelchair	B.R.
E0973	Adjustable height detachable arms, desk or full length, wheelchair	91.75

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<u>HCP CS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
E0974	"Grade-aid" (device to prevent rolling back on an incline) for wheelchair	68.56
E0975	Reinforced seat upholstery, wheelchair	55.89
E0976	Reinforced back, wheelchair, upholstery or other material	55.89
E0977	Wedge cushion, wheelchair	49.57
E0978	Belt, safety with airplane buckle, wheelchair	36.92
E0979	Belt, safety with Velcro closure, wheelchair	25.93
E0980	Safety vest, wheelchair	26.37
E0990	Elevating leg rest, each	77.14
E0991	Upholstery seat	36.92
E0992	Solid seat insert	43.49
E0993	Back, upholstery	27.97
E0994	Armrest, each	13.42
E0995	Calf rest, each	21.09
E0996	Tire, solid, each	23.07
E0997	Caster with a fork	56.95
E0998	Caster without fork	31.64
E0999	Pneumatic tire with wheel	91.75

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Medical Supplies

<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
E1000	Tire, pneumatic caster	49.57
E1001	Wheel, single	92.81
E1031	Rollabout chair, any and all types with castors 5" or greater	B.R.
E1050	Fully reclining wheelchair, fixed full-length arms, swing away detachable elevating leg rests	1,222.53
E1060	Fully reclining wheelchair, detachable arms, desk or full-length, swing away detachable elevating leg rests	1,222.53
E1065	Power attachment (to convert any wheelchair to motorized wheelchair; (e.g., solo)	2,404.55
E1066	Battery charger	242.56
E1069	Deep cycle battery	92.99
E1070	Fully-reclining wheelchair, detachable arms, desk or full-length, swing away detachable foot rest	909.61
E1083	Hemi-wheelchair, fixed full-length arms, swing away detachable elevating leg rests	717.15
E1084	Hemi-wheelchairs, detachable arms, desk or full-length arms, swing away detachable elevating leg rests	1,049.29
E1085	Hemi-wheelchair, fixed full-length arms, swing away detachable foot rests	829.21
E1086	Hemi-wheelchair, detachable arms, desk or full-length, swing away detachable foot rests	1,105.41

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<u>HCP</u> <u>CS</u> <u>CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM</u> <u>FEE</u> <u>ALLOWANCE</u>
E1087	High strength lightweight wheelchair, fixed-full length arms, swing away detachable leg rests	1,152.71
E1088	High strength lightweight wheelchair, detachable arms, desk or full-length, swing away detachable elevating leg rests	1,536.80
E1089	High strength lightweight wheelchair, fixed length arms, swing away detachable foot rest	1,133.99
E1090	High strength lightweight wheelchair, detachable arms, desk or full-length, swing away detachable foot rests	1,499.05
E1091	Youth wheelchair, any type	1,335.05
E1092	Wide heavy duty wheelchair, detachable arms, desk or full-length, swing away detachable elevating leg rests	1,367.22
E1093	Wide heavy duty wheelchair, detachable arms, desk or full-length arms, swing away detachable foot rests	1,255.01
E1100	Semi-reclining wheelchair, fixed full-length arms, swing away detachable elevating leg rests	1,054.63
E1110	Semi-reclining wheelchair, detachable arms, desk or full-length, elevating leg rests	1,139.73
E1130	Standard wheelchair, fixed full-length arms, fixed or swing away detachable foot rests	424.49
E1140	Wheelchair, detachable arms, desk or full-length, swing away detachable foot rests	697.26
E1150	Wheelchair, detachable arms, desk or full-length, swing away detachable elevating leg rests	776.52

