471-000-507 Nebraska Medicaid Practitioner Fee Schedule for Durable Medical Equipment, Medical Supplies, Orthotics and Prosthetics

Note: Prior to using information provided in this fee schedule, review the following on-line tools for the latest in durable medical equipment policy and billing guidance.

- 471 NAC, Chapter 7 at http://www.dhhs.ne.gov/reg/t471.htm
- Provider Bulletins at http://www.dhhs.ne.gov/med/pb/

This fee schedule does not address the various coverage limitations routinely applied by Nebraska Medicaid before final payment is determined (e.g., beneficiary and provider eligibility, benefit limits, billing instructions, frequency of services, third part liability, age restrictions, prior authorization, co-payments/coinsurance where applicable, etc.). Procedure codes and/or fee schedule amounts listed do not guarantee payment, coverage or amount allowed.

Although every effort is made to ensure the accuracy of this information, discrepancies and time lag may occur. All information may be changed or updated at any time to correct a discrepancy and/or error. The reimbursement rates reflected in this fee schedule are in effect as of the date of this report. The reimbursement rate made on a claim will depend on the date of service, since reimbursement rates are date of service effective.

For client eligibility or claims-status questions, call the Inquiry Line, 1-877-255-3092.

For DME policy issues, email the DME program specialist, DHHS.DME@nebraska.gov.

To Determine the Medicaid Allowable:

1. IDENTIFY THE CODE. First, identify the correct code for the DME item or service you are dispensing. Refer to the latest HCPCS Level II Expert book for code descriptions. Every DME provider should have this guide. In addition, the following website can be a useful tool for identifying the HPCPS code for a particular item: https://www.dmepdac.com/dmecsapp/do/search
   If a type of item has a specific HCPCS code assigned, the provider must use that specific code when billing and not a “miscellaneous” code.

2. FIND THE CODE/MODIFIER COMBINATION. Review the Procedure Code Modifiers (next page) and select the modifier that is correct for the item being billed. Click on the “binoculars” search tool located in the left chimney, and search for the code. Generally, if the code or code/modifier combination is not listed, it is not covered. If in doubt, email the program specialist (above.)

3. LOCATE THE MEDICAID ALLOWABLE for the procedure code and modifier combination of the item dispensed. If "RNE" is listed, see Step #5 for special pricing.

4. PAYMENT IS THE LOWER OF THE MEDICAID ALLOWABLE OR THE PROVIDER'S SUBMITTED CHARGE. Provider's submitted charge must reflect its charge to the general public. Provider must not bill Medicaid more than it charges the general public.

5. SPECIAL PRICING. Certain procedure codes will not have a unit value. RNE means “rate not established.” When submitting the claim, provider must include a detailed physician’s order for the item, clear description of the item dispensed such as brand/model, and an actual cost invoice. Medicaid pays RNE codes at a reasonable

rate as determined by Medicaid and based on the service. An actual cost invoice is the supplier's invoice that the provider actually paid, and includes any discounts and rebates to the provider. In addition, any "miscellaneous" code billed at $500 or more requires an approved prior authorization request. See 471 NAC 7-008.

6. PRIOR AUTHORIZATION: If an item requires a prior authorization request, submit on Form MS-77 found in the 471 NAC Appendixes. For Unit Price working purposes, if the provider does not have an actual cost invoice at the time of the prior authorization request, submit the Manufacturer's Suggested Retail Price (MSRP). (Clearly state if the figure submitted is an actual cost invoice or MSRP.) If the prior auth request is approved and provider dispenses the equipment, with the claim the provider must submit a clear description of each line item and its actual cost invoice, including any discounts and rebates. Generally, Medicaid pays 130 percent of the actual cost invoice (not an MSRP or quotation), up to a reasonable amount, not to exceed provider's stated Unit Price on the MS-77 or provider's charge to other customers.

Procedure Code Modifiers

Use the following procedure code modifiers with the procedure code, when applicable. Note: Most disposable DME items do not have any modifiers. Durable DME items may have modifiers. Generally, only one modifier can be used per procedure code. (Exception: oxygen equipment and content have flow rate modifiers for payment purposes.)

Modifiers for Durable Medical Equipment -

NU - New durable medical equipment purchase. Some items that always require a new medical evaluation, such as wheelchairs, will always take NU, even if a replacement.
RR - Rental. Use when DME is rented for a full one month period - see 471 NAC 7-010.09D. A unit is one month.
KR - Daily rental. Use when DME is rented for less than a one month period - see 471 NAC 7-010.09D. A unit is one day.
UE - Used durable medical equipment purchase. 75% of purchase allowable.
MS - Six month maintenance/servicing fee for reasonable and necessary parts/labor not covered under any warranty. 6 month maintenance = 1 month rental amount. (Use for DME exempt from rental/purchase option after 12 months rental was paid. (See 471 NAC 7-010.09B.) For MS supplies, use RB. Clearly state: "Client-owned equipment."
LL - Conversion of DME rental to purchase. (When using LL modifier, list the initial date of delivery in Field 19, CMS-1500 claim form and bill initial purchase price.)
RA - Replacement of DME item owned by the client. (Think of RA as a replacement for a stand-alone piece of equipment, such as nebulizer, or a wheelchair.)
RB - A like part, in conjunction with a repair to DME item owned by the client. (Think of a nebulizer mask or a wheelchair wheel.) RB is a like, or equivalent part, not an upgrade part. On the claim, clearly ascribe whether the DME item is "Client-owned equipment."
KA - Add on option/accessory, or upgrade option/accessory for a wheelchair

Modifiers for Oxygen Equipment -

QE - Prescribed amount of oxygen is less than 1 liters per minute (LPM)
QF - Prescribed amount of oxygen exceeds 4 LPM and portable oxygen is prescribed
QG - Prescribed amount of oxygen is greater than 4 liters per minute (LPM)
RR - Prescribed amount of oxygen is between 1 and 4 liters per minute (LPM)

Modifier for Nutritional Supplements -

BO - Orally administered nutrition

Other billing tips based on recent feedback from claims processors and providers -

The **Comments box** with the code will add useful billing tips, as Claims Processing and provider feedback indicate the need. If an instruction is not in the comments box, don't assume it doesn't exist. Consult the regulation, provider bulletins, or email the program specialist.

When equipment requires prior authorization, but a **provider dispenses equipment before receiving approval,** they do so at own risk. If Medicaid denies the prior auth request, or if client is no longer able to receive and use the equipment before a prior auth is reviewed and approved, Medicaid cannot pay a claim or change the prior auth request to a rental. To be sure of payment, wait until you receive an approved prior auth in the mail before dispensing equipment.

Repairs (RB modifier) to client-owned, medically necessary equipment covered in 471 NAC Chapter 7 do not require prior authorization if repairs (all lines/claims) are billed at a total of $500 or less. If the HCPCS code for a repair item does not have a set reimbursement rate (if listed as RNE – rate not established), then the provider must still submit a detailed description and an actual cost invoice with the claim. See Provider Bulletin # 10-17.

Nutritional supplements require physician's order of medical necessity with supporting diagnosis code(s), the number of calories per day required of the supplement, and the duration (expiration date) of the order. A Medicaid nutritional supplement "unit" is 100 calories (not grams, ounces, milliliters or cans – a frequent denial reason.) Do not use the BO (oral fed) modifier if client is tube-fed. For infants/children eligible for **WIC**, Medicaid covers the difference between the calories of nutritional supplement dispensed by WIC to the client and the calories ordered by the physician.

When billing a claim for a **miscellaneous code**, include a detailed item description and an actual cost invoice. To pay, the Medicaid claims processor must be able to determine what the "miscellaneous" item is, and what it cost the provider. Also, a common reason for claim denial has been billing a miscellaneous code when the type of item has a specific code and allowance. Miscellaneous codes may not be used to claim an item that Medicaid doesn't cover, or to exceed the Medicaid allowable for a type of item with a specific code and allowance.

When submitting a claim, include **physician's license number** in Form CMS-1500 Box 17a.

When billing an item where a unit is for **one limb (**leg, foot, etc.) state whether LT (left) or RT (right). LT or RT goes in the next open modifier field on the claim form. Examples include compression stockings, liners, orthotics and prosthetics.

Code	Modifier	Description	Medicaid Allowable	Comments
A4206		SYRINGE WITH NEEDLE, STERILE, 1 CC OR LESS, EACH	$0.39	
A4207		SYRINGE WITH NEEDLE, STERILE 2CC, EACH	$0.39	
A4208		SYRINGE WITH NEEDLE, STERILE 3CC, EACH	$0.39	
A4209		SYRINGE WITH NEEDLE, STERILE 5CC OR GREATER, EACH	$0.41	
A4212		NON-CORING NEEDLE OR STYLET WITH OR WITHOUT CATHETER	$8.72	
A4213		SYRINGE, STERILE, 20CC OR GREATER, EACH DMERC OR CARRIER	$1.16	
A4215		NEEDLE, STERILE, ANY SIZE, EACH	$0.44	
A4217		STERILE WATER/SALINE, 500 ML	$2.71	USE WITH LARGE VOLUME NEBULIZER, STATE ON CLAIM. (IF FOR IRRIGATION, BILL AS LEGEND DRUG, NOT DME
A4218		STERILE SALINE OR WATER, METERED DOSE DISPENSER, 10 ML	RNE	SAME AS ABOVE
A4220		REFILL KIT FOR IMPLANTABLE INFUSION PUMP OT A SUPPLIER SERVICE)	$59.85	NOT A SUPPLIER SERVICE
A4221		SUPPLIES FOR MAINT OF DRUG INFUSION CATHETER, PER WEEK (LIST DRUG SEP)	$22.14	
A4222		INFUSION SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUGS SEPARATELY)	$43.93	
A4223		INFUSION SUPPLIES NOT USED WITH EXTERNAL INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUGS SEPARATELY)	$51.33	
A4230		INFUSION SET FOR EXTERNAL INSULIN PUMP, NON NEEDLE CANNULA TYPE	RNE	
A4231		INFUSION SET FOR EXTERNAL INSULIN PUMP, NEEDLE TYPE	RNE	
A4232		SYRINGE WITH NEEDLE FOR EXTERNAL INSULIN PUMP, STERILE, 3CC	$2.84	
A4233		REPLACEMENT BATTERY, ALKALINE (OTHER THAN J CELL),	$0.83	
A4234		REPLACEMENT BATTERY, ALKALINE, J CELL,	$3.78	
A4235		REPLACEMENT BATTERY, LITHIUM,	$2.44	
A4236		REPLACEMENT BATTERY, SILVER OXIDE,	$1.76	
A4244		ALCOHOL OR PEROXIDE, PER PINT	$3.78	
A4245		ALCOHOL WIPES, PER BOX (1 BOX = 100 WIPES) DMERC OR CARRIER	$5.82	
A4246		BETADINE OR PHISOHEX SOLUTION, PER PINT	$16.28	
A4247		BETADINE OR IODINE SWABS/WIPES, PER BOX (1 BOX = 50 SWABS/WIPES)	$17.45	

Code	Modifier	Description	Medicaid Allowable	Comments
A4248		CHLORHEXIDINE CONTAINING ANTISEPTIC, 1 ML	RNE	
A4250		URINE TEST OR REAGENT STRIPS OR TABLETS (100 TABLETS OR STRIPS)	RNE	
A4252		BLOOD KETONE TEST OR REAGENT STRIP, EACH	RNE	Prior Auth Required
A4253		BLOOD GLUCOSE TEST OR REAGENT STRIPS, FOR HOME BLOOD GLUCOSE MON, PER 50STRIPS	$32.88	
A4255		PLATFORMS FOR HOME BLOOD GLUCOSE MONITOR, 50 PER BOX	$4.09	
A4256		NORMAL, LOW AND HIGH CALIBRATOR SOLUTION/CHIPS	$11.12	
A4258		SPRING-POWERED DEVICE FOR LANCET, EACH	$17.65	
A4259		LANCETS, PER BOX OF 100 DMERC	$11.99	
A4261		CERVICAL CAP FOR CONTRACEPTIVE USE	RNE	
A4265		PARAFFIN, PER POUND DMERC OR CARRIER	$3.37	
A4266		DIAPHRAGM FOR CONTRACEPTIVE USE	RNE	
A4267		CONTRACEPTIVE SUPPLY, CONDOM, MALE, EACH	$2.69	
A4268		CONTRACEPTIVE SUPPLY, CONDOM, FEMALE, EACH	$3.16	
A4269		CONTRACEPTIVE SUPPLY, SPERMICIDE (E.G., FOAM, GEL), EACH	RNE	
A4270		DISPOSABLE ENDOSCOPE SHEATH, EACH / (NOT A SUPPLIER SERVICE)	RNE	(NOT A SUPPLIER SERVICE)
A4280		ADHESIVE SKIN SUPPORT ATTACHMENT FOR USE WITH EXT BREAST PROSTHESIS, EA	$5.26	
A4281		TUBING FOR BREAST PUMP, REPLACEMENT	RNE	
A4282		ADAPTER FOR BREAST PUMP, REPLACEMENT	RNE	
A4283		CAP FOR BREAST PUMP BOTTLE, REPLACEMENT	RNE	
A4284		BREAST SHIELD AND SPLASH PROTECTOR FOR USE WITH BREAST PUMP, REPLACEMENT	RNE	
A4285		POLYCARBONATE BOTTLE FOR USE WITH BREAST PUMP, REPLACEMENT	RNE	
A4286		LOCKING RING FOR BREAST PUMP, REPLACEMENT	RNE	
A4290		SACRAL NERVE STIMULATION TEST LEAD, EACH	RNE	
A4300		IMPLANTABLE ACCESS CATHETER, (E,G., VENOUS, ARTERIAL, EPIDURAL SUBARACHNOID, OR PERITONEAL, ETC.) EXTERNAL ACCESS	RNE	(NOT A SUPPLIER SERVICE)
A4301		IMPLANTABLE ACCESS TOTAL CATHETER, PORT/RESERVOIR (E.G., VENOUS, ARTERIAL, EPIDURAL, SUBARACHNOID, PERITONEAL, ETC.)	RNE	(NOT A SUPPLIER SERVICE)
A4310		INSERTION TRAY WITHOUT DRAINAGE BAG AND WITHOUT CATHETER (ACCESS ONLY)	$7.10	
A4311		INSERTION TRAY W/O DRAIN BAG WITH INDWELLING CATH, FOLEY TYPE 2-WAY LATEX W/COATING (TEFLON, SILICONE, SILICONE ELASTOMER, HYDRO, ETC.	$12.78	
A4312		INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPETWO-WAY, ALL SILICONE	$17.94	

Code	Modifier	Description	Medicaid Allowable	Comments
A4313		INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPETHREE-WAY, FOR CONTINUOUS IRRIGATION	$18.42	
A4314		INSERTION TRAY W/DRAINAGE BAG W/INDWELLING CATHETER, FOLEY TYPE, LATEX W/COATING (TEFLON, SILICONE, SILICONE ELASTOMER, HYDROPHILIC)	$25.15	
A4315		INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO WAY, ALL SILICONE	$26.25	
A4316		INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE WAY, FOR CONTINUOUS IRRIGATION	$28.00	
A4320		IRRIGATION TRAY WITH BULB OR PISTON SYRINGE, ANY PURPOSE	$5.15	
A4322		IRRIGATION SYRINGE, BULB OR PISTON, EACH	$3.02	
A4326		MALE EXTERNAL CATHETER WITH INTEGRAL COLLECTION CHAMBER, ANY TYPE, EACH	$9.45	
A4327		FEMALE EXTERNAL URINARY COLLECTION DEVICE, METAL CUP, EACH	$44.38	
A4328		FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH, EACH	$9.69	
A4330		PERIANAL FECAL COLLECTION POUCH WITH ADHESIVE, EACH	$7.11	
A4331		EXTENSION DRAINAGE TUBING, ANY TYPE, ANY LENGTH, WITH CONNECTOR/ADAPTOR,	$3.16	
A4332		LUBRICANT, INDIVIDUAL STERILE PACKET, EACH	$0.12	
A4333		URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT, EACH	$2.19	
A4334		URINARY CATHETER ANCHORING DEVICE, LEG STRAP, EACH	$4.90	
A4335		INCONTINENCE SUPPLY; MISCELLANEOUS	RNE	
A4338		INDWELLING CATHETER, FOLEY TYPE TWO WAY, LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHILIC, ETC.),EACH	$12.19	
A4340		INDWELLING CATHETR; SPECIALTY TYPE; EG; COUDE, MUSHROOM, WING, ETC, EACH	$26.84	
A4344		INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE, EACH	$15.93	
A4346		INDWELLING CATHETER, FOLEY TYPE, THREE WAY, LATEX OR TEFLON FOR CONTINUOUS IRRIGATION, EACH	$19.48	
A4349		MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE, EACH	$2.01	
A4351		INTERMITTENT URINARY CATHETER; STRAIGHT TIP, WITH OR WITHOUT COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHILIC, ETC.), EACH	$1.80	
A4352		INTERMITTENT URINARY CATHETER; COUDE (CURVED) TIP, WITH OR WITHOUT COATING (TEFLON, SILICONE, SILICONE ELASTOMERIC, OR HYDROPHILIC, ETC.),	$6.38	
A4353		INTERMITTENT URINARY CATHETER, WITH INSERTION SUPPLIES	$6.96	

Code	Modifier	Description	Medicaid Allowable	Comments
A4354		INSERTION TRAY, WITH DRAINAGE BAG BUT WITHOUT CATHETER	$11.74	
A4355		IRRIGATION TUBING SET FOR CONTINUOUS BLADDER IRRIGATION THROUGH A 3-WAY INDWELLING FOLEY CATHETER, EACH	$8.77	
A4356		EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE (NOT TO BE USED FOR CATHE-TER CLAMP),EACH	$43.50	
A4357		BEDSIDE DRAINAGE BAG, DAY OR NIGHT, WITH OR W/O ANTI-REFLUX DEVICE, WITHOR W/O TUBE, EACH	$9.43	
A4358		URINARY DRAINAGE BAG, LEG OR ABDOMEN, VINYL, WITH OR WITHOUT TUBE, WITH STRAPS, EACH	$6.59	
A4360		DISPOSIBLE EXTERNAL URETHAL CLAMP OR COMPRESSION DEVICE, WITH PAD AND/OR POUCH, EACH	$0.46	
A4361		OSTOMY FACE PLATE, EACH	$15.52	
A4362		SKIN BARRIER; SOLID, 4X4 OR EQUIVALENT, EACH	$3.44	
A4363		OSTOMY CLAMP, ANY TYPE, REPLACEMENT ONLY, EACH	$2.00	
A4364		ADHESIVE, LIQUID, OR EQUAL, ANY TYPE	$2.91	
A4366		OSTOMY VENT, ANY TYPE, EACH	$1.29	
A4367		OSTOMY BELT, EACH	$7.31	
A4368		OSTOMY FILTER, ANY TYPE, EACH	$0.26	
A4369		OSTOMY SKIN BARRIER, LIQUID (SPRAY, BRUSH, ETC), PER OZ.	$2.05	
A4371		OSTOMY SKIN BARRIER, POWDER, PER OZ	$3.58	
A4372		OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, STANDARD WEAR, WITH BUILT-IN CONVEXITY, EACH	$4.16	
A4373		OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDIAN), WITH BUILT-IN CONVEXITY, ANY SIZE, EACH	$6.25	
A4375		OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH	$17.09	
A4376		OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, RUBBER, EA	$47.32	
A4377		OSTOMEY POUCH, DRAINABLE WITH FACEPLATE ATTACHED, PLASTIC EACH	$4.27	
A4378		OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER, EACH	$30.58	
A4379		OSTOMY POUCH, URINARY, WITH FACEPLATE ATT, PLASTIC EACH	$14.94	
A4380		OSTOMY POUCH, URINARY, W/FACEPLATE ATT, RUBBER, EACH	$37.13	