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Medical Supplies

<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
E1160	Wheelchair, fixed full-length arms, swing away detachable elevating leg rests	601.55
E1170	Amputee wheelchair, fixed full length arms, swing away detachable elevating leg rests	1,179.70
E1171	Amputee wheelchair, fixed full length arms, without foot rests or leg rests	682.35
E1172	Amputee wheelchair, detachable arms (desk or full-length) without foot rests or leg rests	877.45
E1180	Amputee wheelchair, detachable arms (desk or full-length) swing away detachable foot rests	937.91
E1190	Amputee wheelchair, detachable arms (desk or full-length) swing away detachable elevating leg rests	1,083.63
E1195	Heavy duty wheelchair, fixed full-length arms, swing away detachable elevating leg rests	1,029.11
E1200	Amputee wheelchair, fixed full-length arms, swing away detachable foot rest	807.14
E1210	Motorized wheelchair, fixed full-length arms, swing away detachable elevating leg rests	3,646.69
E1211	Motorized wheelchair, detachable arms (desk or full-length) swing away, detachable elevating leg rests	3,269.35
E1212	Motorized wheelchair, fixed full-length arms, swing away detachable foot rests	2,913.94

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<u>HCP</u> <u>CS</u> <u>CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM</u> <u>FEE</u> <u>ALLOWANCE</u>
E1213	Motorized wheelchair, detachable arms (desk or full-length) swing away detachable foot rests	3,269.35
E1220	Wheelchair; specially sized or constructed (indicate brand name, model number, and justification)	B.R.
E1221	Wheelchair with fixed arm, foot rests	758.38
E1222	Wheelchair with fixed arm, elevating leg rest	955.49
E1223	Wheelchair with detachable arms, foot rests	831.05
E1224	Wheelchair with detachable arms, elevating leg rests	1,174.02
E1225	Semi-reclining back for customized wheelchair	449.27
E1226	Full-reclining back for customized wheelchair	514.66
E1227	Special height arms for wheelchair	221.47
E1228	Special back height for wheelchair	189.83
E1230	Power operated vehicle (three or four wheel nonhighway), specify brand name and model number	1,624.13
E1240	Lightweight wheelchair, detachable arms, (desk or full-length) swing away detachable, elevating leg rest	1,057.14
E1250	Lightweight wheelchair, fixed full-length arms, swing away detachable foot rest	630.67
E1260	Lightweight wheelchair, detachable arms, (desk or full-length) swing away detachable foot rest	870.81

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Medical Supplies

<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
E1270	Lightweight wheelchair, fixed full-length arms, swing away detachable elevating leg rests	727.69
E1280	Heavy duty wheelchair, detachable arms (desk or full-length) elevating leg rests	1,272.04
E1285	Heavy duty wheelchair, fixed full-length arms, swing away detachable foot rest	999.66
E1290	Heavy duty wheelchair, detachable arms (desk or full-length) swing away detachable foot rest	1,386.25
E1295	Heavy duty wheelchair, fixed full-length arms, elevating leg rest	943.05
E1296	Special wheelchair seat height from the floor	282.64
E1297	Special wheelchair seat depth, by upholstery	61.17
E1298	Special wheelchair seat depth and/or width, by construction	304.78
E1300	Whirlpool, portable (overtub type)	B.R.
E1310	Whirlpool, nonportable (built-in type)	3,269.35
E1350	Repair or nonroutine service (e.g., breaking down sealed components) requiring (per hour) the skill of a technician	40.00
E1353	Regulator	B.R.
E1355	Stand/rack	46.67

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<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
E1372	Immersion external heater for nebulizer	179.29
E1375	Nebulizer, portable with small compressor, with limited flow	174.02
E1377	Oxygen concentrator, high humidity system equiv. to 244 cu. ft.	250.00 (per month)
E1378	Oxygen concentrator, high humidity system equiv. to 488 cu. ft.	250.00 (per month)
E1379	Oxygen concentrator, high humidity system equiv. to 732 cu. ft.	250.00 (per month)
E1380	Oxygen concentrator, high humidity system equiv. to 976 cu.ft.	250.00 (per month)
E1381	Oxygen concentrator, high humidity system equiv. to 1220 cu. ft.	250.00 (per month)
E1382	Oxygen concentrator, high humidity system equiv. to 1464 cu. ft.	250.00 (per month)
E1383	Oxygen concentrator, high humidity system equiv. to 1708 cu. ft.	250.00 (per month)
E1384	Oxygen concentrator, high humidity system equiv. to 1952 cu. ft.	250.00 (per month)
E1385	Oxygen concentrator, high humidity system equiv. to over 1952 cu. ft.	250.00 (per month)
E1399	Durable medical equipment, miscellaneous	B.R.

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Medical Supplies

<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
E1400	Oxygen concentrator, manufacturer specified maximum flow rate does not exceed 2 liters per minute, at 85% or greater concentration	250.00 (per month)
E1401	Oxygen concentrator, manufacturer specified maximum flow rate greater than 2 liters per minute, does not exceed 3 liters per minute, at 85% or greater concentration	250.00 (per month)
E1402	Oxygen concentrator, manufacturer specified maximum flow rate greater than 3 liters per maximum flow minute, does not exceed 4 liters per minute, at 85% or greater concentration	250.00 (per month)
E1403	Oxygen concentrator, manufacturer specified maximum flow rate greater than 4 liters per minute, does not exceed 5 liters per minute, at 85% or greater concentration	250.00 (per month)
E1404	Oxygen concentrator, manufacturer specified maximum flow rate greater than 5 liters per minute, at 85% or greater concentration	B.R.
E1405	Oxygen and water vapor enriching system with heated delivery	B.R.
E1406	Oxygen and water vapor enriching system without heated delivery	B.R.
E1592	Automatic intermittent peritoneal dialysis system	B.R.
E1594	Cycler dialysis machine for peritoneal dialysis	B.R.
E1610	Reverse osmosis water purification system	B.R.

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<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
E1615	Deionizer water purification system	B.R.
E1630	Reciprocating peritoneal dialysis system	B.R.
E1632	Wearable artificial kidney	B.R.
E1640	Replacement components for hemodialysis and/or peritoneal dialysis machines that are owned or being purchased by the patient	B.R.
E1699	Dialysis equipment, unspecified	B.R.
E1700	Jaw motion rehabilitation system	B.R.
E1701	Replacement cushions for jaw motion rehabilitation system, pkg. of 6	B.R.
E1702	Replacement measuring scales for jaw motion rehabilitation system, pkg. of 200	B.R.
K0001	Standard wheelchair	539.00
K0002	Standard hemi (low seat) wheelchair	870.00
K0003	Lightweight wheelchair	802.00
K0004	High strength, lightweight wheelchair	1,385.00
K0005	Ultra lightweight wheelchair	B.R.
K0006	Heavy duty wheelchair	1,274.00
K0007	Extra heavy duty wheelchair	B.R.

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Medical Supplies

<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
K0008	Custom manual wheelchair/base	B.R.
K0009	Other manual wheelchair/base	B.R.
K0010	Standard-weight frame motorized/power wheelchair	3,345.00
K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	B.R.
K0012	Lightweight portable motorized/power wheelchair	B.R.
K0013	Custom motorized/power wheelchair base	B.R.
K0014	Other motorized/power wheelchair base	B.R.
K0015	Detachable, nonadjustable height armrest, each	157.00
K0016	Detachable, adjustable height armrest, complete assembly, each	100.00
K0017	Detachable, adjustable height armrest, base, each	B.R.
K0018	Detachable, adjustable height armrest, upper portion, each	B.R.
K0019	Arm pad, each	B.R.
K0020	Fixed, adjustable height armrest, pair	B.R.
K0021	Anti-tipping device, each	54.00
K0022	Reinforced back upholstery	43.00

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<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
K0023	Solid back insert, planar back, single density foam, attached with straps	B.R.
K0024	Solid back insert, planar back, single density foam, with adjustable hook-on hardware	B.R.
K0025	Hook-on headrest extension	56.00
K0026	Back upholstery for ultralightweight or high-strength lightweight wheelchair	27.97
K0027	Back upholstery for wheelchair type other than ultra lightweight or high-strength lightweight wheelchair	34.00
K0028	Fully reclining back	472.00
K0029	Reinforced seat upholstery	43.00
K0030	Solid seat insert, planar seat, single density foam	70.00
K0031	Safety belt/pelvic strap	37.00
K0032	Seat upholstery for ultralightweight or high-strength lightweight wheelchair	36.92
K0033	Seat upholstery for wheelchair type other than ultra lightweight or high-strength lightweight wheelchair	36.92
K0034	Heel loop, each	17.00
K0035	Heel loop with ankle strap, each	B.R.
K0036	Toe loop, each	17.00