Code	Modifier	Description	Medicaid Allowable	Comments
A4381		OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, PLASTIC, EACH	$4.58	
A4382		OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, HEAVY PLASTIC EACH	$24.49	
A4383		OSTOMY POUCH, URINARY FOR USE ON FACEPLATE, RUBBER, EACH	$28.04	
A4384		OSTOMY FACEPLATE EQUIVALENT, SILICONE RING, EACH	$9.57	
A4385		OSTOMY SKIN BARRIER, WITH FLANGE, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, W/O BUILT-IN CONVEXITY, ANY SIZE, EACH	$5.07	
A4387		OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	$4.54	
A4388		OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, (1 PIECE), EACH	$4.34	
A4389		OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	$6.19	
A4390		OSTOMY POUCH, DRAINABLE, W/EXTENDED WEAR BARRIER ATT, W/BUILT-IN CONVEXITY (1 PIECE) EACH	$9.56	
A4391		OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED (1 PIECE), EACH	$7.03	
A4392		OSTOMY POUCH, URINARY, W/STANDARD WEAR BARRIER ATT, W/BUILT-IN CONVEXITY(1 PIECE) EACH	$8.14	
A4393		OSTOMY POUCH, URINARY, W/EXT. WEAR BARRIER ATT. W/BUILT-IN CONVEXITY (1 PIECE) EACH	$8.99	
A4394		OSTOMY DEODORANT, WITH OR WITHOUT LUBRICANT, FOR USE IN OSTOMY POUCH, PER FLUID OUNCE	$2.57	
A4395		OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, SOLIC, PER TABLET	$0.05	
A4396		OSTOMY BELT WITH PERISTOMAL HERNIA SUPPORT	$40.26	
A4397		IRRIGATION SUPPLY; SLEEVE,EACH	$4.76	
A4398		OSTOMY IRRIGATION SUPPLY; BAG, EACH	$13.73	
A4399		OSTOMY IRRIGATION SUPPLY, CONE/CATHETER, INCLUDING BRUSH	$10.36	
A4402		LUBRICANT, PER OUNCE	$1.52	
A4404		OSTOMY RING, EACH	$1.68	
A4405		OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE	$3.38	

Code	Modifier	Description	Medicaid Allowable	Comments
A4406		OSTOMY SKIN BARRIER, PECTIN-BASED, PASTE, PER OUNCE	$5.71	
A4407		OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER, EACH	$8.71	
A4408		OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, LARGER THAN 4 X 4 INCHES, EACH	$9.82	
A4409		OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER, EACH	$6.19	
A4410		OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, LARGER THAN 4X4 INCHES, EACH	$8.99	
A4411		OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITH BUILT-IN CONVEXITY, EACH	$5.07	
A4412		OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE (2 PIECE SYSTEM), WITHOUT FILTER, EACH	$2.69	
A4413		OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE (2 PIECE SYSTEM), WITH FILTER, EACH	$5.47	
A4414		OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER, EACH	$4.90	
A4415		OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT BUILT-IN CONVEXITY, LARGER THAN 4X4 INCHES, EACH	$5.97	
A4416		OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	$2.73	
A4417		OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FILTER (1 PIECE), EACH	$3.70	
A4418		OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	$1.80	
A4419		OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FILTER (2 PIECE), EACH	$1.73	
A4420		OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE (TWO PC), EACH	RNE	
A4421		OSTOMY SUPPLY; MISCELLANEOUS	RNE	

Code	Modifier	Description	Medicaid Allowable	Comments
A4422		OSTOMY ABSORBENT MATERIAL (SHEET/PAD/CRYSTAL PACKET) FOR USE IN OSTOMY POUCH TO THICKEN LIQUID STOMAL OUTPUT, EACH	$0.12	
A4423		OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2 PIECE), EACH	$1.85	
A4424		OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	$4.72	
A4425		OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FILTER (2 PIECE SYSTEM), EACH	$3.56	
A4426		OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE SYSTEM), EACH	$2.72	
A4427		OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2 PIECE SYSTEM), EACH	$2.76	
A4428		OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH	$6.47	
A4429		OSTOMY POUCH, URINARY, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH	$8.20	
A4430		OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (ONE-PIECE), EACH	$8.47	
A4431		OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH	$6.19	
A4432		OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE (2 PIECE), EACH	$3.57	
A4433		OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE), EACH	$3.32	
A4434		OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE (2 PIECE), EACH	$3.74	
A4450		TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES	$0.15	
A4452		TAPE, WATERPROOF, PER 18 SQUARE INCHES	$0.40	
A4455		ADHESIVE REMOVER OR SOLVENT (FOR TAPE, CEMENT OR OTHER ADHESIVE),PER OZ	$1.42	
A4456		ADHESIVE REMOVER, WIPES, ANY TYPE, EACH	$0.25	

Code	Modifier	Description	Medicaid Allowable	Comments
A4458		ENEMA BAG WITH TUBING, REUSABLE	RNE	
A4461		SURGICAL DRESSING HOLDER, NON-REUSABLE, EACH	$3.27	
A4463		SURGICAL DRESSING HOLDER, REUSABLE, EACH	$13.24	
A4465		NON-ELASTIC BINDER FOR EXTREMITY	RNE	
A4466		GARMENT, BELT, SLEEVE OR OTHER COVERING, ELASTIC OR SIMILAR STRETCHABLE MATERIAL, ANY TYPE, EACH	RNE	
A4481		TRACHEOSTOMA FILTER, ANY TYPE, ANY SIZE, EACH	$0.38	
A4483		MOISTURE EXCHANGER, DISPOSABLE, FOR USE W/INVASIVE MECHANICAL VENTILATION DENY VW	RNE	CLIENT-OWNED EQUP. ONLY – (INCLUDED IN RR)
A4490		SURGICAL STOCKINGS, ABOVE KNEE LENGTH, EACH	$15.99	
A4495		SURGICAL STOCKINGS, THIGH LENGTH, EACH	$21.81	
A4500		SURGICAL STOCKINGS, BELOW KNEE LENGTH, EACH	$13.09	
A4510		SURGICAL STOCKINGS, WAIST LENGTH, EACH	$50.89	
A4550		SURGICAL TRAYS PAYABLE TO PODIATRISTS ONLY.	$69.79	
A4558		CONDUCTIVE GEL OR PASTE, FOR USE WITH ELECTRICAL DEVICE (E.G., TENS, NMES), PER OZ	$5.42	
A4561		PESSARY, RUBBER, ANY TYPE	$20.25	
A4562		PESSARY, NON RUBBER, ANY TYPE	$50.36	
A4565		SLINGS	RNE	
A4595		ELECTRICAL STIMULATOR SUPPLIES, 2 LEAD, PER MONTH, (E.G. TENS, NMES)	$28.19	
A4600		SLEEVE FOR INTERMITTENT LIMB COMPRESSION DEVICE, REPLACEMENT ONLY, EACH	RNE	
A4601		LITHIUM ION BATTERY FOR NON-PROSTHETIC USE, REPLACEMENT	RNE	
A4604		TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	$69.69	
A4605		TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH	$17.45	
A4606	RB	OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, REPLACEMENT DENY VP	RNE	CLIENT-OWNED EQUP. ONLY
A4608	RB	TRANSTRACHEAL OXYGEN CATHETER, EACH, (FOR PT OWNED EQUIPMENT)	RNE	CLIENT-OWNED EQUP. ONLY
A4611		BATTERY, HEAVY DUTY; REPLACEMENT FOR PATIENT-OWNED VENTILATOR	RNE	CLIENT-OWNED EQUP. ONLY

Code	Modifier	Description	Medicaid Allowable	Comments
A4611	RB	BATTERY, HEAVY DUTY; REPLACEMENT FOR PATIENT-OWNED VENTILATOR	RNE	CLIENT-OWNED EQUP. ONLY
A4612		BATTERY CABLES; REPLACEMENT FOR PATIENT-OWNED VENTILATOR	RNE	
A4612	RB	BATTERY CABLES	RNE	
A4613	RB	BATTERY CHARGER; REPLACEMENT FOR PATIENT-OWNED VENTILATOR	RNE	CLIENT-OWNED EQUP. ONLY
A4614	KR	PEAK EXPIRATORY FLOW RATE METER, HAND HELD	$0.08	
A4614	NU	PEAK EXPIRATORY FLOW RATE METER, HAND HELD, NEW	$23.65	
A4614	RR	PEAK EXPIRATORY FLOW RATE METER, HAND HELD	$2.36	
A4615	RB	CANNULA, NASAL	RNE	
A4616	RB	TUBING, OXYGEN, PER FOOT	RNE	
A4618	RB	BREATHING CIRCUITS	RNE	
A4619	RB	FACE TENT	RNE	
A4620	RB	VARIABLE CONCENTRATION MASK	RNE	
A4623		TRACHEOSTOMY, INNER CANNULA	$5.54	
A4624		TRACHEAL SUCTION CATHETER, ANY TYPE OTHER THAN CLOSED SYSTEM, EACH	$2.62	
A4624	22	TRACHEAL SUCTION CATHETER, ANY TYPE OTHER THAN CLOSED SYSTEM, EACH	RNE	Prior Auth Required
A4624	NU	TRACHEAL SUCTION CATHETER, ANY TYPE OTHER THAN CLOSED SYSTEM, EACH******	$2.62	
A4625		TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY COVERED FOR TWO WEEK POST OP PERIOD ONLY	$6.76	
A4626		TRACHEOSTOMY CLEANING BRUSH	$2.70	
A4627		SPACER, BAG OR RESERVOIR, WITH OR W/0 MASK, FOR USE WITH METERED DOSE INHALER (EXAMPLE: AEROCHAMBER)	$40.71	
A4628		OROPHARYNGEAL SUCTION CATHETER, EACH	$3.63	
A4629		TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY	$4.58	
A4635	RB	UNDERARM PAD, CRUTCH, REPLACEMENT, EACH	RNE	
A4636	RB	REPLACEMENT HANDGRIP, CANE, CRUTCH OR WALKER, EACH	RNE	
A4637	RB	REPLACEMENT TIP, CAN, CRUTCH OR WALKER, EACH	$4.61	
A4639	RB	REPLACEMENT PAD FOR INFRARED HEATING PAD SYSTEM, EACH	RNE	

Code	Modifier	Description	Medicaid Allowable	Comments
A4640	RB	REPLACMENET PAD FOR USE WITH MED NEC ALTERNATING PRESSURE PAD OWN BY PT	$75.61	
A4649		SURGICAL SUPPLIES, MISCELLANEOUS	RNE	
A4653		PERITONEAL DIALYSIS CATHETER ANCHORING DEVICE, BELT, EACH	RNE	
A4657		SYRINGE, WITH OR WITHOUT NEEDLE, EACH	$0.39	
A4660	NU	SPHYGMOMANOMETER/BLOOD PRESSURE APPARATUS WITH CUFF AND STETHOSCOPE	$43.62	
A4663		BLOOD PRESSURE CUFF ONLY	RNE	
A4663	RB	BLOOD PRESSURE CUFF ONLY	RNE	CLIENT-OWNED EQUP. ONLY
A4670	22	AUTOMATIC BLOOD PRESSURE MONITOR - TALKING	RNE	
A4670	KR	AUTOMATIC BLOOD PRESSURE MONITOR	$0.23	
A4670	NU	AUTOMATIC BLOOD PRESSURE MONITOR	$72.70	
A4670	RR	AUTOMATIC BLOOD PRESSURE MONITOR	$7.27	
A4911		DRAIN BAG/BOTTLE, FOR DIALYSIS, EACH	RNE	
A4927		GLOVES, NON-STERILE, PER 100	$21.71	MAX UNITS: 3/MONTH
A4928		SURGICAL MASK, PER 20	RNE	
A4930		GLOVES, STERILE, PER PAIR	$1.45	
A4931		ORAL THERMOMETER, REUSABLE, ANY TYPE, EACH	$5.09	
A4932		RECTAL THERMOMETER, REUSABLE, ANY TYPE, EACH	$5.09	
A5051		OSTOMY POUCH, CLOSED; WITH BARRIER ATTACHED (1 PIECE), EACH	$2.06	
A5052		OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED (1 PIECE), EACH	$1.48	
A5053		OSTOMY POUCH, CLOSED; FOR USE ON FACEPLATE, EACH	$1.73	
A5054		OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH FLANGE (2 PIECE), EACH	$1.78	
A5055		STOMA CAP	$1.41	
A5061		OSTOMY POUCH, DRAINABLE; WITH BARRIER ATTACHED, (1 PIECE), EACH	$3.50	
A5062		OSTOMY POUCH, DRAINABLE; WITHOUT BARRIER ATTACHED (1 PIECE), EACH	$2.08	
A5063		OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH FLANGE (2 PIECE SYSTEM), EACH	$2.69	
A5071		OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED (1 PIECE), EACH	$5.98	
A5072		OSTOMY POUCH, URINARY; WITHOUT BARRIER ATTACHED (1 PIECE), EACH	$3.43	

Code	Modifier	Description	Medicaid Allowable	Comments
A5073		OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH FLANGE (2 PIECE), EACH	$3.16	
A5081		CONTINENT DEVICE; PLUG FOR CONTINENT STOMA	$3.28	
A5082		CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA	$11.82	
A5083		CONTINENT DEVICE, STOMA ABSORPTIVE COVER FOR CONTINENT STOMA	RNE	
A5093		OSTOMY ACCESSORY, CONVEX INSERT	$1.94	
A5102		BEDSIDE DRAINAGE BOTTLE, W OR W/O TUBING, RIGID OR EXPANDABLE, EACH	$22.30	
A5105		URINARY SUSPENSORY WITH LEG BAG, WITH OR WITHOUT TUBE, EACH	$34.46	
A5112		URINARY LEG BAG; LATEX	$31.55	
A5113		LEG STRAP, LATEX, REPLACEMENT ONLY PER SET	$4.67	
A5114		LEG STRAP, FOAM OR FABRIC, REPLACEMENT ONLY, PER SET	$8.89	
A5120		SKIN BARRIER, WIPES OR SWABS, EACH	$0.26	
A5121		SKIN BARRIER, SOLID, 6 X 6 OR EQUIVALENT, EACH	$7.42	
A5122		SKIN BARRIER; SOLID, 8 X 8 OR EQUIVALENT, EACH	$12.78	
A5126		ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD	$1.31	
A5131		APPLIANCE CLEANER, INCONTINENCE AND OSTOMY APPLIANCES, PER 16 OZ.	$13.41	
A5200		PERCUTANEOUS CATHETER/TUBE ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT	$11.23	
A5500		FOR DIABETICS ONLY, FITTING (INCL FOLLOW UP) CUSTOM PREP AND SUPPLY OFF-THE-SHELF DEPTH-INLAY SHOE MANU TO ACCOM MULTI-DENSITY INSERT(S) EACH	$63.23	
A5501		CUSTOM PREP AND SUPPLY OF SHOE MOLDED FROM CAST(S) OF PATIENT'S FOOT (CUSTOM MOLDED SHOE) PER SHOE-FOR DIABETICS ONLY (INCLUDING FOLLOW UP)	$189.67	
A5503		MODIFICATION (INC. FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOW OR CUSTOM MOLDED SHOE WITH ROLLER OR RIGID ROCKER BOTTOM PER SHOE.	$28.13	
A5504		MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOW WITH WEDGE (S), PER SHOE, FOR DIABETICS ONLY	$28.13	
A5505		MODIFICATION (INC. FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WITH METATARSAL BAR, PER SHOE, FOR DIABETICS ONLY	$28.13	

Code	Modifier	Description	Medicaid Allowable	Comments
A5506		MODIFICATION (INC. FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WITH OFF-SET HEEL(S), PER SHOE FOR DIABETICS ONLY	$28.13	
A5507		FOR DIABETICS ONLY, NOS MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE, PER SHOE (REVIEW SERVICE)	$28.13	
A5508		FOR DIABETICS ONLY, DELUXE FEATURE OF OFF-THE-SHELF DEPTH-INLAY OR CUSTOM-MOLDED SHOE, PER SHOE	RNE	
A5510		FOR DIABETICS ONLY, DIRECT FORMED, COMPRESSION MOLDED TO PATIENT'S FOOT WITHOUT EXTERNAL HEAT SOURCE, MULTIPLE-DENSITY INSERT(S) PREFABRICATED,	RNE	
A5512		FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, DIRECT FORMED, MOLDED TO FOOT AFTER EXTERNAL HEAT SOURCE OF 230 DEGREES FAHRENHEIT OR HIGHER,	$25.80	
A5513		FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, CUSTOM MOLDED FROM MODEL OF PATIENT'S FOOT, TOTAL CONTACT WITH PATIENT'S FOOT, INCLUDING ARC	$38.50	
A6010		COLLAGEN BASED WOUND FILLER, DRY FORM, STERILE, PER GRAM OF COLLAGEN	$30.79	
A6011		COLLAGEN BASED WOUND FILLER, GEL/PASTE, STERILE, PER GRAM OF COLLAGEN	$2.27	
A6021		COLLAGEN DRESSING, STERILE, PAD SIZE 16 SQ. IN. OR LESS, EACH	$20.91	
A6022		COLLAGEN DRESSING, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH	$20.91	
A6023		COLLAGEN DRESSING, STERILE, PAD SIZE MORE THAN 48 SQ. IN., EACH	$189.26	
A6024		COLLAGEN DRESSING WOUND FILLER, STERILE, PER 6 INCHES	$6.16	
A6025		GEL SHEET FOR DERMAL OR EPIDERMAL APPLICATION, (E.G., SILICONE, HYDROGEL, OTHER), EACH	RNE	
A6154		WOUND POUCH EACH	$14.28	
A6196		ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, EACH DRESSING	$7.31	

Code	Modifier	Description	Medicaid Allowable	Comments
A6197		ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESS	$16.35	
A6198		ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., EACH DRESSING	RNE	
A6199		ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND FILLER, STERILE, PER 6 INCHES	$5.26	
A6203		COMPOSITE DRESSING, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	$3.33	
A6204		COMPOSITE DRESSING, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	$6.20	
A6205		COMPOSITE DRESSING, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	RNE	
A6206		CONTACT LAYER, STERILE, 16 SQ. IN. OR LESS, EACH DRESSING	RNE	
A6207		CONTACT LAYER, STERILE, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING	$7.30	
A6208		CONTACT LAYER, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING	RNE	
A6209		FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	$7.44	
A6210		FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESS	$19.81	
A6211		FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	$29.21	
A6212		FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	$9.65	
A6213		FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH	RNE	
A6214		FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	$10.23	

Code	Modifier	Description	Medicaid Allowable	Comments
A6215		FOAM DRESSING, WOUND FILLER, STERILE, PER GRAM	RNE	
A6216		GZE, NON-IMPREGNATED, NON-STER., 16 SQ IN W/O ADH. BORDER, EA. DRESSING	$0.05	
A6217		GZE., NON-IMPREGNATED, NON-STER., 16 SQ IN TO 48 SQ IN, W/O ADH. BORDER EACH DRESSING	$0.51	
A6218		GZE, NON-IMPREGNATED, NON-STER., MORE THAN 48 SQ IN, W/O ADH. BORDER, EA DRESSING	RNE	
A6219		GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	$0.94	
A6220		GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	$2.57	
A6221		GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	RNE	
A6222		GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESS	$2.12	
A6223		GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, PAD SIZE MORE THAN 16 SQ. IN., BUT LESS THAN OR EQUAL TO 48 SQ.	$2.41	
A6224		GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	$3.59	
A6228		GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	RNE	
A6229		GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER	$3.59	
A6230		GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	RNE	
A6231		GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE 16 SQ. IN. OR LESS, EACH DRESSING	$4.65	

Code	Modifier	Description	Medicaid Allowable	Comments
A6232		GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE GREATER THAN 16 SQ. IN., BUT LESS THAN OR EQUAL TO 48 SQ. IN., E	$6.84	
A6233		GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE MORE THAN 48 SQ. IN., EACH DRESSING	$19.09	
A6234		HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	$6.50	
A6235		HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH	$16.73	
A6236		HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	$27.10	
A6237		HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	$7.87	
A6238		HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER,	$22.67	
A6239		HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	RNE	
A6240		HYDROCOLLOID DRESSING, WOUND FILLER, PASTE, STERILE, PER OUNCE	$12.17	
A6241		HYDROCOLLOID DRESSING, WOUND FILLER, DRY FORM, STERILE, PER GRAM	$2.56	
A6242		HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	$6.04	
A6243		HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESS	$12.24	
A6244		HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	$39.07	
A6245		HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	$7.23	

Code	Modifier	Description	Medicaid Allowable	Comments
A6246		HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH	$9.87	
A6247		HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	$23.65	
A6248		HYDROGEL DRESSING, WOUND FILLER, GEL, STERILE, PER FLUID OUNCE	$16.15	
A6250		SKIN SEALANTS, PROTECTANTS ,MOISTURIZERS, OINTMTS, ANY TYPE OR SIZE. PRICE ADDED 2/01/00	$2.08	
A6251		SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	$1.98	
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	$3.23	
A6253		SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	$6.31	
A6254		SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	$1.20	
A6255		SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE	$3.01	
A6256		SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	RNE	
A6257		TRANSPARENT FILM, STERILE, 16 SQ. IN. OR LESS, EACH DRESSING	$1.52	
A6258		TRANSPARENT FILM, STERILE, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING	$4.28	
A6259		TRANSPARENT FILM, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING	$10.88	
A6261		WOUND FILLER, GEL/PASTE, STERILE, PER FLUID OUNCE, NOT OTHERWISE SPECIFIED	RNE	
A6262		WOUND FILLER, DRY FORM, STERILE, PER GRAM, NOT OTHERWISE SPECIFIED	RNE	
A6266		GAUZE, IMPREGNATED, OTHER THAN WATER, NORMAL SALINE, OR ZINC PASTE, STERILE, ANY WIDTH, PER LINEAR YARD	$1.91	

Code	Modifier	Description	Medicaid Allowable	Comments
A6402		GZE., NON-IMPREGNATED, STERILE, 16 SQ IN OR LESS, W/O ADH. BORDER, EACH DRESSING	$0.12	
A6403		GZE., NON-IMPREGNATED, STERILE, 16 SQ IN TO 48 SQ IN, W/O ADH. BORDER, EACH DRESSING	$0.43	
A6404		GZE., NON-IMPREGNATED, STERILE, MORE THAN 48 SQ IN, W/O ADH. BORDER, EA .DRESSING	RNE	
A6407		PACKING STRIPS, NON-IMPREGNATED, STERILE, UP TO 2 INCHES IN WIDTH, PER LINEAR YARD	$1.87	
A6410		EYE PAD, STERILE, EACH	$0.39	
A6411		EYE PAD, NON-STERILE, EACH	$0.33	
A6412		EYE PATCH, OCCLUSIVE, EACH	$0.33	
A6413		ADHESIVE BANDAGE, FIRST-AID TYPE, ANY SIZE, EACH	RNE	
A6441		PADDING BANDAGE, NON-ELASTIC, NON-WOVEN/NON-KNITTED, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	$0.67	
A6442		CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH LESS THAN THREE INCHES, PER YARD	$0.17	
A6443		CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	$0.29	
A6444		CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO 5 INCHES, PER YARD	$0.56	
A6445		CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH LESS THAN THREE INCHES, PER YARD	$0.32	
A6446		CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	$0.41	
A6447		CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD	$0.67	
A6448		LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH LESS THAN THREE INCHES, PER YARD	$1.15	
A6449		LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	$1.74	
A6450		LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD	RNE	

Code	Modifier	Description	Medicaid Allowable	Comments
A6451		MODERATE COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE OF 1.25 TO 1.34 FOOT POUNDS AT 50% MAXIMUM STRETCH, WIDTH GREATER THAN O	RNE	
A6452		HIGH COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE GREATER THAN OR EQUAL TO 1.35 FOOT POUNDS AT 50% MAXIMUM STRETCH, WIDTH GREAT	$5.88	
A6453		SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH LESS THAN THREE INCHES, PER YARD	$0.61	
A6454		SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	$0.77	
A6455		SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD	$1.38	
A6456		ZINC PASTE IMPREGNATED BANDAGE, NON-ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	$1.27	
A6457		TUBULAR DRESSING WITH OR WITHOUT ELASTIC, ANY WIDTH, PER LINEAR YARD	$1.13	
A6501		COMPRESSION BURN GARMENT, BODYSUIT (HEAD TO FOOT), CUSTOM FABRICATED	RNE	
A6502		COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM FABRICATED	RNE	
A6503		COMPRESSION BURN GARMENT, FACIAL HOOD, CUSTOM FABRICATED	RNE	
A6504		COMPRESSION BURN GARMENT, GLOVE TO WRIST, CUSTOM FABRICATED	RNE	
A6505		COMPRESSION BURN GARMENT, GLOVE TO ELBOW, CUSTOM FABRICATED	RNE	
A6506		COMPRESSION BURN GARMENT, GLOVE TO AXILLA, CUSTOM FABRICATED	RNE	
A6507		COMPRESSION BURN GARMENT, FOOT TO KNEE LENGTH, CUSTOM FABRICATED	RNE	
A6508		COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED	RNE	
A6509		COMPRESSION BURN GARMENT, UPPER TRUNK TO WAIST INCLUDING ARM OPENINGS (VEST), CUSTOM FABRICATED	RNE	
A6510		COMPRESSION BURN GARMENT, TRUNK, INCLUDING ARMS DOWN TO LEG OPENINGS (LEOTARD), CUSTOM FABRICATED	RNE	

Code	Modifier	Description	Medicaid Allowable	Comments
A6511		COMPRESSION BURN GARMENT, LOWER TRUNK INCLUDING LEG OPENINGS (PANTY), CUSTOM FABRICATED	RNE	
A6512		COMPRESSION BURN GARMENT, NOT OTHERWISE CLASSIFIED	RNE	
A6513		COMPRESSION BURN MASK, FACE AND/OR NECK, PLASTIC OR EQUAL, CUSTOM FABRICATED	RNE	
A6530		GRADIENT COMPRESSION STOCKING, BELOW KNEE, 18-30 MMHG, EACH	$30.53	
A6531		GRADIENT COMPRESSION STOCKING, BELOW KNEE, 30-40 MMHG, EACH	$49.44	
A6532		GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40-50 MMHG, EACH	$63.58	
A6533		GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MMHG, EACH	$43.62	
A6534		GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, EACH	$66.88	
A6535		GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 40-50 MMHG, EACH	$72.70	
A6536		GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 18-30 MMHG, EACH	$43.62	
A6537		GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 30-40 MMHG, EACH	$66.88	
A6538		GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 40-50 MMHG, EACH	$84.33	
A6539		GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 18-30 MMHG, EACH	$53.80	
A6540		GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 30-40 MMHG, EACH	RNE	1 UNIT = 1 PAIR
A6541		GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 40-50 MMHG, EACH	$189.02	
A6542		GRADIENT COMPRESSION STOCKING, CUSTOM MADE	RNE	
A6543		GRADIENT COMPRESSION STOCKING, LYMPHEDEMA	RNE	
A6544		GRADIENT COMPRESSION STOCKING, GARTER BELT	$50.89	
A6545		GRADIENT COMPRESSION WRAP, NON-ELASTIC, BELOW KNEE, 30-50 MM HG, EACH	RNE	
A6549		GRADIENT COMPRESSION STOCKING/SLEEVE, NOT OTHERWISE SPECIFIED	RNE	Must use specific, compression stocking or sleeve code. Compression “systems” not covered. Requires Prior Auth if billed

Code	Modifier	Description	Medicaid Allowable	Comments
				over $300.
A7000		CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	$9.49	
A7001	NU	CANISTER, NON-DISPOSABLE, USED WITH SUCTION PUMP, EACH	$32.90	
A7002		TUBING, USED WITH SUCTION PUMP, EACH	$3.81	
A7003		ADMIN SET, W/SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	$2.72	
A7004		SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	$1.79	
A7005		ADMIN SET, W/SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NON-DISPOSABLE	$30.66	
A7006		ADMIN SET, W/SMALL VOLUME FILTERED PNEUMATIC NEBULIZER	$9.49	
A7007		LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED W/AEROSOL COMPRESSOR	$4.58	
A7008		LARGE VOLUME NEBULIZER, DISPOSABLE, PREFILLED, USED WITH AEROSOL COMPRESSOR	$10.94	
A7009	NU	RESERVOIR BOTTLE, NON-DISPOSABLE, USED WITH LARGE VOLUME ULTRASONIC NEBULIZER	$41.81	
A7010		CORRUGATED TUBING, DISPOSABLE, USED W/LARGE VOLUME NEBULIZER, 100 FT.	$23.46	
A7011		CORRUGATED TUBING, NON-DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 10 FT	RNE	
A7012		WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER	$3.76	
A7013		FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR	$0.83	
A7014		FILTER, NONDISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	$4.47	
A7015	RB	AEROSOL MASK, USED WITH DME NEBULIZER	$1.87	
A7016		DOME AND MOUTHPIECE, USED WITH SMALL VOLUME ULTRASONIC NEBULIZER	$7.21	
A7017	NU	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH OXYGEN	$133.31	
A7018		WATER, DISTILLED, USED WITH LARGE VOLUME NEBULIZER, 1000 ML	$0.38	

Code	Modifier	Description	Medicaid Allowable	Comments
A7027		COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	RNE	1/YEAR
A7030	NU	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	$187.61	1/YEAR
A7030	RB	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	RNE	
A7031	NU	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	$69.39	1/YEAR
A7031	RB	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	$69.39	1/YEAR
A7032	RB	CuSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	$35.73	2/Year
A7034	NU	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	$117.00	
A7034	RB	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	$117.00	
A7035		HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	$39.53	
A7035	NU	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	$39.53	
A7035	RB	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	$39.53	
A7036		CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	$18.10	
A7036	NU	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	$18.10	
A7037		TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	$40.80	
A7037	NU	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	$40.80	
A7038		FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	$5.36	
A7038	RB	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	$5.36	
A7039	RB	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE******	$15.25	
A7040		ONE WAY CHEST DRAIN VALVE	$40.04	
A7041		WATER SEAL DRAINAGE CONTAINER AND TUBING FOR USE WITH IMPLANTED CHEST TUBE	$75.24	
A7042		IMPLANTED PLEURAL CATHETER, EACH	RNE	NOT A SUPPLIER SERVICE
A7043		VACUUM DRAINAGE BOTTLE AND TUBING FOR USE WITH IMPLANTED CATHETER	$28.49	

Code	Modifier	Description	Medicaid Allowable	Comments
A7044		ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	$120.25	
A7045		EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	$20.70	
A7046	RB	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT , EACH	$19.40	
A7501		TRACHEOSTOMA VALVE, INCLUDING DIAPHRAGM, EACH	$104.46	
A7503		FILTER HOLDER OR FILTER CAP, REUSABLE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH	$11.27	
A7504		FILTER FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH	$0.67	
A7505		HOUSING, REUSABLE WITHOUT ADHESIVE, FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH A TRACHEOSTOMA VALVE, EACH	$4.65	
A7506		ADHESIVE DISC FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH TRACHEOSTOMA VALVE, ANY TYPE EACH	$0.33	
A7507		FILTER HOLDER AND INTEGRATED FILTER WITHOUT ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH	$2.48	
A7508		HOUSING AND INTEGRATED ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH A TRACHEOSTOMA VALVE, EACH	$2.85	
A7509		FILTER HOLDER AND INTEGRATED FILTER HOUSING, AND ADHESIVE, FOR USE AS A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH	$1.40	
A7520		TRACHEOSTOMY/LARYNGECTOMY TUBE, NON-CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL, EACH	$47.22	
A7521		TRACHEOSTOMY/LARYNGECTOMY TUBE, CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL, EACH	$46.79	
A7522		TRACHEOSTOMY/LARYNGECTOMY TUBE, STAINLESS STEEL OR EQUAL (STERILIZABLE AND REUSABLE), EACH	$44.91	
A7523		TRACHEOSTOMY SHOWER PROTECTOR, EACH	RNE	
A7524		TRACHEOSTOMA STENT/STUD/BUTTON, EACH	$76.98	
A7525		TRACHEOSTOMY MASK, EACH	$2.06	
A7526		TRACHEOSTOMY TUBE COLLAR/HOLDER, EACH	$3.35	

Code	Modifier	Description	Medicaid Allowable	Comments
A7527		TRACHEOSTOMY/LARYNGECTOMY TUBE PLUG/STOP, EACH	$3.56	
A8000		HELMET, PROTECTIVE, SOFT, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	$156.80	
A8001		HELMET, PROTECTIVE, HARD, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	$156.80	
A8002		HELMET, PROTECTIVE, SOFT, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	RNE	Item not covered
A8003		HELMET, PROTECTIVE, HARD, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	RNE	Item not covered
A9900		MISCELLANEOUS DME SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS CODE	RNE	
A9999		MISCELLANEOUS DME SUPPLY OR ACCESSORY, NOT OTHERWISE SPECIFIED	RNE	
B4034		ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY	$6.51	
B4035		ENTERAL FEEDING SUPPLY KIT: PUMP FED, PER DAY	$12.42	
B4036		ENTERAL FEEDING SUPPLY KIT: GRAVITY FED, PER DAY	$8.52	
B4081		NASOGASTRIC TUBING WITH STYLET	$23.03	
B4082		NASOGASTRIC TUBING WITHOUT STYLET	$17.14	
B4083		STOMACH TUBE, LEVINE TYPE	$2.63	
B4087		GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH	$37.53	MAX 1 UNIT/3 MO
B4088		GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH	RNE	MAX 1 UNIT/3 MO. Rate not to exceed $120
B4149		ENTERAL FORMULA, MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, M	$1.67	
B4149	BO	ENTERAL FORMULA, MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, M	$1.67	
B4150		ENTERAL FORMULA, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES 100 CALORIES = 1 UNIT	$0.72	
B4150	BO	ENTERAL FORMULA, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES 100 CALORIES = 1 UNIT	$0.72	

Code	Modifier	Description	Medicaid Allowable	Comments
B4152		ENTERAL FORMULA, NUTRITIONALLY COMPLETE, CALORICALLY DENSE (EQUAL TO OR GREATER THAN 1.5 KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS	$0.60	
B4152	BO	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, CALORICALLY DENSE (EQUAL TO OR GREATER THAN 1.5 KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS	$0.60	
B4153		ENTERAL FORMULA, NUTRITIONALLY COMPLETE, HYDROLYZED PROTEINS (AMINO ACIDS AND PEPTIDE CHAIN), INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINER	$2.03	
B4153	BO	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, HYDROLYZED PROTEINS (AMINO ACIDS AND PEPTIDE CHAIN), INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINER	$2.03	
B4154		ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS, EXCLUDES INHERITED DISEASE OF METABOLISM, INCLUDES ALTERED COMPOSITION OF	$1.29	
B4154	BO	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS, EXCLUDES INHERITED DISEASE OF METABOLISM, INCLUDES ALTERED COMPOSITION OF	$1.29	
B4155		ENTERAL FORMULA, NUTRITIONALLY INCOMPLETE/MODULAR NUTRIENTS, INCLUDES SPECIFIC NUTRIENTS, CARBOHYDRATES (E.G. GLUCOSE POLYMERS), PROTEINS/AMINO	$1.01	
B4155	BO	ENTERAL FORMULA, NUTRITIONALLY INCOMPLETE/MODULAR NUTRIENTS, INCLUDES SPECIFIC NUTRIENTS, CARBOHYDRATES (E.G. GLUCOSE POLYMERS), PROTEINS/AMINO	$1.01	
B4157		ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM, INCLUDES PROTEINS, FATS, CARBOH	RNE	
B4157	BO	ENTERAL FORMULA, NUTRTIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM. 100 CAL = 1 UNIT	RNE	
B4158		ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, M	$0.71	
B4158	BO	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS 100 CALORIES = 1 UNIT	$0.71	

Code	Modifier	Description	Medicaid Allowable	Comments
B4159		ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE SOY BASED WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND	$0.71	
B4159	BO	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE SOY BASED WITH INTACT NUTRIENTS MAY INCL FIBER AND/OR IRON 100 CALORIES = 1 UNIT	$0.71	
B4160		ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE CALORICALLY DENSE (EQUAL TO OR GREATER THAN 0.7 KCAL/ML) WITH INTACT NUTRIENTS, IN	$0.71	
B4160	BO	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE CALORICALLY DENSE (EQUAL TO OR GREATER THAN 0.7 KCAL/ML) 100 CALORIES = 1 UNIT	$0.71	
B4161		ENTERAL FORMULA, FOR PEDIATRICS, HYDROLYZED/AMINO ACIDS AND PEPTIDE CHAIN PROTEINS, INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINERALS, M	$2.01	
B4161	BO	ENTERAL FORMULA, FOR PEDIATRICS, HYDROLYZED/AMINO ACIDS & PEPTIDE CHAIN PROTEINS 100 CALORIES = 1 UNIT	$2.01	
B4162		ENTERAL FORMULA, FOR PEDIATRICS, SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS	RNE	
B4162	BO	ENTERAL FORMULA, FOR PEDIATRICS, SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM. 100 CALORIES = 1 UNIT	RNE	
B4164		PARENTERAL NUTRITION SOLUTION: CARBOHYDRATES (DEXTROSE), 50% OR LESS (500 ML = 1 UNIT) - HOMEMIX	$17.55	
B4168		PARENTERAL NUTRITION SOLUTION, AMINO ACID 3.5% (500 ML = 1 UNIT)(HOME MIX)	$25.58	
B4172		PARENTERAL NUTRITION SOLUTION; AMINO ACID, 5.5% THROUGH 7%, (500 ML = 1 UNIT) (HOMEMIX)	$105.69	
B4176		PARENTERAL NUTRITION SOLUTION; AMINO ACID, 7% THROUGH 8.5% (500ML = 1 UNIT) - HOMEMIX	$49.50	
B4178		PARENTERAL NUTRITION SOLUTION: AMINO ACID, GRATER THAN 8.5% (500ML = 1 UNIT) - HOMEMIX	$59.42	
B4180		PARENTERAL NUTRITION SOLUTION; CARBOHYDRATES, (DEXTROSE), GREATER THAN 50% (500 ML = 1 UNIT)	$25.18	
B4185		PARENTERAL NUTRITION SOLUTION, PER 10 GRAMS LIPIDS	$11.61	
B4189		PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, (SEE HCPC MANUAL) ANY STRENGTH, 10 TO 51 GRAMS PROTEIN	$183.56	

Code	Modifier	Description	Medicaid Allowable	Comments
B4193		PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOYDRATES WITH (SEE HCPCS MANUAL) ANY STRETGTH, 52 TO 73 GRAMS OF PROTIEN - PREMIX	$237.20	
B4197		PARENTERAL NUTRITION SOLUTION; COMPOUNDED ANIMO ACID AND CARBOHYDRATES WITH (SEE HCPC MANUAL) 74 TO 100 GRAMS OF PROTEIN - PREMIX	$288.78	
B4199		PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH (SEE HCPC MANUAL) ANY STRENGTH, OVER 100 GRAMS OF PROTEIN - PREMIX	$329.99	
B4216		PARENTERAL NUTRITION; ADDITIVES (VITAMINS, TRACE ELEMENTS, ELECTROLYTES) HOMEMIX PER DAY	$7.98	
B4220		PARENTERAL NUTRITION SUPPLY KIT, PREMIX, PER DAY	$8.26	
B4222		PARENTERAL NUTRITION SUPPLY KIT; HOME MIX PER DAY	$10.19	
B4224		PARENTERAL NUTRITION ADMIN KIT, PER DAY	$25.83	
B5000		PARENTERAL NUTRITION SOLUTION ;COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREP, ANY STRENGTH	$12.27	
B5100		PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREP, ANY STRENGTH	$4.80	
B5200		PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, VITAMINS, INCLUDING PREP; PREMIX	RNE	
B9000	KR	ENTERAL NUTRITION INFUSION PUMP-WITHOUT ALARM	$4.00	
B9000	LL	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RNE	
B9000	MS	ENTERAL NUTRITION INFUSION PUMP-WITHOUT ALARM MAINTENANCE AND SERVICING FEE FOR REASONABLE NECESSARY PARTS & LABOR WHI	RNE	
B9000	NU	ENTERAL NUTRITION PUMP WITHOUT ALARM	$1,306.33	
B9000	RR	ENTERAL NUTRITION INFUSION PUMP-WITHOUT ALARM	$120.04	
B9002	KR	ENTERAL NUTRITION INFUSION PUMP-WITH ALARM	$4.22	
B9002	LL	ENTERAL NUTRITION INFUSION PUMP. (CLAIM TO MED SVS TO PRICE)	RNE	