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Medical Supplies

<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
K0037	High mount flip-up footrest, each	47.46
K0038	Leg strap, each	B.R.
K0039	Leg strap, H style, each	B.R.
K0040	Adjustable angle footplate, each	B.R.
K0041	Large size footplate, each	B.R.
K0042	Standard size footplate, each	32.00
K0043	Footrest, lower extension tube, each	B.R.
K0044	Footrest, upper hanger bracket, each	B.R.
K0045	Footrest, complete assembly	B.R.
K0046	Elevating legrest, lower extension tube, each	B.R.
K0047	Elevating legrest, upper hanger bracket, each	B.R.
K0048	Elevating legrest, complete assembly	87.00
K0049	Calf pad, each	23.00
K0050	Ratchet assembly	B.R.
K0051	Cam release assembly, footrest or legrest, each	B.R.
K0052	Swingaway, detachable footrests, each	B.R.
K0053	Elevating footrests, articulating(telescoping), each	B.R.

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<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
K0054	Seat width of 10", 11", 12", 15", 17", or 20" for a high strength, lightweight or ultra lightweight wheelchair	B.R.
K0055	Seat depth of 15", 17", or 18" for a high strength lightweight or ultra lightweight wheelchair	B.R.
K0056	Seat height less than 17" or less than or equal to 21" for a high strength, lightweight or ultra lightweight wheelchair	83.00
K0057	Seat width 19" or 20" for heavy duty or extra heavy duty chair	107.00
K0058	Seat depth 17" or 18" for motorized/ power wheelchair	52.00
K0059	Plastic coated handrim, each	B.R.
K0060	Steel handrim, each	B.R.
K0061	Aluminum handrim, each	B.R.
K0062	Handrim with 8 - 10 vertical or oblique projections, each	53.00
K0063	Handrim with 12 - 16 vertical or oblique projections, each	B.R.
K0064	Zero pressure tube (flat free inserts), any size, each	B.R.
K0065	Spoke protectors	B.R.
K0066	Solid tire, any size, each	25.00
K0067	Pneumatic tire, any size, each	35.00
K0068	Pneumatic tire tube, each	B.R.

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Medical Supplies

<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
K0069	Rear wheel assembly, complete with solid tire, spokes or molded, each	87.00
K0070	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, each	158.00
K0071	Front caster assembly, complete, with	B.R.
K0072	Front caster assembly, complete, with pneumatic tire, each semi-pneumatic tire, each	57.00
K0073	Caster pinlock, each	B.R.
K0074	Pneumatic caster tire, any size, each	31.00
K0075	Semi - pneumatic caster tire, any size, each	47.46
K0076	Solid caster tire, any size, each	B.R.
K0077	Front caster assembly, complete, with solid tire, each	B.R.
K0078	Pneumatic caster tire tube, each	B.R.
K0079	Wheel lock extension, pair	43.00
K0080	Anti-rollback device, pair	136.00
K0081	Wheel lock assembly, complete, each	B.R.
K0082	22 NF deep cycle lead acid battery, each	92.99
K0083	22 NF gel cell battery, each	B.R.

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<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
K0084	Group 24 deep cycle lead acid battery, each	B.R.
K0085	Group 24 gel cell battery, each	B.R.
K0086	U-1 lead acid battery, each	92.99
K0087	U-1 gel cell battery, each	B.R.
K0088	Battery charger, lead acid or gel cell	242.56
K0089	Battery charger, dual mode	B.R.
K0090	Rear wheel tire for power wheelchair, any size, each	B.R.
K0091	Rear wheel tire tube other than zero pressure for power wheelchair, any size, each	B.R.
K0092	Wheel assembly for power wheelchair, complete, each	B.R.
K0093	Rear wheel zero pressure tire tube (flat free insert) for power wheelchair, any size, each	B.R.
K0094	Wheel tire for power base, any size, each	B.R.
K0095	Wheel tire tube other than zero pressure for each base, any size, each	B.R.
K0096	Wheel assembly for power base, complete, each	B.R.
K0097	Wheel zero pressure tire tube (flat free insert) for power base, any size, each	B.R.
K0098	Drive belt for power wheelchair	B.R.

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Medical Supplies

<u>HCP CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
K0099	Front caster for power wheelchair	B.R.
K0100	Amputee adapter, pair	77.00
K0101	One-arm drive attachment	449.00
K0102	Crutch and cane holder	B.R.
K0103	Transfer board, less than 25 inches	B.R.
K0104	Cylinder tank carrier	B.R.
K0105	IV hanger	B.R.
K0106	Arm trough, each	B.R.
K0107	Wheelchair tray	89.00
K0108	Other accessories	B.R.
K0109	Customization of wheelchair base frame(options or accessoires)	B.R.
K0112	Trunk support device, vest type, with inner frame, prefabricated	B.R.
K0113	Trunk support device, vest type, without inner frame, prefabricated	B.R.
K0114	Back support system for use with a wheelchair, with inner frame, prefabricated	B.R.

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<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
K0115	Orthotic seating system, back module, posterior - lateral control, with or without lateral supports, custom fabricated,for attachment to wheelchair base	B.R.
K0116	Orthotic seating system, combined back and seat module, custom fabricated, for attachment to wheelchair base	B.R.
K0117	Unlisted item, orthotic seating, back module	B.R.
K0118	TENS Supplies - one month supply for TENS, 2 lead	B.R.
K0126	Replace soft interface material, multi-podus type splint	B.R.
K012 7	Replace soft interface material, ankle contracture splint	B.R.
K0128	Replace soft interface material, foot drop splint	B.R.
K0129	Ankle contracture splint	B.R.
K0130	Foot drop splint, recumbent positioning device	B.R.
K0131	Spring-powered device for lancet	B.R.
K0132	Male external catheter with or without adhesive, with or without anti-reflux device, each	B.R.
K0133	Intermittent urinary catheter, disposable, straight tip	B.R.
K0134	Intermittent urinary catheter, disposable, coude (curved tip)	B.R.
K0135	Intermittent urinary catheter, reusable, straight tip	B.R.
K0136	Intermittent urinary catheter, reusable, coude (curved) tip	B.R.

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<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
K0137	Skin barrier; liquid (spray brush, etc.) per oz.	B.R.
K0138	Skin barrier; paste, per oz.	B.R.
K0139	Skin barrier, powder, per oz.	B.R.
K0147	Gastrostomy tube, silicone with sliding ring	B.R.
K0148	Hydrogel dressing, each	B.R.
K0149	Hydrocolloid dressing, each	B.R.
K0150	Alginate dressing, each	B.R.
K0151	Foam dressing, each	B.R.
K0152	Pastes, powders, granules, beads, contact layers	B.R.
K0153	Composite dressing, each	B.R.
K0154	Wound pouch, each	B.R.
K0163	Vacuum erection system	B.R.
K0164	Oropharyngeal suction catheter, each	B.R.
K0165	Tracheostomy care kit for established tracheostomy	B.R.
K0168	Administration set, small volume pneumatic nebulizer, disposable	B.R.
K0169	Small volume nonfiltered pneumatic nebulizer, disposable nebulizer, non-disposable	B.R.

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<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
K0170	Administration set, small volume non- filtered pneumatic	B.R.
K0171	Administration set, small volume nonfiltered pneumatic nebulizer	B.R.
K0172	Large volume nebulizer, disposable, unfilled, used with aerosol compressor	B.R.
K0173	Large volume nebulizer, disposable, prefilled, used with aerosol compressor	B.R.
K0174	Reservoir bottle, non-disposable, used with large volume ultrasonic nebulizer	B.R.
K0175	Corrugated tubing, disposable, used with large volume nebulizer, 100 feet	B.R.
K0176	Corrugated tubing, non-disposable, used with large volume nebulizer, 100 feet	B.R.
K0177	Water collection device, used with large volume nebulizer	B.R.
K0178	Filter, disposable, used with aerosol compressor	B.R.
K0179	Filter, non-disposable, used with aerosol compressor or ultrasonic generator	B.R.
K0180	Aerosol mask, used with DME nebulizer	B.R.
K0181	Dome and mouthpiece, used with small volume ultrasonic nebulizer	B.R.
K0182	Water, distilled, used with large volume nebulizer, 1000 ml	B.R.