Code	Modifier	Description	Medicaid Allowable	Comments
B9002	MS	ENTERAL NUTRITION INFUSION PUMP-WITH ALARM********** MAINTENANCE AND SERVICING FEE FOR REASONABLE AND NECESSARY PARTS & LABOR	RNE	
B9002	NU	ENTERAL NUTRITION INFUSION PUMP-WITH ALARM	$1,306.33	
B9002	RB	ENTERAL NUTRITION INFUSION PUMP-WITH ALARM, CLIENT-OWNED, REPAIR	RNE	
B9002	RR	ENTERAL NUTRITION INFUSION PUMP-WITH ALARM	$126.52	
B9004	KR	PARENTERAL NUTRITION INFUSION PUMP, PORTABLE	$13.75	
B9004	RR	PARENTERAL NUTRITION INFUSION PUMP, PORTABLE	$412.51	
B9006	KR	PARENTERAL NUTRITION INFUSION PUMP, STATIONARY	$13.75	
B9006	RR	PARENTERAL NUTRITION INFUSION PUMP, STATIONARY	$412.51	
B9998		NOC FOR ENTERAL SUPPLIES .	RNE	
E0100	KR	CANE, ALL MATERIALS, ADJ OR FIXED, WITH TIPS	$0.20	
E0100	NU	CANE, ALL MATERIALS, ADJ OR FIXED, WITH TIPS	$20.95	
E0100	RR	CANE, ALL MATERIALS, ADJ OR FIXED, WITH TIPS	$5.91	
E0105	KR	CANE, QUAD OR THREE-PRONG, ALL MATERIALS, ADJ OR FIXED, WITH TIPS	$0.25	
E0105	NU	CANE, QUAD OR THREE-PRONG ALL MATERIALS, ADJ OR FIXED WITH TIPS	$48.84	
E0105	RR	CANE, QUAD OR THREE-PRONG, ALL MATERIALS, ADJ OR FIXED WITH TIPS	$7.49	
E0105	UE	CANE, QUAD OR THREE PRONG, ADJ OR FIXED, WITH TIPS (USED)	$40.71	
E0110	KR	CRUTCHES, FOREARM, VARIOUS MATERIALS, ADJ OR FIXED, W/TIPS & HANDGRIPS	$0.53	
E0110	NU	CRUTCHES, FOREARM, VARIOUS MATERIALS, ADJ OR FIXED, W/TIPS AND HANDGRIPSEACH	$77.17	
E0110	RR	CRUTCHES, FOREARM, VARIOUS MATERIALS, ADJ OR FIXED, WITH TIPS & HANDGRIP	$15.90	
E0111	KR	CRUTCH, FOREARM, VARIOUS MATERIAL, ADJ OR FIXED, EACH,W/TIP & HANDGRIP	$0.24	
E0111	NU	CRUTCH, FOREARM VARIOUS MATERIAL, ADJ OR FIXED EACH, W/TIP AND HANDGRIP	$50.80	
E0111	RR	CRUTCH, FOREARM, VARIOUS MATERIAL, ADJ OR FIXED, EACH, W/TIP & HANDGRIP	$7.13	

Code	Modifier	Description	Medicaid Allowable	Comments
E0112	KR	CRUTCHES, UNDERARM, WOOD ADJ OR FIXED, PAIR, W/PADS, TIPS & HANDGRIPS	$0.33	
E0112	NU	CRUTCHES, UNDERARM, WOOD ADJ OR FIXED, PAIR W/PADS, TIPS & HANDGRIPS	$36.80	
E0112	RR	CRUTCHES, UNDERARM, WOOD ADJ OR FIXED, PAIR, W/PADWS, TIPS & HANDGRIPS	$9.88	
E0113	KR	CRUTCH, UNDERARM, WOOD ADJ OR FIXED, EACH, WITH PAD, TIP & HANDGRIP	$0.17	
E0113	NU	CRUTCH, UNDERARM, WOOD ADJ OR FIXED, EACH, W/PAD, TIP & HANDGRIPS	$17.86	
E0113	RR	CRUTCH, UNDERARM, WOOD ADJ OR FIXED, EACH, W/PAD, TIP & HANDGRIP	$5.12	
E0114	22	CRUTCHES, UNDERARM, BARIATRIC (CLIENT'S WEIGHT OVER 250 POUNDS),OTHER THAN WOOD, ADJUSTABLE OR FIXED, PAIR	RNE	REQUIRES PHYSICIAN'S DETAILED ORDER
E0114	KR	CRUTCHES, UNDERARM, OTHER THAN WOOD, ADJ OR FIXED, PAIR	$0.28	
E0114	NU	CRUTCHES, UNDERARM, OTHER THAN WOOD ADJ OR FIXED, PAIR	$46.93	
E0114	RR	CRUTCHES, UNDERARM, OTHER THAN WOOD, ADJ OR FIXED, PAIR,	$8.52	
E0114	UE	CRUTCHES, UNDERARM, OTHER THAN WOOD ADJ OR FIXED, PAIR	$35.05	
E0116	KR	CRUTCH, UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, WITH PAD, TIP, HANDGRIP, WITH OR WITHOUT SHOCK ABSORBER, EACH	$0.18	
E0116	NU	CRUTCH, UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, WITH PAD, TIP, HANDGRIP, WITH OR WITHOUT SHOCK ABSORBER, EACH	$27.59	
E0116	RR	CRUTCH, UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, WITH PAD, TIP, HANDGRIP, WITH OR WITHOUT SHOCK ABSORBER, EACH	$5.37	
E0117	KR	CRUTCH, UNDERARM, ARTICULATING, SPRING ASSISTED, EACH	$0.64	
E0117	NU	CRUTCH, UNDERARM, ARTICULATING, SPRING ASSISTED, EACH	$191.66	
E0117	RR	CRUTCH, UNDERARM, ARTICULATING, SPRING ASSISTED, EACH	$19.15	
E0118	KR	CRUTCH SUBSTITUTE, LOWER LEG PLATFORM, WITH OR WITHOUT WHEELS, EACH	RNE	
E0118	NU	CRUTCH SUBSTITUTE, LOWER LEG PLATFORM, WITH OR WITHOUT WHEELS, EACH	RNE	
E0118	RR	CRUTCH SUBSTITUTE, LOWER LEG PLATFORM, WITH OR WITHOUT WHEELS, EACH	RNE	

Code	Modifier	Description	Medicaid Allowable	Comments
E0130	22	WALKER, RIGID (PICKUP) ADJ OR FIXED HT	RNE	Prior Auth Required
E0130	KR	WALKER, RIGID (PICKUP), ADJ OR FIXED HEIGHT	$0.47	
E0130	NU	WALKER, RIGID(PICKUP) ADJ OR FIXED HEIGHT	$69.82	
E0130	RR	WALKER, RIGID (PICKUP), ADJ OR FIXED HEIGHT	$14.22	
E0135	KR	WALKER, FOLDING (PICKUP) ADJ OR FIXED HEIGHT	$0.49	
E0135	LL	WALKER, FOLDING (PICKUP) ADJ OR FIXED HEIGHT	RNE	
E0135	NU	WALKER, FOLDING (PICKUP) ADJ OR FIXED HEIGHT	$83.38	
E0135	RR	WALKER, FOLDING (PICKUP) ADJ OR FIXED HEIGHT	$14.59	
E0135	UE	WALKER, FOLDING (PICKUP) ADJ OR FIXED HEIGHT (UNIT VALUE FOR USED EQUIP (UE) ADDED 8/27/99)	$78.52	
E0140	KR	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	$1.20	
E0140	NU	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	$358.74	
E0140	RR	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	$35.88	
E0141	KR	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	$0.74	
E0141	NU	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	$114.66	
E0141	RR	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	$22.24	
E0143	KR	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	$0.72	
E0143	LL	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RNE	
E0143	NU	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	$114.66	
E0143	RR	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	$21.47	
E0143	UE	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	$100.66	
E0144	KR	WALKER, ENCLOSED, FOUR SIDED FRAMED, RIGID OR FOLDING, WHEELED WITH POSTERIOR SEAT	$1.06	
E0144	NU	WALKER, ENCLOSED, FOUR SIDED FRAMED, RIGID OR FOLDING, WHEELED WITH POSTERIOR SEAT	$316.71	
E0144	RR	WALKER, ENCLOSED, FOUR SIDED FRAMED, RIGID OR FOLDING, WHEELED WITH POSTERIOR SEAT	$31.69	
E0147	KR	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	$1.91	

Code	Modifier	Description	Medicaid Allowable	Comments
E0147	NU	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	$571.66	
E0147	RR	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	$57.17	
E0148	KR	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	$0.42	
E0148	NU	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	$126.35	
E0148	RR	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	$12.65	
E0148	UE	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	$105.42	
E0149	KR	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	$0.74	
E0149	NU	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	$221.98	
E0149	RR	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	$22.20	
E0153	KR	PLATFORM ATTACHMENT, FOREARM, CRUTCH, EACH	$0.22	
E0153	NU	PLATFORM ATTACHMENT, FOREARM, CRUTCH, EACH	$58.82	
E0153	RR	PLATFORM ATTACHMENT, FOREARM, CRUTCH, EACH	$6.62	
E0154	KR	PLATFORM ATTACHMENT, WALKER, EACH	$0.28	
E0154	NU	PLATFORM ATTACHMENT, WALKER, EACH	$70.12	
E0154	RA	PLATFORM ATTACHMENT, WALKER, EACH	$70.12	
E0154	RB	PLATFORM ATTACHMENT, WALKER, EACH	$70.12	
E0154	RR	PLATFORM ATTACHMENT, WALKER, EACH	$8.51	
E0155	KR	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	$0.11	
E0155	NU	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	$26.68	
E0155	RA	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	$26.68	
E0155	RB	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	$26.68	
E0155	RR	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	$3.25	
E0156	KR	SEAT ATTACHMENT, WALKER	$0.11	
E0156	NU	SEAT ATTACHMENT, WALKER	$26.29	
E0156	RR	SEAT ATTACHMENT, WALKER	$3.36	

Code	Modifier	Description	Medicaid Allowable	Comments
E0157	KR	CRUTCH ATTACHMENT, WALKER, EACH	$0.25	
E0157	NU	CRUTCH ATTACHMENT, WALKER, EACH	$69.25	
E0157	RR	CRUTCH ATTACHMENT, WALKER, EACH	$7.60	
E0158	KR	LEG EXTENSIONS FOR WALKER, PER SET OF 4	$0.11	
E0158	NU	LEG EXTENSIONS FOR WALKER, PER SET OF 4	$32.00	
E0158	RR	LEG EXTENSIONS FOR WALKER, PER SET OF 4	$3.35	
E0159	KR	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	$0.06	
E0159	NU	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	$17.77	
E0159	RR	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	$1.79	
E0160	NU	SITZ TYPE BATH OR EQUIP, PORTABLE, WITH OR WITHOUT COMMODE	$27.95	
E0161	NU	SITZ TYPE BATH OR EQUIP, PORTABLE, WITH OR WITHOUT COMMODE, WITH FAUCET ATTACHMENTS	$24.04	
E0162	NU	SITZ BATH CHAIR	$144.90	
E0162	RR	SITZ BATH CHAIR	$15.21	
E0163	KR	COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	$0.69	
E0163	NU	COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	$109.69	
E0163	RR	COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	$20.66	
E0163	UE	COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	$105.78	
E0165	KR	COMMODE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS	$0.62	
E0165	NU	COMMODE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS	$184.78	
E0165	RR	COMMODE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS	$18.48	
E0167	RA	PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY	$14.54	
E0167	RB	PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY	$14.54	
E0168	KR	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	$0.50	
E0168	NU	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	$150.09	

Code	Modifier	Description	Medicaid Allowable	Comments
E0168	RR	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	$15.01	
E0170	KR	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE	$5.33	
E0170	NU	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE	$1,598.41	
E0170	RR	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE	$159.84	
E0171	KR	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE	$0.96	
E0171	NU	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE	$287.62	
E0171	RR	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE	$28.76	
E0172	KR	SEAT LIFT MECHANISM PLACED OVER OR ON TOP OF TOILET, ANY TYPE	RNE	
E0172	NU	SEAT LIFT MECHANISM PLACED OVER OR ON TOP OF TOILET, ANY TYPE	RNE	
E0172	RR	SEAT LIFT MECHANISM PLACED OVER OR ON TOP OF TOILET, ANY TYPE	RNE	
E0175	KR	FOOT REST FOR USE WITH COMMODE CHAIR, EACH	$0.22	
E0175	NU	FOOT REST FOR USE WITH COMMODE CHAIR, EACH	$65.87	
E0175	RR	FOOTREST FOR USE WITH COMMODE CHAIR, EACH	$6.58	
E0181	KR	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, WITH PUMP, INCLUDES HEAVY DUTY	$0.86	
E0181	NU	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, WITH PUMP, INCLUDES HEAVY DUTY	$259.17	
E0181	RR	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, WITH PUMP, INCLUDES HEAVY DUTY	$25.92	
E0182	KR	PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY	$0.87	
E0182	NU	PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY	$260.37	
E0182	RA	PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY	$260.37	
E0182	RR	PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY	$26.04	
E0184	KR	DRY PRESSURE MATTRESS TO MED SVS IF IN NURSING FACILITY	$0.81	

Code	Modifier	Description	Medicaid Allowable	Comments
E0184	NU	DRY PRESSURE MATTRESS	$193.63	
E0184	RR	DRY PRESSURE MATTRESS TO MED SVS IF IN NURSING FACILITY	$24.44	
E0185	KR	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STD MATT LENGTH AND WIDTH	$1.27	
E0185	NU	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STD MATTRESS LENGTH AND WIDTH	$318.11	
E0185	RR	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STD MATT LENGTH AND WIDTH	$37.99	
E0186	KR	AIR PRESSURE MATTRESS	$0.57	
E0186	NU	AIR PRESSURE MATTRESS	$171.66	
E0186	RR	AIR PRESSURE MATTRESS	$17.17	
E0187	KR	WATER PRESSURE MATTRESS	$0.77	
E0187	NU	WATER PRESSURE MATTRESS	$230.83	
E0187	RR	WATER PRESSURE MATTRESS	$23.08	
E0188	NU	SYNTHETIC SHEEPSKIN PAD	$22.35	
E0189	NU	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	$43.93	
E0190	KR	POSITIONING CUSHION/PILLOW/WEDGE, ANY SHAPE OR SIZE, INCLUDES ALL COMPONENTS AND ACCESSORIES	RNE	
E0190	NU	POSITIONING CUSHION/PILLOW/WEDGE, ANY SHAPE OR SIZE, INCLUDES ALL COMPONENTS AND ACCESSORIES	RNE	
E0190	RR	POSITIONING CUSHION/PILLOW/WEDGE, ANY SHAPE OR SIZE, INCLUDES ALL COMPONENTS AND ACCESSORIES	RNE	
E0191	NU	HEEL OR ELBOW PROTECTOR, EACH	$8.44	
E0193	KR	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	$29.95	Coordination plan required
E0193	RR	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	$898.52	Coordination plan required
E0194	KR	AIR FLUIDIZED BED .	$107.88	Coordination plan required
E0194	RR	AIR FLUIDIZED BED.	$3,236.53	Coordination plan required
E0196	KR	GEL PRESSURE MATTRESS	$1.08	
E0196	NU	GEL PRESSURE MATTRESS.	$323.12	
E0196	RR	GEL PRESSURE MATTRESS	$32.31	
E0197	NU	AIR PRESSURE PAD FOR MATTRESS, STD MATTRESS LENGTH AND WIDTH	$220.37	
E0197	RA	AIR PRESSURE PAD FOR MATTRESS LENGTH AND WIDTH	$220.37	
E0197	RR	AIR PRESSURE PAD FOR MATTRESS, STD MATTRESS LENGTH AND WIDTH	$30.40	

Code	Modifier	Description	Medicaid Allowable	Comments
E0198	KR	WATER PRESSURE PAD FOR MATTRESS, STD MATTRESS LENGTH AND WIDTH	$0.76	
E0198	NU	WATER PRESSURE PAD FOR MATTRESS, STD MATTRESS LENGTH AND WIDTH	$220.37	
E0198	RR	WATER PRESSURE PAD FOR MATTRESS, STD MATTRESS LENGTH AND WIDTH	$22.82	
E0199	NU	DRY PRESSURE PAD FOR MATTRESS, STD MATTRESS LENGTH AND WIDTH	$31.01	
E0200	KR	HEAT LAMP, W/O STAND (TABLE MODEL) INCLUDES BULB OR INFRARED ELEMENT	$0.30	
E0200	NU	HEAT LAMP, W/O STAND (TBL MDL) INCLUDES BULB, OR INFRARED ELEMENT	$68.16	
E0200	RR	HEAT LAMP, W/O STAND (TBL MDL) INCLUDES BULB OR INFRARED ELEMENT	$9.10	
E0202	KR	PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER	$101.78	Coordination plan required
E0205	KR	HEAT LAMP W/STAND INCLUDES BULB OR INFRARED ELEMENT	$0.71	
E0205	NU	HEAT LAMP W/STAND, INCLUDES BULB OR INFRARED ELEMENT	$193.00	
E0205	RR	HEAT LAMP W/STAND INCLUDES BULB OR INFRARED ELEMENT	$21.22	
E0210	NU	ELECTRIC HEAT PAD, STANDARD	$32.46	
E0215	NU	ELECTRIC HEAT PAD, MOIST.	$70.45	
E0215	RR	ELECTRIC HEAT PAD, MOIST	$7.37	
E0217	KR	WATER CIRC HEAT PAD WITH PUMP	$1.56	
E0217	NU	WATER CIRC HEAT PAD WITH PUMP	$419.69	
E0217	RR	WATER CIRC HEAT PAD WITH PUMP	$46.73	
E0220	NU	HOT WATER BOTTLE	$8.42	
E0221	KR	INFRARED HEATING PAD SYSTEM	$7.65	
E0221	NU	INFRARED HEATING PAD SYSTEM	$2,293.26	
E0221	RR	INFRARED HEATING PAD SYSTEM	$229.32	
E0225	KR	HYDROCOLLATOR UNIT, INCLUDES PADS	$1.27	
E0225	NU	HYDROCOLLATOR UNIT, INCLUDES PADS	$386.52	
E0225	RR	HYDROCOLLATOR UNIT, INCLUDES PADS	$38.10	
E0230	NU	ICE CAP OR COLLAR	$8.43	
E0235	KR	PARAFFIN BATH UNIT, PRTBL	$0.51	
E0235	NU	PARAFFIN BATH UNIT, PORTABLE	$154.15	
E0235	RR	PARAFFIN BATH UNIT, PRTBL	$15.42	
E0236	RB	PUMP FOR WATER CIRCULATING PAD	RNE	For client-owned heating pad only
E0238	NU	NON-ELECTRIC HEAT PAD, MOIST	$22.85	

Code	Modifier	Description	Medicaid Allowable	Comments
E0239	KR	HYDROCOLLATOR UNIT, PRTBL	$1.27	
E0239	NU	HUDROCOLLATOR UNIT, PRTBL	$380.27	
E0239	RR	HYDROCOLLATOR UNIT, PRTBL	$38.03	
E0240	KR	BATH/SHOWER CHAIR, WITH OR WITHOUT WHEELS, ANY SIZE	RNE	
E0240	NU	BATH/SHOWER CHAIR, WITH OR WITHOUT WHEELS, ANY SIZE	RNE	
E0240	RR	BATH/SHOWER CHAIR, WITH OR WITHOUT WHEELS, ANY SIZE	RNE	
E0241	NU	BATH TUB WALL RAIL, EACH	$34.90	
E0241	RR	BATH TUB WALL RAIL, EACH	$3.49	
E0242	NU	BATH TUB RAIL, FLOOR BASE	$79.97	
E0243	KR	TOILET RAIL, EACH	$0.19	
E0243	NU	TOILET RAIL, EACH	$58.16	
E0243	RR	TOILET RAIL, EACH	$5.82	
E0244	NU	RAISED TOILET SEAT	$66.88	
E0245	22	TUB STOOL OR BENCH	RNE	Prior Auth Required
E0245	KR	TUB STOOL OR BENCH	$0.24	
E0245	NU	TUB STOOL OR BENCH	$71.25	
E0245	RR	TUB STOOL OR BENCH	$7.12	
E0246	KR	TRANSFER TUB RAIL ATTACHMENT	$0.32	
E0246	NU	TRANSFER TUB RAIL ATTACHMENT.	$43.40	
E0246	RR	TRANSFER TUB RAIL ATTACHMENT	$4.35	
E0247	KR	TRANSFER BENCH FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING	RNE	
E0247	NU	TRANSFER BENCH FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING	RNE	
E0247	RR	TRANSFER BENCH FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING	RNE	
E0248	KR	TRANSFER BENCH, HEAVY DUTY, FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING	RNE	
E0248	NU	TRANSFER BENCH, HEAVY DUTY, FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING	RNE	
E0248	RR	TRANSFER BENCH, HEAVY DUTY, FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING	RNE	
E0249	RB	PAD FOR WATER CIRCULATING HEAT UNIT, FOR REPLACEMENT ONLY	$98.87	
E0250	KR	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	$3.24	
E0250	NU	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	$972.25	

Code	Modifier	Description	Medicaid Allowable	Comments
E0250	RR	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS WITH MATTRESS	$97.23	
E0251	KR	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, W/O MATTRESS	$2.09	
E0251	NU	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS W/O MATTRESS	$626.25	
E0251	RR	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE OF SIDE RAILS, W/O MATTRESS	$62.63	
E0255	KR	HOSPITAL BED, VARIABLE HGT HI-LO, WITH ANY TYPE SIDE RAILS WITH MATTRESS	$3.89	
E0255	NU	HOSPITAL BED, VARIABLE HGT, HI-LO WITH ANY TYPE SIDE RAILS, WITH MATTRESS	$1,168.37	
E0255	RR	HOSPITAL BED, VARIABLE HGT, HI-LO, WITH ANY TYPE SIDE RAILS WITH MATTRESS	$116.84	
E0256	KR	HOSPITAL BED, VARIABLE HGT HI-LO, WITH ANY TYPE SIDE RAILS W/O MATTRESS	$2.68	
E0256	NU	HOSPITAL BED VARIABLE HGT HI-LO, WITH ANY TYPE SIDE RAILS W/O MATTRESS	$805.37	
E0256	RR	HOSPITAL BED, VARIABLE HGT HI-LO, WITH ANY TYPE SIDE RAILS, W/O MATTRESS	$80.54	
E0260	KR	HOSPITAL BED SEMI-ELEC (HEAD & FT ADJ) WITH ANY TYPE SIDE RAILS W/MATTRS	$4.66	Prior Auth Required
E0260	LL	HOSPITAL BED SEMI-ELEC (HEAD & FT ADJ) WITH ANY TYPE SIDE RAILS W/MATTRS	RNE	See conversion, rental to purchase. See 471 NAC 7-010.09.
E0260	NU	HOSPITAL BED SEMI-ELEC (HEAD & FT ADJ) WITH ANY TYPE SIDE RAILS W/MATTRS	$1,396.91	Prior Auth Required
E0260	RR	HOSPITAL BED SEMI-ELEC (HEAD & FT ADJ) WITH ANY TYPE SIDE RAILS W/MATTRS	$139.69	Prior Auth Required
E0260	UE	HOSPITAL BED SEMI-ELEC (HEAD & FT ADJ) WITH ANY TYPE SIDE RAILS W/MATT	$1,417.65	Prior Auth Required
E0261	KR	HOSPITAL BED SEMI-ELEC (HEAD & FT ADJ) WITH ANY TYPE SIDE RAILS W/O MATT	$3.86	Prior Auth Required
E0261	NU	HOSPITAL BED SEMI-ELEC (HEAD & FT ADJ) WITH ANY TYPE SIDE RAILS W/O MATT	$1,157.63	Prior Auth Required
E0261	RR	HOSPITAL BED, SEMI-ELEC (HEAD & FT ADJ) WITH ANY TYPE SIDE RAILS W/O MAT	$115.76	Prior Auth Required
E0265	KR	HOSPITAL BED, ELECTRIC (HEAD, FT & HGT ADJ) W/ANY TYPE SIDE RAILS W/MATT	$6.23	Prior Auth Required
E0265	NU	HOSPITAL BED ELECTRIC (HEAD, FT & HGT ADJ) W/ANY TYPE SIDE RAILS W/MATTR	$1,867.52	Prior Auth Required

Code	Modifier	Description	Medicaid Allowable	Comments
E0265	RR	HOSPITAL BED ELECTRIC (HEAD, FT & HGT ADJ) W/ANY TYPE SIDE RAILS W/MATTR	$186.75	Prior Auth Required
E0265	UE	HOSPITAL BED ELECTRIC (HEAD, FT & HGT ADJ) W/ANY TYPE SIDE RAILS W/MATTR	$1,323.14	Prior Auth Required
E0266	KR	HOSPITAL BED, ELECTRIC (HEAD, FT & HGT ADJ) W/ANY TYPE RAILS W/O MATTRES	$5.68	Prior Auth Required
E0266	NU	HOSPITAL BED, ELECTRIC (HEAD, FT & HGT ADJ) WITH ANY TYPE RAILS W/O MATT	$1,702.93	Prior Auth Required
E0266	RR	HOSPITAL MED, ELECTRIC (HEAD, FT & HGT ADJ) W/ANY TYPE RAILS W/O MATTRES	$170.29	Prior Auth Required
E0271	KR	MATTRESS, INNERSPRING	$0.67	
E0271	LL	MATTRESS, INNERSPRING	RNE	See conversion, rental to purchase. See 471 NAC 7-010.09.
E0271	NU	MATTRESS, INNERSPRING	$201.26	
E0271	RA	MATTRESS, INNERSPRING	$201.26	
E0271	RR	MATTRESS, INNERSPRING	$20.13	
E0272	KR	MATTRESS, FOAM RUBBER	$0.67	
E0272	NU	MATTRESS, FOAM RUBBER	$201.26	
E0272	RA	MATTRESS, FOAM RUBBER	$201.26	
E0272	RR	MATTRESS, FOAM RUBBER	$20.13	
E0275	NU	BED PAN, STANDARD, METAL OR PLASTIC	$12.94	
E0276	NU	BED PAN, FRACTURE, METAL OR PLASTIC	$11.25	
E0280	NU	BED CRADLE, ANY TYPE	$37.99	
E0290	KR	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	$2.26	
E0290	NU	HOSPITAL BED ,FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	$678.17	
E0290	RR	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	$67.82	
E0291	KR	HOSP BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	$1.53	
E0291	NU	HOSP BED, FIXED HEIGHT ,WITHOUT SIDE RAILS, WITHOUT MATTRESS	$459.07	
E0291	RR	HOSP BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	$45.91	
E0292	KR	HOSP BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	$2.65	
E0292	NU	HOSP BED, VARIABLE HEIGHT ,HI-LO ,WITHOUT SIDE RAILS, WITH MATTRESS	$795.92	
E0292	RR	HOSP BED, VARIABLE HEIGHT, HI-LO ,WITHOUT SIDE RAILS, WITH MATTRESS	$79.59	

Code	Modifier	Description	Medicaid Allowable	Comments
E0293	KR	HOSP BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	$2.14	
E0293	NU	HOSP BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	$641.47	
E0293	RR	HOSP BED ,VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS ,WITHOUT MATTRESS	$64.15	
E0294	KR	HOSP BED, SEMI ELEC. WITHOUT SIDE RAILS, WITH MATTRESS	$3.68	Prior Auth Required
E0294	NU	HOSP BED, SEMI ELEC. WITHOUT SIDE RAILS, WITH MATTRESS	$1,104.42	Prior Auth Required
E0294	RR	HOSP BED, SEMI ELEC. WITHOUT SIDE RAILS, WITH MATTRESS	$110.44	Prior Auth Required
E0295	KR	HOSP BED, SEMI ELEC. WITHOUT SIDE RAILS, WITHOUT MATTRESS	$3.59	Prior Auth Required
E0295	NU	HOSP BED, SEMI ELEC, WITHOUT SIDE RAILS, WITHOUT MATTRESS	$1,076.58	Prior Auth Required
E0295	RR	HOSP BED, SEMI ELEC. WITHOUT SIDE RAILS, WITHOUT MATTRESS	$107.66	Prior Auth Required
E0296	KR	HOSP BED, TOTAL ELEC. WITHOUT SIDE RAILS, W MATTRESS	$4.63	Prior Auth Required
E0296	NU	HOSP BED, TOTAL ELEC, WITHOUT SIDE RAILS, W MATTRESS	$1,388.06	Prior Auth Required
E0296	RR	HOSP BED, TOTAL ELEC, WITHOUT SIDE RAILS, W MATTRESS	$138.81	Prior Auth Required
E0297	KR	HOSP BED, TOTAL ELEC, WITHOUT SIDE RAILS, WITHOUT MATTRESS	$4.43	Prior Auth Required
E0297	NU	HOSP BED, TOTAL ELEC, WITHOUT SIDE RAILS, WITHOUT MATTRESS	$1,327.79	Prior Auth Required
E0297	RR	HOSP BED, TOTAL ELEC. WITHOUT SIDE RAILS, WITHOUT MATTRESS	$132.78	Prior Auth Required
E0300	KR	PEDIATRIC CRIB, HOSPITAL GRADE, FULLY ENCLOSED	$9.41	Prior Auth Required
E0300	NU	PEDIATRIC CRIB, HOSPITAL GRADE, FULLY ENCLOSED	$2,823.09	Prior Auth Required
E0300	RR	PEDIATRIC CRIB, HOSPITAL GRADE, FULLY ENCLOSED	$282.31	Prior Auth Required
E0301	KR	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE	$8.97	Prior Auth Required
E0301	NU	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE	$2,692.39	Prior Auth Required

Code	Modifier	Description	Medicaid Allowable	Comments
E0301	RR	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE	$269.24	Prior Auth Required
E0302	KR	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	$23.72	Prior Auth Required
E0302	NU	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	$7,115.25	Prior Auth Required
E0302	RR	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	$711.53	Prior Auth Required
E0303	22	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE	RNE	Prior Auth Required
E0303	KR	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE	$10.08	Prior Auth Required
E0303	NU	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE	$3,023.17	Prior Auth Required
E0303	RR	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE	$302.32	Prior Auth Required
E0304	KR	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	$25.55	Prior Auth Required
E0304	NU	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	$7,664.53	Prior Auth Required
E0304	RR	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	$766.45	Prior Auth Required
E0305	KR	BED SIDE RAILS, HALF LENGTH (NOTE UNIT 1 PAIR)	$0.59	
E0305	NU	BED SIDE RAILS ,HALF LENGTH (NOTE: UNIT 1 PAIR)	$176.93	

Code	Modifier	Description	Medicaid Allowable	Comments
E0305	RB	BED SIDE RAILS, HALF LENGTH (NOTE 1 UNIT OF SERVICE = 1 PAIR OF RAILS)	$176.93	
E0305	RR	BED SIDE RAILS, HALF LENGTH (NOTE UNIT 1 PAIR)	$17.69	
E0305	UE	BED SIDE RAILS, HALF LENGTH (NOTE: UNIT-1 PAIR)	$158.12	
E0310	KR	BED SIDE RAILS, FULL LENGTH (NOTE; UNIT = 1 PAIR)	$0.67	
E0310	NU	BED SIDE RAILS, FULL LENGTH (NOTE UNIT 1 PAIR)	$193.08	
E0310	RB	BED SIDE RAILS, FULL LENGTH (NOTE - 1 UNIT OF SERVICE = 1 PAIR RAILS)	$193.08	
E0310	RR	BED SIDE RAILS, FULL LENGTH (NOTE UNIT = 1 PAIR)	$19.99	
E0316	22	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE*******	RNE	Prior Auth Required
E0316	KR	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	$7.00	Prior Auth Required
E0316	NU	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	$2,101.24	Prior Auth Required
E0316	RR	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	$210.12	Prior Auth Required
E0325	NU			
E0326	NU	URINAL; FEMALE, JUG-TYPE ANY MATERIAL	$10.44	
E0328	KR	HOSPITAL BED, PEDIATRIC, MANUAL, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE THE SPRING, INCLU	RNE	
E0328	NU	HOSPITAL BED, PEDIATRIC, MANUAL, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE THE SPRING, INCLU	RNE	
E0328	RR	HOSPITAL BED, PEDIATRIC, MANUAL, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE THE SPRING, INCLU	RNE	
E0329	KR	HOSPITAL BED, PEDIATRIC, ELECTRIC OR SEMI-ELECTRIC, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE	RNE	Prior Auth Required

Code	Modifier	Description	Medicaid Allowable	Comments
E0329	NU	HOSPITAL BED, PEDIATRIC, ELECTRIC OR SEMI-ELECTRIC, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE	RNE	Prior Auth Required
E0329	RR	HOSPITAL BED, PEDIATRIC, ELECTRIC OR SEMI-ELECTRIC, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE	RNE	Prior Auth Required
E0370	NU	AIR PRESSURE ELEVATOR FOR HEEL	RNE	
E0371	KR	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STD LGTH/WIDSEND CLAIM TO MED SVC	$14.73	
E0371	NU	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STD LGTH/WID	$4,420.48	
E0371	RR	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STD LGTH/WID	$442.05	
E0373	KR	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	$20.37	
E0373	NU	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	$6,111.08	
E0373	RR	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	$611.11	
E0424	KR	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER/CONTENTS/REGULATOR/FLOWMETER/ HUMIDIFIER/NEBULIZER/CANNULA/MASK & TUBING	$6.57	
E0424	QE	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, TUBING;, PRESCRIBED OXYGEN LESS THAN 1 LITERS PER MINUTE (LPM)	$98.66	
E0424	QF	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, TUBING ;PRESCRIBED O2 EXCEEDS 4 LPM AND PORTABLE 02 PRESCRIBED	$295.97	
E0424	QG	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, TUBING; PRESCRIBED AMOUNT OF O2 GREATER THAN 4 LITERS PER MINUTE.	$295.97	
E0431	KR	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER/REG ULATOR/FLOWMETER/HUMIDIFIER/CANNULA OR MASK, AND TUBING	$1.05	

Code	Modifier	Description	Medicaid Allowable	Comments
E0431	QE	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	$15.81	
E0431	QF	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	$47.43	
E0431	QG	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	$47.43	
E0431	RR	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER/REG ULATOR/FLOWMETER/HUMIDIFIER/CANNULA OR MASK, AND TUBING	$31.62	
E0434	KR	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL	$1.05	
E0434	QE	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL	$15.81	
E0434	QF	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL	$47.43	
E0434	QG	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL	$47.43	
E0434	RR	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL	$31.62	
E0439	KR	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER/CONTENTS/ REGULATOR/FLOWMETER/HUMIDIFIER/NEBULIZER, CANNULA OR MASK, & TUBING	$6.57	
E0439	QE	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, &	$98.66	
E0439	QF	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, &	$295.97	
E0439	QG	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, &	$295.97	
E0439	RR	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER/CONTENTS/ REGULATOR/FLOWMETER/HUMIDIFIER/NEBULIZER, CANNULA OR MASK, & TUBING	$197.31	
E0441		STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT	$77.03	

Code	Modifier	Description	Medicaid Allowable	Comments
E0441	NU	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT	$77.03	
E0441	QE	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT	$38.52	
E0441	QF	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT	$115.54	
E0441	QG	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT	$115.54	
E0442	NU	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT	$77.03	
E0442	QE	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT	$38.52	
E0442	QF	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT	$115.54	
E0442	QG	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT	$115.54	
E0443	NU	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT	$77.03	
E0443	QE	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT	$38.52	
E0443	QF	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT	$115.54	
E0443	QG	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT	$115.54	
E0444	NU	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT	$77.03	
E0444	QE	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT	$38.52	
E0444	QF	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT	$115.54	
E0444	QG	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT	$115.54	
E0445	KR	OXIMETERE DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY	$21.96	Prior Auth Required
E0445	MS	OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY	$657.94	Prior Auth Required
E0445	RR	OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY	$658.08	Prior Auth Required
E0450	KR	VOLUME CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH INVASIVE INTERFACE (E.G., TRACHEOSTOMY T	$30.58	

Code	Modifier	Description	Medicaid Allowable	Comments
E0450	MS	VOLUME CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH INVASIVE INTERFACE (E.G., TRACHEOSTOMY T	$942.19	
E0450	RR	VOLUME CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH INVASIVE INTERFACE (E.G., TRACHEOSTOMY T	$917.44	
E0453	KR	THERAPEUTIC VENTILATOR; SUITABLE FOR 12 HRS OR LESS PER DAY	$24.88	
E0453	RR	THERAPEUTIC VENTILATOR; SUITABLE FOR 12 HRS OR LESS PER DAY	$746.34	
E0455	RA	OXYGEN TENT, EXCLUDING CROUP OR PEDIATRIC TENTS	RNE	
E0455	RB	OXYGEN TENT, EXCLUDING CROUP OR PEDIATRIC TENTS	RNE	
E0457		CHEST SHELL (CUIRASS)	$81.42	
E0457	RA	CHEST SHELL (CUIRASS)	$81.42	
E0459		CHEST WRAP	$53.80	
E0459	RA	CHEST WRAP.	$53.80	
E0460	KR	NEGATIVE PRESSURE VENTILATOR, PORTABLE OR STATIONARY	$15.51	
E0460	RR	NEGATIVE PRESSURE VENTILATOR, PORTABLE OR STATIONARY	$465.28	
E0461	KR	VOLUME CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH NON-INVASIVE INTERFACE (E.G. MASK)	$36.25	
E0461	RR	VOLUME CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH NON-INVASIVE INTERFACE (E.G. MASK)	$1,087.30	
E0463	KR	PRESSURE SUPPORT VENTILATOR WITH VOLUME CONTROL MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH INVASIVE INTERFACE (E.G. TRACHEOSTOMY TU	$146.69	
E0463	RR	PRESSURE SUPPORT VENTILATOR WITH VOLUME CONTROL MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH INVASIVE INTERFACE (E.G. TRACHEOSTOMY TU	$1,466.93	
E0464	KR	PRESSURE SUPPORT VENTILATOR WITH VOLUME CONTROL MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH NON-INVASIVE INTERFACE (E.G. MASK)	$146.69	

Code	Modifier	Description	Medicaid Allowable	Comments
E0464	RR	PRESSURE SUPPORT VENTILATOR WITH VOLUME CONTROL MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH NON-INVASIVE INTERFACE (E.G. MASK)	$1,466.93	
E0470	KR	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL	$8.51	
E0470	LL	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G. NASAL OR FACIAL	RNE	See conversion, rental to purchase. See 471 NAC 7-010.09.
E0470	NU	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL	$2,551.96	
E0470	RR	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL	$255.20	
E0471	KR	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACK-UP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL	$21.29	
E0471	RR	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACK-UP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL	$638.66	
E0472	KR	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE FEATURE, USED WITH INVASIVE INTERFACE, E.G., TRACHEOSTOMY TUBE (	$21.29	
E0472	RR	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE FEATURE, USED WITH INVASIVE INTERFACE, E.G., TRACHEOSTOMY TUBE (	$638.66	
E0480	KR	PERCUSSOR,ELEC OR PNEUMATIC, HM MODEL	$1.34	
E0480	LL	PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL	RNE	See conversion, rental to purchase. See 471 NAC 7-010.09.
E0480	NU	PERCUSSOR,ELEC OR PNEUMATIC,HM MODEL	$401.09	
E0480	RB	PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL	RNE	
E0480	RR	PERCUSSOR,ELEC OR PNEUMATIC,HM MODEL	$40.11	

Code	Modifier	Description	Medicaid Allowable	Comments
E0482	KR	COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY PRESSURE	$14.26	
E0482	NU	COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY PRESSURE	$4,276.67	
E0482	RR	COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY PRESSURE	$427.67	
E0484	KR	OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE, NON-ELECTRIC, ANY TYPE, EACH	$0.12	
E0484	NU	OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE, NON-ELECTRIC, ANY TYPE, EACH	$36.72	
E0484	RR	OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE, NON-ELECTRIC, ANY TYPE, EACH	$3.67	
E0485	KR	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	RNE	
E0485	NU	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	RNE	
E0485	RR	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	RNE	
E0486	KR	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	RNE	
E0486	NU	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	RNE	
E0486	RR	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	RNE	
E0487	KR	SPIROMETER, ELECTRONIC, INCLUDES ALL ACCESSORIES	RNE	
E0487	NU	SPIROMETER, ELECTRONIC, INCLUDES ALL ACCESSORIES	RNE	
E0487	RR	SPIROMETER, ELECTRONIC, INCLUDES ALL ACCESSORIES	RNE	
E0500	KR	IPPB MACHINE	$3.64	
E0500	LL	IPPB MACHINE, ALL TYPES, WITH BUILT-IN NEBULIZATION; MANUAL OR AUTO VALV	RNE	See conversion, rental to purchase. See 471 NAC 7-010.09.