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<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
K0183	Nasal application device, used with CPAP device	B.R.
K0184	Nasal pillows/seals, replacement for nasal application device, pair	B.R.
K0185	Headgear, used with CPAP device	B.R.
K0186	Chin strap, used with CPAP device	B.R.
K0187	Tubing, used with CPAP device	B.R.
K0188	Filter, disposable, used with CPAP device	B.R.
K0189	Filter, non-disposable, used with CPAP device	B.R.
K0190	Canister, disposable, used with suction pump	B.R.
K0191	Canister, non-disposable, used with suction pump	B.R.
K0192	Tubing, used with suction pump	B.R.
K0193	Continuous positive airway pressure (CPAP) device, with humidifier	B.R.
K0194	Intermittent assist device with continuous positive airway pressure (CPAP), with humidifier	B.R.
K0195	Elevating leg rest, pair (for use with capped rental wheelchair base)	B.R.
L0110	Cervical, craniostenosis; helmet, non-molded	72.00
L0120	Cervical, flexible, non-adjustable (foam collar)	13.04

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<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
L0140	Cervical, semi-rigid, adjustable (plastic collar)	24.40
L0172	Cervical, collar, semi-rigid, thermoplastic foam, two piece	68.34
L0210	Thoracic rib belt, custom fitted	13.20
L0300	Thoracic-lumbar-sacral-orthoses (TLSO), flexible (dorso-lumbar surgical support), custom fitted	101.68
L0315	TLSO, elastic type with rigid posterior panel	120.00
L0500	Lumbar-sacral-orthoses (LSO), flexible, (lumbo-sacral surgical supports), custom fitted	77.28
L0515	LSO, flexible (lumbo-sacral surgical support), elastic type, with rigid posterior panel	69.16
L0600	Sacroiliac, flexible (sacroiliac surgical support), custom fitted	40.72
L0900	Torso support, ptosis support, custom fitted	102.11
L0920	Torso support, pendulous abdomen support, custom fitted	118.36
L0940	Torso support, postsurgical support, custom fitted	110.18
L0960	Torso support, postsurgical support pads, for postsurgical support	48.71
L0974	TLSO, full corset	88.20
L0976	LSO, full corset	103.88
L0980	Peroneal straps, pair	11.33

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<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
L0982	Stocking supporter grips, set of four (4)	9.60
L1600	Hip orthoses (HO), abduction control of hip joints, flexible, Frejka type with cover	40.32
L1610	HO, abduction control of hip joints, flexible, flexible, (Frejka cover only)	25.00
L1620	HO, abduction control of hip joints, flexible, (Pavlik harness)	75.00
L1800	Knee orthosis (KO), elastic with stays	32.56
L1810	KO, elastic with joints	61.04
L1815	KO, elastic with condylar pads	63.19
L1820	KO, elastic with condyle pads and joints	72.40
L1825	KO, elastic knee cap	28.00
L1830	KO, immobilizer; canvas longitudinal	52.88
L1902	AFO, ankle gauntlet, custom fitted	48.81
L1906	AFO, multiligamentous ankle support	75.00
L3201	Orthopedic shoe, oxford with supinator or pronator, infant	48.00
L3202	Orthopedic shoe, oxford with supinator or pronator, child	48.00
L3203	Orthopedic shoe, oxford with supinator or pronator, junior	48.00
L3204	Orthopedic shoe, hightop with supinator or pronator, infant	48.00

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<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
L3206	Orthopedic shoe, hightop with supinator or pronator, child	48.00
L3207	Orthopedic shoe, hightop with supinator or pronator, junior	48.00
L3208	Surgical boot, each, infant	24.00
L3209	Surgical boot, each, child	24.00
L3211	Surgical boot, each, junior	24.00
L3212	Benesch boot, pair, infant	48.00
L3213	Benesch boot, pair, child	48.00
L3214	Benesch boot, pair, junior	48.00
L3215	Orthopedic footwear, woman's shoes, oxford	76.00
L3216	Orthopedic footwear, woman's shoes, depth inlay	100.00
L3217	Orthopedic footwear, woman's shoes, hightop, depth inlay	116.00
L3218	Orthopedic footwear, woman's surgical boot, each	64.00
L3219	Orthopedic footwear, man's shoes, oxford	76.00
L3221	Orthopedic footwear, man's shoes, depth inlay	100.00
L3222	Orthopedic footwear, man's shoes, hightop, depth inlay	116.00
L3223	Orthopedic footwear, man's surgical boot, each	64.00
L3253	Foot, molded shoe Plastazote(or similar), custom fitted, each	112.00