Code	Modifier	Description	Medicaid Allowable	Comments
E0500	NU	IPPB MACHINE	$1,091.69	
E0500	RR	IPPB MACHINE	$109.17	
E0550	RA	HUMIDIFIER, DURABLE FOR EXT SUPP HUMID IPPB TRTMENTS OR OXY DELIVERY	$872.40	
E0550	RB	HUMIDIFIER, DURABLE FOR EXT SUPP HUMID IPPB TRTMENTS OR OXY DELIVERY	$872.40	
E0555	RB	HUMIDIFIER, DURABLE, GLASS OR ATUO PLASTIC, BOTTLE TYPE W/REG OR FLOWMET	$2.25	
E0560	RA	HUMID, DURABLE FOR SUPP HUMID DURING IPPB OR OXYGEN DELIVERY	$160.38	
E0561	KR	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	$0.35	
E0561	NU	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	$106.41	
E0561	RA	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	$106.41	
E0561	RB	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	$106.41	
E0561	RR	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	$10.63	
E0562	KR	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	$1.00	
E0562	NU	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	$299.57	
E0562	RR	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	$29.95	
E0565	KR	COMP,AIR POWER SOURCE FOR EQUIP NOT SELF CONT OR CYLINDER DRIVE	$2.02	
E0565	MS	COMP,AIR POWER SOURCE FOR EQUIP NOT SELF CONT OR CYLINDER DRIVE	$72.70	
E0565	RR	CONP,AIR POWER SOURCE FOR EQUIP NOT SELF CONT OR CYLINDER DRIVE	$60.68	
E0570	KR	NEBULIZER W COMPRESSOR	$0.53	
E0570	LL	NEBULIZER WITH COMPRESSOR.	RNE	See conversion, rental to purchase. See 471 NAC 7-010.09.
E0570	NU	NEBULIZER W COMPRESSOR	$160.22	
E0570	RR	NEBULIZER W COMPRESSOR	$16.02	
E0570	UE	NEBULIZER, WITH COMPRESSOR	$154.71	
E0571	KR	AEROSOL COMPRESSOR, BATTERY POWERED, FOR USE WITH SMALL VOLUME NEBULIZER	$0.99	

Code	Modifier	Description	Medicaid Allowable	Comments
E0571	NU	AEROSOL COMPRESSOR, BATTERY POWERED, FOR USE WITH SMALL VOLUME NEBULIZER	$298.06	
E0571	RR	AEROSOL COMPRESSOR, BATTERY POWERED, FOR USE WITH SMALL VOLUME NEBULIZER	$29.81	
E0572	KR	AEROSOL COMPRESSOR, ADJUSTABLE PRESSURE, LIGHT DUTY FOR INTERMITTENT USE	$1.26	
E0572	NU	AEROSOL COMPRESSOR, ADJUSTABLE PRESSURE, LIGHT DUTY FOR INTERMITTENT USE	$378.82	
E0572	RR	AEROSOL COMPRESSOR, ADJUSTABLE PRESSURE, LIGHT DUTY FOR INTERMITTENT USE	$37.88	
E0574	KR	ULTRASONIC/ELECTRONIC AEROSOL GENERATOR WITH SMALL VOLUME NEBULIZER	$1.33	
E0574	NU	ULTRASONIC/ELECTRONIC AEROSOL GENERATOR WITH SMALL VOLUME NEBULIZER	$400.40	
E0574	RR	ULTRASONIC/ELECTRONIC AEROSOL GENERATOR WITH SMALL VOLUME NEBULIZER	$40.04	
E0575	KR	NEBULIZER, ULTRASONIC, LARGE VOLUME	$2.90	Prior Auth Required
E0575	NU	NEBULIZER, ULTRASONIC, LARGE VOLUME	$868.82	Prior Auth Required
E0575	RR	NEBULIZER, ULTRASONIC, LARGE VOLUME	$86.88	Prior Auth Required
E0580	RA	NEBULIZER, DURABLE, GLASS OR AUTO PLASTIC, BOTTLE TYPE WITH REG OR FLOW	$4.36	
E0580	RB	NEBULIZER, DURABLE, GLASS OR AUTO PLASTIC, BOTTLE TYPE WITH REG OR FLOW	RNE	
E0585	KR	NEBULIZER,W COMPRESSOR AND HEATER	$0.99	
E0585	NU	NEBULIZER,W COMPRESSOR AND HEATER	$296.47	
E0585	RR	NEBULIZER,WITH COMPRESSOR AND HEATER	$29.65	
E0600	EU	RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	$458.01	
E0600	KR	RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	$1.37	
E0600	LL	RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	RNE	See conversion, rental to purchase. See 471 NAC 7-010.09.
E0600	NU	RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	$410.44	
E0600	RR	RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	$41.04	

Code	Modifier	Description	Medicaid Allowable	Comments
E0600	UE	RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	$458.01	
E0601	KR	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	$3.70	
E0601	LL	CONTINUOUS AIRWAY PRESSURE CPAP DEVICE	RNE	See conversion, rental to purchase. See 471 NAC 7-010.09.
E0601	NU	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	$1,110.99	
E0601	RR	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	$111.10	
E0604	KR	BREAST PUMP, HOSPITAL GRADE, ELECTRIC (AC AND / OR DC), ANY TYPE	$2.28	See Provider Bulletin 10-55
E0604	RR	BREAST PUMP, HOSPITAL GRADE, ELECTRIC (AC AND / OR DC), ANY TYPE	$68.34	See Provider Bulletin 10-55
E0605	KR	VAPORIZER,ROOM TYPE	$0.10	
E0605	NU	VAPORIZER,ROOM TYPE	$26.29	
E0605	RR	VAPORIZER,ROOM TYPE	$3.05	
E0606	KR	POSTURAL DRAINAGE BOARD	$0.76	
E0606	NU	POSTURAL DRAINAGE BOARD	$228.14	
E0606	RR	POSTURAL DRAINAGE BOARD	$22.81	
E0607	KR	HM BLOOD GLUCOSE MONITOR	$0.22	
E0607	NU	HM BLOOD GLUCOSE MONITOR	$66.45	
E0607	RR	HM BLOOD GLUCOSE MONITOR	$6.64	
E0610	KR	PACEMAKER MONITOR, SELF CONTAINED	$0.83	
E0610	NU	PACEMAKER MONITOR, SELF CONTAINED	$236.56	
E0610	RR	PACEMAKER MONITOR, SELF CONTAINED	$24.95	
E0615	KR	PACEMAKER MONITOR, SELF CONTAINED	$1.65	
E0615	NU	PACEMAKER MONITOR, SELF CONTAINED	$471.46	
E0615	RR	PACEMAKER MONITOR, SELF CONTAINED	$49.46	
E0617	KR	EXTERNAL DEFIBRILLATOR WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS	$10.08	
E0617	NU	EXTERNAL DEFIBRILLATOR WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS	$3,023.86	
E0617	RR	EXTERNAL DEFIBRILLATOR WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS	$302.39	
E0618	KR	APNEA MONITOR, WITHOUT RECORDING FEATURE MAX AGE 2	$8.55	Coordination plan required
E0618	RR	APNEA MONITOR, WITHOUT RECORDING FEATURE	$256.60	Coordination plan required

Code	Modifier	Description	Medicaid Allowable	Comments
E0621	NU	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	$95.46	
E0621	RB	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	$95.46	
E0625	KR	PATIENT LIFT, BATHROOM OR TOILET, NOT OTHERWISE CLASSIFIED	$3.88	Prior Auth Required
E0625	NU	PATIENT LIFT, BATHROOM OR TOILET, NOT OTHERWISE CLASSIFIED	RNE	Prior Auth Required
E0625	RR	PATIENT LIFT, BATHROOM OR TOILET, NOT OTHERWISE CLASSIFIED	$116.32	Prior Auth Required
E0627	52	SEAT LIFT CHAIR - FURNITURE PIECE, WHEN MEDICARE HAS PAID MECHANISM	$578.76	Crossover from Medicare payment
E0627	KR	SEAT LIFT MECHANISM INCORP COMBINATION LIFT CHAIR MECHANISM	$3.30	Prior Auth Required
E0627	NU	SEAT LIFT MECHANISM INCORP COMBINATION LIFT CHR MECHANISM	$991.63	Prior Auth Required
E0627	RR	SEAT LIFT MECHANISM INCORP COMBINATION LIFT CHR MECHANISM	$99.16	Prior Auth Required
E0627	UE	SEAT LIFT MECHANISM INCORP COMB LIFT CHAIR MECH	$743.72	Prior Auth Required
E0628	KR	SEPARATE SEAT LIFT MECHANISM W PATIENT OWNED FURITURE-ELEC	$1.10	Prior Auth Required
E0628	NU	SEPARATE SEAT LIFT MECHANISM W PATIENT OWNED FURNITURE-ELEC	$328.41	Prior Auth Required
E0628	RR	SEPARATE SEAT LIFT MECHANISM W PATIENT OWNED FURNITURE-ELEC	$32.85	Prior Auth Required
E0629	KR	SEPARATE SEAT LIFT MECHANISM W PATIENT OWNED FURNITURE-NON ELEC	$1.10	Prior Auth Required
E0629	NU	SEPARATE SEAT LIFT MECHANISM W PATIENT OWNED FURITURE-NON ELEC	$328.41	Prior Auth Required
E0629	RR	SEPARATE SEAT LIFT MECHANISM W PATIENT OWNED FURITURE-NON ELEC	$32.85	Prior Auth Required
E0630	KR	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S)	$3.38	
E0630	NU	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S)	$1,013.32	
E0630	RR	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S)	$101.33	
E0635	KR	PATIENT LIFT,ELEC,W SEAT OR SLING	$3.72	
E0635	NU	PATIENT LIFT,ELEC,W SEAT OR SLING	$1,116.66	
E0635	RR	PATIENT LIFT,ELEC,W SEAT OR SLING	$111.67	

Code	Modifier	Description	Medicaid Allowable	Comments
E0636	KR	MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEGRATED LIFT, PATIENT ACCESSIBLE CONTROLS	$34.96	
E0636	NU	MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEGRATED LIFT, PATIENT ACCESSIBLE CONTROLS	$10,487.90	
E0636	RR	MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEGRATED LIFT, PATIENT ACCESSIBLE CONTROLS	$1,048.79	
E0637	KR	COMBINATION SIT TO STAND SYSTEM, ANY SIZE INCLUDING PEDIATRIC, WITH SEATLIFT FEATURE, WITH OR WITHOUT WHEELS	RNE	
E0637	NU	COMBINATION SIT TO STAND SYSTEM, ANY SIZE INCLUDING PEDIATRIC, WITH SEATLIFT FEATURE, WITH OR WITHOUT WHEELS	RNE	
E0637	RR	COMBINATION SIT TO STAND SYSTEM, ANY SIZE INCLUDING PEDIATRIC, WITH SEATLIFT FEATURE, WITH OR WITHOUT WHEELS	RNE	
E0638	KR	STANDING FRAME SYSTEM, ONE POSITION (E.G. UPRIGHT, SUPINE OR PRONE STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	RNE	
E0638	NU	STANDING FRAME SYSTEM, ONE POSITION (E.G. UPRIGHT, SUPINE OR PRONE STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	RNE	
E0638	RR	STANDING FRAME SYSTEM, ONE POSITION (E.G. UPRIGHT, SUPINE OR PRONE STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	RNE	
E0639	KR	PATIENT LIFT, MOVEABLE FROM ROOM TO ROOM WITH DISASSEMBLY AND REASSEMBLY, INCLUDES ALL COMPONENTS/ACCESSORIES	RNE	
E0639	NU	PATIENT LIFT, MOVEABLE FROM ROOM TO ROOM WITH DISASSEMBLY AND REASSEMBLY, INCLUDES ALL COMPONENTS/ACCESSORIES	RNE	
E0639	RR	PATIENT LIFT, MOVEABLE FROM ROOM TO ROOM WITH DISASSEMBLY AND REASSEMBLY, INCLUDES ALL COMPONENTS/ACCESSORIES	RNE	
E0640	52	PATIENT LIFT, FIXED SYSTEM, INCLUDES ALL COMPONENTS/ACCESSORIES (ACCOMPANYING BRACKETS, SWITCH, ACCESSORIES, AND TWO SLINGS/BODY SUPPORTS)	RNE	ANOTHER ENTITY IS PROVIDING THE HOME MODIFICATIONS
E0641	KR	STANDING FRAME SYSTEM, MULTI-POSITION (E.G. THREE-WAY STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	RNE	

Code	Modifier	Description	Medicaid Allowable	Comments
E0641	NU	STANDING FRAME SYSTEM, MULTI-POSITION (E.G. THREE-WAY STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	RNE	
E0641	RR	STANDING FRAME SYSTEM, MULTI-POSITION (E.G. THREE-WAY STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	RNE	
E0642	KR	STANDING FRAME SYSTEM, MOBILE (DYNAMIC STANDER), ANY SIZE INCLUDING PEDIATRIC	RNE	
E0642	NU	STANDING FRAME SYSTEM, MOBILE (DYNAMIC STANDER), ANY SIZE INCLUDING PEDIATRIC	RNE	
E0642	RR	STANDING FRAME SYSTEM, MOBILE (DYNAMIC STANDER), ANY SIZE INCLUDING PEDIATRIC	RNE	
E0650	22	PNEUMATIC COMPRESSOR, NON SEGMENTAL HOME MODEL	RNE	
E0650	KR	PNEUMATIC COMPRESSOR, NON SEGMENTAL HM MODEL	$2.67	
E0650	NU	PNEUMATIC COMPRESSOR, NON SEGMENTAL HM MODEL	$716.28	
E0650	RR	PNEUMATIC COMPRESSOR ,NON SEGMENTAL HM MODEL	$80.19	
E0651	KR	PNEUMATIC COMP, SEGMENTAL HM MODEL WITHOUT CALIBRATED GRADIENT PRESSURE	$2.64	
E0651	NU	PNEUMATIC COMP, SEGMENTAL HM MODEL WITHOUT CAL GRADIENT PRESSURE	$776.39	
E0651	RR	PNEUMATIC COMP, SEGMENTAL HM MODEL WITHOUT CALIBRATED GRADIENT PRESSURE	$79.31	
E0652	KR	PNEUMATIC COMP, SEGMENTAL HM MODEL W CALIBRATED GRADIENT PRESSURE	$17.37	
E0652	NU	PNEUMATIC COMP, SEGMENTAL HM MODEL W CALIBRATED GRADIENT PRESSURE	$5,272.44	
E0652	RR	PNEUMATIC COMP, SEGMENTAL HOM MODEL W CALIBRATED GRADIENT PRESSURE	$521.08	
E0655	KR	NON-SEGMENTAL PNEUMATIC APPL W PNEUMATIC COMP,HALF ARM	$0.42	
E0655	NU	NON-SEGMENTAL PNEUMATIC APPL W PNEUMATIC COMPRESSOR, HALF ARM	$107.33	
E0655	RR	NON-SEGMENTAL PNEUMATIC APPL W PNEUMATIC COMP, HALF ARM	$12.61	
E0656	KR	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, TRUNK	RNE	
E0656	NU	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, TRUNK	RNE	

Code	Modifier	Description	Medicaid Allowable	Comments
E0656	RR	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, TRUNK	RNE	
E0657	KR	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, CHEST	RNE	
E0657	NU	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, CHEST	RNE	
E0657	RR	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, CHEST	RNE	
E0660	KR	NON-SEGMENTAL PNEUMATIC APPL W PNEUMATIC COMP,FULL LEG	$0.55	
E0660	MU	NON-SEGMENTAL PNEUMATIC APPL W PNEUMATIC COMP,FULL LEG	$218.10	
E0660	NU	NON-SEGMENTAL PNEUMATIC, APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR,	$158.88	
E0660	RR	NON-SEGMENTAL PNEUMATIC APPL W PNEUMATIC COMP,FULL LEG	$16.54	
E0665	KR	NON-SEGMENTAL PNEUMATIC APPL W PNEUMATIC COMP,FULL ARM	$0.47	
E0665	NU	NON-SEGMENTAL PNEUMATIC APPL W PNEUMATIC COMP,FULL ARM	$136.24	
E0665	RR	NON-SEGMENTAL PNEUMATIC APPL W PNEUMATIC COMP,FULL ARM	$13.99	
E0666	KR	NON-SEGMENTAL PNEUMATIC APPL W PNEUMATIC COMP,HALF LEG	$0.45	
E0666	NU	NON-SEGMENTAL PNEUMATIC APPL W PNEUMATIC COMMP,HALF LEG	$133.64	
E0666	RR	NON-SEGMENTAL PNEUMATIC APPL W PNEUMATIC COMP,HALF LEG	$13.36	
E0667	KR	SEGMENTAL PNEUMATIC APPL W PNEUMATIC COMP,FULL LEG	$1.03	
E0667	NU	SEGMENTAL PNEUMATIC APPL FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	$273.69	
E0667	RR	SEGMENTAL PNEUMATIC APPL W PNEUMATIC COMP,FULL LEG	$30.91	
E0668	KR	SEGMENTAL PNEUMATIC APPL W PNEUMATIC COMP,FULL ARM	$1.23	
E0668	NU	SEGMENTAL PNEUMATIC APPL W PNEUMATIC COMP,FULL ARM	$373.54	
E0668	RR	SEGMENTAL PNEUMATIC APPL W PNEUMATIC COMP,FULL ARM	$36.87	
E0669	KR	SEGMENTAL PNEUMATIC APPL W PNEUMATIC COMP,HALF LEG	$0.61	