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<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
L3254	Nonstandard size or width (ortho footwear)	20.00
L3255	Nonstandard size or length (ortho footwear)	20.00
L3257	Orthopedic footwear, additional charge for split size	50.00
L3260	Ambulatory surgical boot, each	88.00
L3265	Plastazote sandal, each	56.00
L3300	Lift, elevation, heel, tapered to metatarsals, per inch	64.00
L3310	Lift, elevation, heel and sole, neoprene, per inch	64.00
L3320	Lift, elevation, heel and sole, cork, per inch	100.00
L3332	Lift, elevation, inside shoe, tapered, up to one-half inch	44.00
L3334	Lift, elevation, heel, per inch	36.00
L3340	Heel wedge, Sach	10.40
L3350	Heel wedge	12.00
L3360	Sole wedge, outside sole	12.00
L3370	Sole wedge, between sole	14.40
L3380	Clubfoot wedge	12.00
L3390	Outflare wedge	16.00
L3400	Metatarsal bar wedge, rocker	16.00

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<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
L3410	Metatarsal bar wedge, between sole	16.00
L3420	Full sole and heel wedge, between sole	24.00
L3430	Heel, counter, plastic reinforced	24.00
L3440	Heel, counter, leather reinforced	24.00
L3450	Heel, Sach cushion type	64.00
L3455	Heel, new leather, standard	8.00
L3460	Heel, new rubber, standard	8.00
L3465	Heel, Thomas with wedge	20.00
L3470	Heel, Thomas extended to ball	24.00
L3480	Heel, pad and depression for spur	16.00
L3485	Heel, pad, removable for spur	32.00
L3500	Miscellaneous shoe addition, insole, leather	4.00
L3510	Miscellaneous shoe addition, insole, rubber	8.00
L3520	Miscellaneous shoe additions, insole, felt covered with leather	8.00
L3530	Miscellaneous shoe addition, sole, half	12.00
L3540	Miscellaneous shoe addition, sole, full	36.00
L3550	Miscellaneous shoe addition, toe tap, standard	4.00

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<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
L3560	Miscellaneous shoe addition, toe tap, horseshoe	6.40
L3570	Miscellaneous shoe addition, special extension to instep (leather with eyelets)	152.00
L3580	Miscellaneous shoe addition, convert instep to velcro closure	13.60
L3590	Miscellaneous shoe addition, convert firm shoe counter to soft counter	28.00
L3595	Miscellaneous shoe addition, March bar	12.00
L3600	Transfer of an orthosis from one shoe to another, caliper plate, existing	48.00
L3610	Transfer of an orthosis from one shoe to another, caliper plate, new	76.00
L3620	Transfer of an orthosis from one shoe to another, solid stirrup, existing	39.04
L3630	Transfer of an orthosis from one shoe to another, solid stirrup, new	76.00
L3640	Transfer of an orthosis from one shoe to another, Dennis Browne splint (Riveton), both shoes	28.00
L3649	Unlisted procedures for foot orthopedic shoes, shoe modifications and transfers	B.R.
L3800	Wrist-hand-finger-orthoses (WHFO), short opponens,no attachments	124.28