Code	Modifier	Description	Medicaid Allowable	Comments
E0669	NU	SEGMENTAL PNEUMATIC APPL W PNEUMATIC COMP,HALF LEG	$182.31	
E0669	RR	SEGMENTAL PNEUMATIC APPL W PNEUMATIC COMP,HALF LEG	$18.24	
E0671	KR	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPL, FULL LEG	$1.38	
E0671	NU	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPL, FULL LEG	$413.08	
E0671	RR	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPL,FULL LEG	$41.31	
E0672	KR	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPL, FULL ARM	$1.07	
E0672	NU	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPL, FULL ARM	$320.96	
E0672	RR	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPL,FULL ARM	$32.10	
E0673	KR	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPL,HALF LEG	$0.89	
E0673	NU	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPL,HALF LEG	$266.70	
E0673	RR	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPL,HALF LEG	$26.67	
E0675	KR	PNEUMATIC COMPRESSION DEVICE, HIGH PRESSURE, RAPID INFLATION/DEFLATION CYCLE, FOR ARTERIAL INSUFFICIENCY (UNILATERAL OR BILATERAL SYSTEM)	$12.75	
E0675	NU	PNEUMATIC COMPRESSION DEVICE, HIGH PRESSURE, RAPID INFLATION/DEFLATION CYCLE, FOR ARTERIAL INSUFFICIENCY (UNILATERAL OR BILATERAL SYSTEM)	$3,824.46	
E0675	RR	PNEUMATIC COMPRESSION DEVICE, HIGH PRESSURE, RAPID INFLATION/DEFLATION CYCLE, FOR ARTERIAL INSUFFICIENCY (UNILATERAL OR BILATERAL SYSTEM)	$382.45	
E0691	KR	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION; TREATMENT AREA 2 SQUARE FEET OR LESS	$2.98	Prior Auth Required
E0691	NU	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION; TREATMENT AREA 2 SQUARE FEET OR LESS	$893.67	Prior Auth Required
E0691	RR	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION; TREATMENT AREA 2 SQUARE FEET OR LESS	$89.37	Prior Auth Required

Code	Modifier	Description	Medicaid Allowable	Comments
E0692	KR	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYEPROTECTION, 4 FOOT PANEL	$3.74	Prior Auth Required
E0692	NU	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION, 4 FOOT PANEL	$1,122.20	Prior Auth Required
E0692	RR	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION, 4 FOOT PANEL	$112.21	Prior Auth Required
E0693	KR	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION, 6 FOOT PANEL	$4.61	Prior Auth Required
E0693	NU	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION, 6 FOOT PANEL	$1,383.37	Prior Auth Required
E0693	RR	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION, 6 FOOT PANEL	$138.34	Prior Auth Required
E0694	KR	ULTRAVIOLET MULTIDIRECTIONAL LIGHT THERAPY SYSTEM IN 6 FOOT CABINET, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION	$14.68	Prior Auth Required
E0694	NU	ULTRAVIOLET MULTIDIRECTIONAL LIGHT THERAPY SYSTEM IN 6 FOOT CABINET, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION	$4,403.11	Prior Auth Required
E0694	RR	ULTRAVIOLET MULTIDIRECTIONAL LIGHT THERAPY SYSTEM IN 6 FOOT CABINET, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION	$440.31	Prior Auth Required
E0696	KA	NARROWING DEVICE, WHEELCHAIR	$169.96	Prior Auth Required
E0705		TRANSFER DEVICE, ANY TYPE, EACH	Code Not Used by Medicaid	
E0705	KR	TRANSFER DEVICE, ANY TYPE, EACH	$0.16	“Pivot disc” not covered
E0705	NU	TRANSFER DEVICE, ANY TYPE, EACH	$46.59	“Pivot disc” not covered
E0705	RR	TRANSFER DEVICE, ANY TYPE, EACH	$4.74	“Pivot disc” not covered
E0720	KR	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED	$1.22	Prior Auth Required
E0720	LL	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED	RNE	Prior Auth Required, see conversion rental to purchase. See 471 NAC 7-010.09.

Code	Modifier	Description	Medicaid Allowable	Comments
E0720	NU	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED	$365.57	Prior Auth Required
E0720	RR	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED	$36.56	Prior Auth Required
E0720	UE	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED	$305.34	Prior Auth Required
E0730	KR	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION	$1.20	Prior Auth Required
E0730	LL	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION	RNE	Prior Auth Required, see conversion rental to purchase. See 471 NAC 7-010.09.
E0730	NU	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION	$360.80	Prior Auth Required
E0730	RR	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION	$36.08	Prior Auth Required
E0730	UE	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION	$348.96	Prior Auth Required, see conversion rental to purchase. See 471 NAC 7-010.09.
E0731	RA	FORM FITTING CONDUCTIVE GARMENT FOR DELI ERY OF TENS OR NMES	$353.32	
E0740	KR	INCONTINENCE TREATMENT SYSTEM, PELVIC FLOOR STIMULATOR, MONITOR, SENSOR	$1.73	
E0740	NU	INCONTINENCE TREATMENT SYSTEM, PELVIC FLOOR STIMULATOR, MONITOR, SENSOR SEND CLAIM TO MEDICAL SERVICES	$520.01	
E0740	RR	INCONTINENCE TREATMENT SYSTEM, PELVIC FLOOR STIMULATOR, MONITOR, SENSOR SEND CLAIM TO MEDICAL SERVICES	$52.00	
E0745	KR	NEUROMUSCULAR STIMULATOR ,ELEC SHOCK UNIT	$2.97	
E0745	LL	NEUROMUSCULAR STIMULATOR, ELECTRONIC SHOCK UNIT - CONVERT TO PURCHASE	RNE	See conversion, rental to purchase. See 471 NAC 7-010.09.
E0745	NU	NEUROMUSCULAR STIMULATOR ,ELEC SHOCK UNIT	$890.20	
E0745	RR	NEUROMUSCULAR STIMULATOR, ELEC SHOCK UNIT	$89.02	

Code	Modifier	Description	Medicaid Allowable	Comments
E0745	UE	NEUROMUSCULAR STIMULATOR, ELECT SHOCK UNIT	$727.73	
E0746	KR	ELECTROMYOGRAPHY (EMG),BIOFEEDBACK DEVICE	RNE	
E0746	NU	ELECTROMYOGRAPHY (EMG),BIOFEEDBACK DEVICE	RNE	
E0746	RR	ELECTROMYOGRAPHY (EMG),BIOFEEDBACK DEVICE	RNE	
E0747	KR	OSTEOGENESIS STIMULATOR, ELEC, NON INVASIVE, OTHER THAN SPINAL APPL	$12.86	
E0747	NU	OSTEOGENESIS STIM, ELEC, NON-INVASIVE, OTHER THAN SPINAL APPL	$3,858.24	
E0747	RR	OSTEOGENESIS STIMULATOR ,ELEC, NON INVASIVE, OTHER THAN SPINAL APPL	$385.81	
E0748	KR	OSTEOGENIC STIMULATOR, SPINAL APPLICATIONS USE NU MODIFIER	$12.90	
E0748	NU	OSTEOGENIC STIMULATOR, SPINAL APPLICATIONS	$3,869.41	
E0748	RR	OSTEOGENIC STIMULATOR, SPINAL APPLICATIONS USE NU MODIFIER	$386.94	
E0755		ELECTRONIC SALIVARY REFLEX .	RNE	
E0760	KR	OSTEOGENESIS STIMULATOR, LOW INSTENSITY ULTRASOUND, NON-INVASIVE	$10.72	
E0760	RR	OSTEOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NONINVASIVE	$321.55	
E0765	KR	FDA APPROVED NERVE STIMULATOR, WITH REPLACEABLE BATTERIES, FOR TREATMENT OF NAUSEA AND VOMITING	$0.28	
E0765	NU	FDA APPROVED NERVE STIMULATOR, WITH REPLACEABLE BATTERIES, FOR TREATMENT OF NAUSEA AND VOMITING	$83.67	
E0765	RR	FDA APPROVED NERVE STIMULATOR, WITH REPLACEABLE BATTERIES, FOR TREATMENT OF NAUSEA AND VOMITING	$8.38	
E0776	KR	IV POLE	$0.53	
E0776	NU	IV POLE	$121.02	
E0776	RR	IV POLE	$15.76	
E0779	KR	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION 8 HOURS OR GREATER	$0.55	
E0779	NU	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION 8 HOURS OR GREATER	$166.38	
E0779	RR	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION 8 HOURS OR GREATER	$16.64	
E0780	KR	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION LESS THAN* 8 HOURS	$0.03	

Code	Modifier	Description	Medicaid Allowable	Comments
E0780	NU	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION LESS THAN 8 HOURS	$10.31	
E0780	RR	AMBULATORY INFUSION PUMP. MECHANICAL, REUSABLE, FOR INFUSION LESS THAN**8 HOURS	$1.03	
E0781	KR	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT WORN BY PATIENT.	$8.78	
E0781	NU	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT WORN BY PATIENT.	$2,634.21	
E0781	RR	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT WORN BY PATIENT	$263.42	
E0784	NU	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	$4,209.64	Prior Auth Required
E0791	KR	PARENTERAL INFUSION PUMP,STATIONARY,SGL OR MULTI CHANNEL	$10.48	
E0791	NU	PARENTERAL INFUSION PUMP,STATIONARY,SGL OR MULTI CHANNEL	$3,144.70	
E0791	RR	PARENTERAL INFUSION PUMP,STATIONARY,SGL OR MULTI CHANNEL	$314.47	
E0830	KR	AMBULATORY TRACTION DEVICE, ALL TYPES, EACH	RNE	
E0830	NU	AMBULATORY TRACTION DEVICE, ALL TYPES, EACH	RNE	
E0830	RR	AMBULATORY TRACTION DEVICE, ALL TYPES, EACH	RNE	
E0840	KR	TRACTION FRAME, ATTACHED TO HEADBOARD, CERVICAL TRACTION	$0.46	
E0840	NU	TRACTION FRAME, ATTACHED TO HEADBOARD, CERVICAL TRACTION	$72.88	
E0840	RR	TRACTION FRAME, ATTACHED TO HEADBOARD, CERVICAL TRACTION	$13.79	
E0849	KR	TRACTION EQUIPMENT, CERVICAL, FREE-STANDING STAND/FRAME, PNEUMATIC, APPLYING TRACTION FORCE TO OTHER THAN MANDIBLE	$1.71	
E0849	NU	TRACTION EQUIPMENT, CERVICAL, FREE-STANDING STAND/FRAME, PNEUMATIC, APPLYING TRACTION FORCE TO OTHER THAN MANDIBLE	$512.49	
E0849	RR	TRACTION EQUIPMENT, CERVICAL, FREE-STANDING STAND/FRAME, PNEUMATIC, APPLYING TRACTION FORCE TO OTHER THAN MANDIBLE	$51.25	

Code	Modifier	Description	Medicaid Allowable	Comments
E0850	KR	TRACTION FRAME, FREE STANDING, CERVICAL TRACTION	$0.48	
E0850	NU	TRACTION FRAME, FREE STANDING, CERVICAL TRACTION	$88.81	
E0850	RR	TRACTION FRAME, FREE STANDING, CERVICAL TRACTION	$14.35	
E0855	KR	CERVICAL TRACTION EQUIPMENT NOT REQUIRING ADDITIONAL STAND OR FRAME	$1.64	
E0855	NU	CERVICAL TRACTION EQUIPMENT NOT REQUIRING ADDITIONAL STAND OR FRAME	$491.52	
E0855	RR	CERVICAL TRACTION EQUIPMENT NOT REQUIRING ADDITIONAL STAND OR FRAME	$49.17	
E0855	UE	CERVICAL TRACTION EQUIPMENT NOT REQUIRING ADDITIONAL STAND OR FRAME	$416.91	
E0860	KR	TRACTION EQUIPT, OVERDOOR, CERVICAL	$0.18	
E0860	NU	TRACTION EQUIPT, OVERDOOR, CERVICAL	$33.43	
E0860	RR	TRACTION EQUIPT, OVERDOOR, CERVICAL	$5.50	
E0870	KR	TRACTION FRAME, ATTACHED TO FOOTBOARD, EXTREMITY TRACTION (E.G. BUCK'S)	$0.43	
E0870	NU	TRACTION FRAME, ATTACHED TO FOOTBOARD, EXTREMITY TRACTION (E.G. BUCK'S)	$115.67	
E0870	RR	TRACTION FRAME, ATTACHED TO FOOTBOARD, EXTREMITY TRACTION (E.G. BUCK'S)	$12.86	
E0880	KR	TRACTION STAND, FREE STANDING, EXTREMITY TRACTION (E.G. BUCK'S)	$0.56	
E0880	NU	TRACTION STAND, FREE STANDING, EXTREMITY TRACTION (E.G. BUCK'S)	$124.85	
E0880	RR	TRACTION STAND, FREE STANDING ,EXTREMITY TRACTION (E.G. BUCK'S)	$16.66	
E0890	KR	TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION	$0.93	
E0890	NU	TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION	$119.75	
E0890	RR	TRACTION FRAME ,ATTACHED TO FOOTBOARD, PELVIC TRACTION	$27.76	
E0900	KR	TRACTION STAND, FREE STANDING, PELVIC TRACTION (E.G. BUCK'S)	$0.78	
E0900	NU	TRACTION STAND, FREE STANDING ,PELVIC TRACTION (E.G. BUCK'S)	$108.30	
E0900	RR	TRACTION STAND, FREE STANDING, PELVIC TRACTION (E.G. BUCK'S)	$23.35	
E0910	KR	TRAPEZE BAR,A.K.A. PAT HELPER ,ATTACHED TO BED, COMPLETE W GRAB BAR	$0.66	

Code	Modifier	Description	Medicaid Allowable	Comments
E0910	NU	TRAPEZE BAR,A.K.A. PAT HELPER ,ATTACHED TO BED, COMPLETE W GRAB BAR	$198.91	
E0910	RA	TRAPEZE BAR, AKA PATIENT HELPER ATTACHED TO BED COMPLETE WITH GRAB BAR	$198.91	
E0910	RR	TRAPEZE BAR,A.K.A. PAT HELPER ,ATTACHED TO BED, COMPLETE W GRAB BAR	$19.89	
E0911	KR	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	$1.65	
E0911	NU	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	$495.77	
E0911	RR	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	$49.58	
E0912	KR	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	$3.79	
E0912	NU	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	$1,138.44	
E0912	RR	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	$113.84	
E0920	KR	FRACTURE FRAME ,ATTACHED TO BED, INCLUDES WEIGHTS	$1.53	
E0920	NU	FRACTURE FRAME ,ATTACHED TO BED, INCLUDES WEIGHTS	$458.88	
E0920	RA	FRACTURE FRAME, ATTACHED TO BED, INCLUDES WEIGHTS	$458.88	
E0920	RR	FRACTURE FRAME, ATTACHED TO BED, INCLUDES WEIGHTS	$45.89	
E0930	KR	FRACTURE FRAME ,FREE STANDING, INCLUDES WEIGHTS	$1.29	
E0930	NU	FRACTURE FRAME, FREE STANDING, INCLUDES WEIGHTS	$387.67	
E0930	RR	FRACTURE FRAME, FREE STANDING, INCLUDES WEIGHTS	$38.77	
E0935	KR	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE ON KNEE ONLY	$20.90	
E0940	KR	TRAPEZE BAR, FREE STANDING, COMPLETE W GRAB BAR	$1.15	
E0940	NU	TRAPEZE BAR, FREE STANDING ,COMPLETE W GRAB BAR	$345.80	

Code	Modifier	Description	Medicaid Allowable	Comments
E0940	RA	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	$345.80	
E0940	RR	TRAPEZE BAR, FREE STANDING ,COMPLETE W GRAB BAR	$34.58	
E0941	KR	GRAVITY ASSISTED TRACTION	$1.30	
E0941	NU	GRAVITY ASSISTED TRACTION	$391.05	
E0941	RR	GRAVITY ASSISTED TRACTION	$39.10	
E0942	RA	CERVICAL HEAD HARNESS/HALTER	$25.44	
E0944	RA	PELVIC BELT/HARNESS/BOOT .	$58.16	
E0945	RA	EXTREMITY BELT/HARNESS	$43.62	
E0947	KR	FRACTURE FRAME, ATTACHMENTS FOR COMPLEX PELVIC TRACTION	$2.08	
E0947	NU	FRACTURE FRAME, ATTACHMENTS FOR COMPLEX PELVIC TRACTION	$603.14	
E0947	RR	FRACTURE FRAME, ATTACHMENTS FOR COMPLEX PELVIC TRACTION	$62.55	
E0948	KR	FRACTURE FRAME, ATTACHMENTS FOR COMPLEX CERVICAL TRACTION	$1.94	
E0948	NU	FRACTURE FRAME ,ATTACHMENTS FOR COMPLEX CERVICAL TRACTION	$583.38	
E0948	RR	FRACTURE FRAME, ATTACHMENTS FOR COMPLEX CERVICAL TRACTION	$58.32	
E0950	KA	WHEELCHAIR ACCESSORY, TRAY, EACH	$87.88	Prior Auth Required
E0950	KR	WHEELCHAIR ACCESSORY, TRAY, EACH	$0.29	Prior Auth Required
E0950	MS	WHEELCHAIR ACCESSORY, TRAY, EACH	$8.80	Prior Auth Required
E0950	NU	WHEELCHAIR ACCESSORY, TRAY, EACH	$87.88	Prior Auth Required
E0950	RB	WHEELCHAIR ACCESSORY, TRAY, EACH	$87.88	
E0950	RR	WHEELCHAIR ACCESSORY, TRAY, EACH	$8.80	Prior Auth Required
E0951	KA	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	$18.55	Prior Auth Required
E0951	KR	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	$0.06	Prior Auth Required
E0951	MS	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	$1.87	Prior Auth Required
E0951	NU	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	$18.55	Prior Auth Required
E0951	RB	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	$18.55	

Code	Modifier	Description	Medicaid Allowable	Comments
E0951	RR	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	$1.87	Prior Auth Required
E0952	KA	TOE LOOP/HOLDER, ANY TYPE, EACH	$17.91	Prior Auth Required
E0952	KR	TOE LOOP/HOLDER, ANY TYPE, EACH	$0.06	Prior Auth Required
E0952	MS	TOE LOOP/HOLDER, ANY TYPE, EACH	$1.80	Prior Auth Required
E0952	NU	TOE LOOP/HOLDER, ANY TYPE, EACH	$17.91	Prior Auth Required
E0952	RB	TOE LOOP/HOLDER, ANY TYPE, EACH	$17.91	
E0952	RR	TOE LOOP/HOLDER, ANY TYPE, EACH	$1.80	Prior Auth Required
E0955	KA	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	$201.07	Prior Auth Required
E0955	KR	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	$0.67	Prior Auth Required
E0955	MS	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	$20.12	Prior Auth Required
E0955	NU	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	$201.07	Prior Auth Required
E0955	RA	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	$201.07	
E0955	RB	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	$201.07	
E0955	RR	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	$20.12	Prior Auth Required
E0956	KA	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	$98.04	Prior Auth Required
E0956	KR	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	$0.33	Prior Auth Required
E0956	MS	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	$9.82	Prior Auth Required
E0956	NU	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	$98.04	Prior Auth Required
E0956	RB	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	$98.04	

Code	Modifier	Description	Medicaid Allowable	Comments
E0956	RR	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	$9.82	Prior Auth Required
E0957	KA	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	$137.18	
E0957	KR	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	$0.46	Prior Auth Required
E0957	MS	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	$13.71	Prior Auth Required
E0957	NU	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	$137.18	Prior Auth Required
E0957	RB	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	$137.18	
E0957	RR	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	$13.71	Prior Auth Required
E0958	KA	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH	$433.91	Prior Auth Required
E0958	KR	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH	$1.45	Prior Auth Required
E0958	MS	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH ACCESSORY, ONE-ARM DRIVE ATTACHMENT	$43.39	Prior Auth Required
E0958	NU	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH	$433.91	Prior Auth Required
E0958	RB	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH	$433.91	
E0958	RR	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH	$43.39	Prior Auth Required
E0959	KA	MANUAL WHEELCHAIR ACCESSORY, ADAPTOR FOR AMPUTEE, EACH	$43.97	Prior Auth Required
E0959	KR	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	$0.15	Prior Auth Required
E0959	MS	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	$4.43	Prior Auth Required
E0959	NU	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	$43.97	Prior Auth Required
E0959	RB	MANUAL WHEELCHAIR ACCESSORY, ADAPTOR FOR AMPUTEE, EACH	$43.97	
E0959	RR	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	$4.43	Prior Auth Required