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<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
L3916	WHFO, wrist extension cock-up, with outrigger	72.00
L8000	Breast prosthesis, mastectomy bra	B.R.
L8010	Breast prosthesis, mastectomy sleeve	40.56
L8020	Breast prosthesis, mastectomy form	132.00
L8030	Breast prosthesis, silicone or equal	B.R.
L8100	Elastic support, elastic stocking, below knee, medium weight, each	24.00
L8110	Elastic support, elastic stocking, below knee, heavy weight, each	30.40
L8120	Elastic support, elastic stocking, below knee, surgical weight, (Linton type or equal), each	32.00
L8130	Elastic support, elastic stocking, above knee, medium weight, each	33.60
L8140	Elastic support, elastic stocking, above knee, heavy weight, each	36.00
L8150	Elastic support, elastic stocking, above knee, surgical weight, (Linton type or equal), each	44.00
L8160	Elastic support, elastic stocking, full-length, medium weight, each	40.00
L8170	Elastic support, elastic stocking, full-length, heavy weight, each	48.00

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Medical Supplies

<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
L3908	WHFO, wrist extension control cock-up, nonmolded	50.13
L3914	WHFO, wrist extension cock-up	60.00
L8180	Elastic support, elastic stocking, full-length, heavy surgical weight (Linton type or equal), each	52.00
L8190	Elastic support, elastic stocking, leotards, medium weight, each	108.00
L8200	Elastic supports, elastic stocking, leotards surgical weight (Linton type), each	120.00
L8210	Elastic support, elastic stocking, custom-made	B.R.
L8220	Elastic support, elastic stocking, lymphedema	B.R.
L8230	Elastic support, elastic stocking, garter belt	B.R.
L8300	Truss, single with standard pad	51.28
L8310	Truss, double with standard pads	101.68
L8320	Truss, addition to standard pad, water pad	24.00
L8330	Truss, addition to standard pad, scrotal pad	33.65
L8400	Prosthetic sheath, below knee, each	12.00
L8410	Prosthetic sheath, above knee, each	12.00
L8415	Prosthetic sheath, upper limb, each	11.20

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<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
L8420	Prosthetic sock, wool, below knee, each	14.94
L8430	Prosthetic sock, wool, above knee, each	18.40
L8435	Prosthetic sock, wool, upper limb, each	8.14
L8440	Prosthetic shrinker, below knee, each	33.60
L8460	Prosthetic shrinker, above knee, each	41.60
L8465	Prosthetic shrinker, upper limb, each	33.60
L8470	Stump sock, single ply, fitting, below knee, each	2.52
L8480	Stump sock, single ply, fitting, above knee, each	2.52
X0003	Downgraded Crossover Claims	B.R.
X0200	Nebulizer, pocket size	B.R.
X3610	"D" rings	12.24
X3680	Travel time (portal to portal); code use limited to Pedortists	40.72
X4280	Velcro strap used with orthoses, each	18.00
X4290	Filler for amputee toes	16.00
X4800	Arch support, foot plates: (plaster cast taken by vendor) leather - whitman ordinary	50.00
X4801	Arch support, foot plate: (plaster cast taken by vendor) leather - mayer	45.00

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X4802	Arch support, foot plate: (plaster cast taken by vendor) leather - schaffer	45.00
X4803	Arch support, foot plate: (plaster cast taken by vendor) leather - schaffer with metatarsal pad	75.00
X4804	Arch support, foot plate: (plaster cast taken by vendor), leather - whitman combination	75.00
X4805	Arch support, foot plate: (plaster cast taken by vendor), leather-rohadur plastic	75.00
X4810	Velcro straps, attached to a pair of shoes, per pair	14.00
X4850	Space shoe rubber raise for shoe: 1/4" raise	8.00
X4851	Space shoe rubber raise for shoe: 1/2" raise	9.00
X4852	Space shoe rubber raise for shoe: 3/4" raise	13.00
X4853	Space shoe rubber raise for shoe: 1" raise	20.00
X4854	Space shoe rubber raise for shoe: Each addition*al* 1/2" raise	8.00
X4890	Foot casting	50.00
X4891	Foot, ankle casting	65.00
X4892	Foot, ankle, shin casting	70.00
X6460	Ostomy deodorant	B.R.
X7200	Hypodermic syringes over 5cc	B.R.
X7300	Rectal syringes	B.R.

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Medical Supplies

<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
X7520	Disposable briefs/diapers, any size, each	0.70/diaper
X8020	Pharmaceuticals associated with home IV therapy	B.R.
X8200	Augmentative communication device	B.R.
X8339	Gloves, sterile, each	.30
X8433	Gloves, non-sterile, each	.09