Code	Modifier	Description	Medicaid Allowable	Comments
E0960	KA	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCL ANY TYPE MOUNTING HARDWARE	$90.48	Prior Auth Required
E0960	KR	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	$0.30	Prior Auth Required
E0960	MS	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	$98.73	Prior Auth Required
E0960	NU	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	$90.48	Prior Auth Required
E0960	RB	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCL ANY TYPE MOUNTING HARDWARE	$90.48	
E0960	RR	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	$9.05	Prior Auth Required
E0961	KA	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXT (HANDLE), EACH	$29.58	Prior Auth Required
E0961	KR	MANUAL WHEELCHAIR ACCESSORY WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	$0.10	Prior Auth Required
E0961	MS	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	$3.08	Prior Auth Required
E0961	NU	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	$29.58	Prior Auth Required
E0961	RB	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXT (HANDLE), EACH	$29.58	
E0961	RR	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	$3.08	Prior Auth Required
E0966	KA	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXT, EACH	$70.98	Prior Auth Required
E0966	KR	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	$0.23	Prior Auth Required
E0966	MS	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	$7.00	Prior Auth Required
E0966	NU	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	$70.98	Prior Auth Required
E0966	RB	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXT, EACH	$70.98	
E0966	RR	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	$7.00	Prior Auth Required
E0967	KA	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	$64.24	Prior Auth Required

Code	Modifier	Description	Medicaid Allowable	Comments
E0967	KR	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	$0.21	Prior Auth Required
E0967	MS	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	$6.42	Prior Auth Required
E0967	NU	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	$64.24	Prior Auth Required
E0967	RB	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	$64.24	
E0967	RR	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	$6.42	Prior Auth Required
E0968	KA	COMMODE SEAT, WHEELCHAIR	$178.32	Prior Auth Required
E0968	KR	COMMODE SEAT, WHEELCHAIR	$0.59	Prior Auth Required
E0968	NU	COMMODE SEAT, WHEELCHAIR	$178.32	Prior Auth Required
E0968	RB	COMMODE SEAT, WHEELCHAIR	$178.32	
E0968	RR	COMMODE SEAT, WHEELCHAIR	$17.83	Prior Auth Required
E0969	KR	NARROWING DEVICE, WHEELCHAIR	$1.54	Prior Auth Required
E0969	NU	NARROWING DEVICE, WHEELCHAIR	$155.77	Prior Auth Required
E0969	RB	NARROWING DEVICE, WHEELCHAIR	$155.77	
E0969	RR	NARROWING DEVICE, WHEELCHAIR	$15.43	Prior Auth Required
E0971	KA	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	$43.15	Prior Auth Required
E0971	KR	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	$0.14	Prior Auth Required
E0971	MS	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	$4.32	Prior Auth Required
E0971	NU	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	$43.15	Prior Auth Required
E0971	RB	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	$43.15	
E0971	RR	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	$4.32	Prior Auth Required
E0973	KA	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	$114.34	Prior Auth Required
E0973	KR	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	$0.36	Prior Auth Required
E0973	MS	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	$10.89	Prior Auth Required
E0973	NU	WHEELCHAIR ACCESSORY ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	$114.34	Prior Auth Required

Code	Modifier	Description	Medicaid Allowable	Comments
E0973	RB	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	$114.34	
E0973	RR	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	$10.89	Prior Auth Required
E0974	KA	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	$77.98	Prior Auth Required
E0974	KR	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	$0.28	Prior Auth Required
E0974	MS	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	$8.26	Prior Auth Required
E0974	NU	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	$77.98	Prior Auth Required
E0974	RB	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	$77.98	
E0974	RR	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	$8.26	Prior Auth Required
E0978	KA	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	$42.47	Prior Auth Required
E0978	KR	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	$0.14	Prior Auth Required
E0978	MS	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	$4.26	Prior Auth Required
E0978	NU	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	$42.47	Prior Auth Required
E0978	RB	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	$42.47	Prior Auth Required
E0978	RR	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	$4.26	Prior Auth Required
E0981	RB	WHEELCHAIR ACCESSORY, SEAT UPHOLSTERY, REPLACEMENT ONLY, EACH	$51.17	
E0982	RB	WHEELCHAIR ACCESSORY, BACK UPHOLSTERY, REPLACEMENT ONLY, EACH	$55.92	
E0983	KA	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO COVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, JOYSTICK CONTROL	$2,485.62	Prior Auth Required
E0983	KR	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, JOYSTICK CONTROL	$8.29	Prior Auth Required
E0983	NU	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, JOYSTICK CONTROL	$2,485.62	Prior Auth Required

Code	Modifier	Description	Medicaid Allowable	Comments
E0983	RR	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, JOYSTICK CONTROL	$248.56	Prior Auth Required
E0984	KA	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, TILLER CONTROL	$1,900.13	Prior Auth Required
E0984	KR	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, TILLER CONTROL	$5.89	Prior Auth Required
E0984	NU	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, TILLER CONTROL	$1,900.13	Prior Auth Required
E0984	RB	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, TILLER CONTROL	RNE	
E0984	RR	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, TILLER CONTROL	$176.62	Prior Auth Required
E0985	KA	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	$201.74	Prior Auth Required
E0985	KR	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	$0.67	Prior Auth Required
E0985	NU	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	$201.74	Prior Auth Required
E0985	RB	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	$201.74	
E0985	RR	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	$20.19	Prior Auth Required
E0986	KA	MANUAL WHEELCHAIR ACCESSORY, PUSH ACTIVATED POWER ASSIST, EACH	$4,837.62	Prior Auth Required
E0986	KR	MANUAL WHEELCHAIR ACCESSORY, PUSH ACTIVATED POWER ASSIST, EACH	$16.13	Prior Auth Required
E0986	NU	MANUAL WHEELCHAIR ACCESSORY, PUSH ACTIVATED POWER ASSIST, EACH	$4,837.62	Prior Auth Required
E0986	RB	MANUAL WHEELCHAIR ACCESSORY, PUSH ACTIVATED POWER ASSIST, EACH	$4,837.62	
E0986	RR	MANUAL WHEELCHAIR ACCESSORY, PUSH ACTIVATED POWER ASSIST, EACH	$483.77	Prior Auth Required
E0990	KA	WHEELCHAIR ACCESSORY, ELEVATING LEGREST, COMPLETE ASSEMBLY, EACH	$116.79	Prior Auth Required
E0990	KR	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	$0.44	Prior Auth Required
E0990	MS	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	$13.15	Prior Auth Required

Code	Modifier	Description	Medicaid Allowable	Comments
E0990	NU	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	$116.79	Prior Auth Required
E0990	RB	WHEELCHAIR ACCESSORY, ELEVATING LEGREST, COMPLETE ASSEMBLY, EACH	$116.79	
E0990	RR	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	$13.15	Prior Auth Required
E0992	KA	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	$94.63	Prior Auth Required
E0992	KR	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	$0.31	Prior Auth Required
E0992	MS	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	$9.20	Prior Auth Required
E0992	NU	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	$94.63	Prior Auth Required
E0992	RB	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	$94.63	
E0992	RR	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	$9.20	Prior Auth Required
E0994	KA	ARMREST, EACH	$17.46	Prior Auth Required
E0994	KR	ARMREST, EACH	$0.06	Prior Auth Required
E0994	NU	ARMREST, EACH	$17.46	Prior Auth Required
E0994	RB	ARMREST, EACH	$17.46	
E0994	RR	ARMREST, EACH	$1.74	Prior Auth Required
E0995	KA	WHEELCHAIR ACCESSORY, CALF REST/PAD, EACH	$30.23	Prior Auth Required
E0995	KR	WHEELCHAIR ACCESSORY, CALF REST/PAD, EACH	$0.10	Prior Auth Required
E0995	MS	WHEELCHAIR ACCESSORY, CALF REST/PAD, EACH	$3.03	Prior Auth Required
E0995	NU	WHEELCHAIR ACCESSORY, CALF REST/PAD, EACH	$30.23	Prior Auth Required
E0995	RB	WHEELCHAIR ACCESSORY, CALF REST/PAD, EACH	$30.23	
E0995	RR	WHEELCHAIR ACCESSORY, CALF REST/PAD, EACH	$3.03	Prior Auth Required
E1002	KA	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	$4,031.03	Prior Auth Required
E1002	KR	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	$13.44	Prior Auth Required
E1002	NU	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	$4,031.03	Prior Auth Required
E1002	RB	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	$4,031.03	
E1002	RR	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	$403.10	Prior Auth Required

Code	Modifier	Description	Medicaid Allowable	Comments
E1003	KA	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITHOUT SHEAR REDUCTION	$4,367.27	Prior Auth Required
E1003	KR	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITHOUT SHEAR REDUCTION	$14.56	Prior Auth Required
E1003	NU	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITHOUT SHEAR REDUCTION	$4,367.27	Prior Auth Required
E1003	RB	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITHOUT SHEAR REDUCTION	$4,367.27	
E1003	RR	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITHOUT SHEAR REDUCTION	$436.74	Prior Auth Required
E1004	KA	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION	$4,842.41	Prior Auth Required
E1004	KR	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION	$16.14	Prior Auth Required
E1004	NU	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION	$4,842.41	Prior Auth Required
E1004	RB	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION	$4,842.41	
E1004	RR	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION	$484.24	Prior Auth Required
E1005	KA	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH POWER SHEAR REDUCTION	$5,241.52	Prior Auth Required
E1005	KR	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH POWER SHEAR REDUCTION	$17.47	Prior Auth Required
E1005	NU	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH POWER SHEAR REDUCTION	$5,241.52	Prior Auth Required
E1005	RB	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH POWER SHEAR REDUCTION	$5,241.52	
E1005	RR	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH POWER SHEAR REDUCTION	$524.15	Prior Auth Required
E1006	KA	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITHOUT SHEAR REDUCTION	$6,420.37	Prior Auth Required
E1006	KR	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITHOUT SHEAR REDUCTION	$21.40	Prior Auth Required

Code	Modifier	Description	Medicaid Allowable	Comments
E1006	NU	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITHOUT SHEAR REDUCTION	$6,420.37	Prior Auth Required
E1006	RB	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITHOUT SHEAR REDUCTION	$6,420.37	
E1006	RR	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITHOUT SHEAR REDUCTION	$642.02	Prior Auth Required
E1007	KA	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE WITH MECHANICAL SHEAR REDUCTION	$8,693.44	Prior Auth Required
E1007	KR	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION	$28.98	Prior Auth Required
E1007	NU	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION	$8,693.44	Prior Auth Required
E1007	RB	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION	$8,693.44	
E1007	RR	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION	$869.35	Prior Auth Required
E1008	KA	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR REDUCTION	$8,694.21	Prior Auth Required
E1008	KR	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR REDUCTION	$28.98	Prior Auth Required
E1008	NU	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR REDUCTION	$8,694.21	Prior Auth Required
E1008	RB	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR REDUCTION	$8,694.21	
E1008	RR	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR REDUCTION	$869.42	Prior Auth Required
E1009	KA	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, MECHANICALLY LINKED LEG ELEVATION SYSTEM, INCLUDING PUSHROD AND LEG REST, EACH	RNE	Prior Auth Required
E1009	KR	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, MECHANICALLY LINKED LEG ELEVATION SYSTEM, INCLUDING PUSHROD AND LEG REST, EACH	RNE	Prior Auth Required

Code	Modifier	Description	Medicaid Allowable	Comments
E1009	NU	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, MECHANICALLY LINKED LEG ELEVATION SYSTEM, INCLUDING PUSHROD AND LEG REST, EACH	RNE	Prior Auth Required
E1009	RB	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, MECHANICALLY LINKED LEG ELEVATION SYSTEM, INCLUDING PUSHROD AND LEG REST, EACH	RNE	Prior Auth Required
E1009	RR	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, MECHANICALLY LINKED LEG ELEVATION SYSTEM, INCLUDING PUSHROD AND LEG REST, EACH	RNE	Prior Auth Required
E1010	KA	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION SYSTEM, INCLUDING LEG REST, PAIR	$1,137.53	Prior Auth Required
E1010	KR	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION SYSTEM, INCLUDING LEG REST, PAIR	$3.79	Prior Auth Required
E1010	NU	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION SYSTEM, INCLUDING LEG REST, PAIR	$1,137.53	Prior Auth Required
E1010	RB	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION SYSTEM, INCLUDING LEG REST, PAIR	RNE	Prior Auth Required
E1010	RR	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION SYSTEM, INCLUDING LEG REST, PAIR	$113.75	Prior Auth Required
E1011	KA	MODIFICATION TO PEDIATRIC SIZE WHEELCHAIR, WIDTH ADJUSTMENT PACKAGE (NOT TO BE DISPENSED WITH INITIAL CHAIR)	RNE	
E1011	KR	MODIFICATION TO PEDIATRIC SIZE WHEELCHAIR, WIDTH ADJUSTMENT PACKAGE (NOT TO BE DISPENSED WITH INITIAL CHAIR)	RNE	
E1011	NU	MODIFICATION TO PEDIATRIC SIZE WHEELCHAIR, WIDTH ADJUSTMENT PACKAGE (NOT TO BE DISPENSED WITH INITIAL CHAIR)	RNE	
E1011	RR	MODIFICATION TO PEDIATRIC SIZE WHEELCHAIR, WIDTH ADJUSTMENT PACKAGE (NOT TO BE DISPENSED WITH INITIAL CHAIR)	RNE	
E1014	KA	RECLINING BACK, ADDITION TO PEDIATRIC SIZE WHEELCHAIR	$363.14	
E1014	KR	RECLINING BACK, ADDITION TO PEDIATRIC SIZE WHEELCHAIR	$1.21	
E1014	NU	RECLINING BACK, ADDITION TO PEDIATRIC SIZE WHEELCHAIR	$363.14	
E1014	RB	RECLINING BACK, ADDITION TO PEDIATRIC SIZE WHEELCHAIR	$363.14	

Code	Modifier	Description	Medicaid Allowable	Comments
E1014	RR	RECLINING BACK, ADDITION TO PEDIATRIC SIZE WHEELCHAIR	$36.32	
E1015	KA	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	$114.07	Prior Auth Required
E1015	KR	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	$0.38	Prior Auth Required
E1015	NU	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	$114.07	Prior Auth Required
E1015	RB	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	RNE	
E1015	RR	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	$11.40	Prior Auth Required
E1016	KA	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	$130.59	Prior Auth Required
E1016	KR	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	$0.44	Prior Auth Required
E1016	NU	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	$130.59	Prior Auth Required
E1016	RB	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	$130.59	
E1016	RR	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	$13.07	Prior Auth Required
E1017	KR	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY MANUAL WHEELCHAIR, EACH	RNE	Prior Auth Required
E1017	NU	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY MANUAL WHEELCHAIR, EACH	RNE	Prior Auth Required
E1017	RB	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY MANUAL WHEELCHAIR, EACH	RNE	Prior Auth Required
E1017	RR	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY MANUAL WHEELCHAIR, EACH	RNE	Prior Auth Required
E1018	KA	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY POWER WHEELCHAIR, EACH	RNE	Prior Auth Required
E1018	KR	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY POWER WHEELCHAIR, EACH	RNE	Prior Auth Required
E1018	NU	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY POWER WHEELCHAIR, EACH	RNE	Prior Auth Required
E1018	RB	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY POWER WHEELCHAIR, EACH	RNE	Prior Auth Required

Code	Modifier	Description	Medicaid Allowable	Comments
E1020	KA	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR	$242.08	Prior Auth Required
E1020	KR	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR	$0.81	Prior Auth Required
E1020	NU	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR	$242.08	Prior Auth Required
E1020	RB	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR	$242.08	
E1020	RR	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR	$24.19	Prior Auth Required
E1028	KA	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSOR	$205.41	Prior Auth Required
E1028	KR	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING AC	$0.68	Prior Auth Required
E1028	NU	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING AC	$205.41	Prior Auth Required
E1028	RB	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSOR	$205.41	
E1028	RR	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING AC	$20.54	Prior Auth Required
E1029	KA	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED	$367.52	Prior Auth Required
E1029	KR	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED	$1.22	Prior Auth Required
E1029	NU	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED	$367.52	Prior Auth Required
E1029	RB	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED	$367.52	
E1029	RR	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED	$36.75	Prior Auth Required
E1030	KA	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED	$1,158.89	Prior Auth Required
E1030	KR	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED	$3.86	Prior Auth Required
E1030	NU	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED	$1,158.89	Prior Auth Required

Code	Modifier	Description	Medicaid Allowable	Comments
E1030	RB	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED	$1,158.89	
E1030	RR	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED	$115.89	Prior Auth Required
E1035	KR	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE GIVER, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 LBS	$20.33	Prior Auth Required
E1035	NU	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE GIVER, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 LBS	$6,098.45	Prior Auth Required
E1035	RR	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE GIVER, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 LBS	$609.84	Prior Auth Required
E1037	KR	TRANSPORT CHAIR, PEDIATRIC SIZE	$3.60	Prior Auth Required
E1037	NU	TRANSPORT CHAIR, PEDIATRIC SIZE	$1,078.96	Prior Auth Required
E1037	RR	TRANSPORT CHAIR, PEDIATRIC SIZE	$107.90	Prior Auth Required
E1038	KR	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$0.60	Prior Auth Required
E1038	NU	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$179.31	Prior Auth Required
E1038	RR	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$17.93	Prior Auth Required
E1039	KR	TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY GREATER THAN 300 POUNDS	$1.13	
E1039	NU	TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY GREATER THAN 300 POUNDS	$340.13	
E1039	RR	TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY GREATER THAN 300 POUNDS	$34.01	
E1050	KR	FULLY RECLINING WHEELCHAIR; FIXED FULL-LENGTH ARMS, WSWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	$3.38	Prior Auth Required
E1050	NU	FULLY RECLINING WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	$1,012.83	Prior Auth Required

Code	Modifier	Description	Medicaid Allowable	Comments
E1050	RR	FULLY RECLINING WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	$101.28	Prior Auth Required
E1060	NU	FULLY RECLINING WHEELCHAIR;DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	$1,253.80	Prior Auth Required
E1060	RB	FULLY RECLINING WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	$1,253.80	Prior Auth Required
E1060	RR	FULLY RECLINING WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	$125.38	Prior Auth Required
E1070	KR	FULLY RECLINING WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE FOOTRESTS	$3.63	Prior Auth Required
E1070	NU	FULLY RECLINING WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE FOOTRESTS	$1,089.31	Prior Auth Required
E1070	RB	FULLY RECLINING WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE FOOTRESTS	$1,089.31	
E1070	RR	FULLY RECLINING WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE FOOTRESTS	$108.93	Prior Auth Required
E1083	KR	HEMI-WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	$2.61	Prior Auth Required
E1083	NU	HEMI-WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	$783.09	Prior Auth Required
E1083	RB	HEMI-WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	$783.09	
E1083	RR	HEMI-WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	$78.31	Prior Auth Required
E1084	KR	HEMI-WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	$3.25	Prior Auth Required
E1084	NU	HEMI-WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	$974.14	Prior Auth Required
E1084	RB	HEMI-WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	$974.14	

Code	Modifier	Description	Medicaid Allowable	Comments
E1084	RR	HEMI-WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	$97.41	Prior Auth Required
E1087	KR	HIGH-STRENGTH LIGHTWEIGHT WHEELCHAIR; FIXED FLL-LENGHT ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	$4.19	Prior Auth Required
E1087	NU	HIGH-STRENGTH LIGHTWEIGHT WHEELCHAI; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	$1,258.18	Prior Auth Required
E1087	RB	HIGH-STRENGTH LIGHTWEIGHT WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	$1,258.18	
E1087	RR	HIGH-STRENGTH LIGHTWEIGHT WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	$125.82	Prior Auth Required
E1088	KR	HIGH-STRENGTH LIGHTWEIGHT WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	$5.00	Prior Auth Required
E1088	NU	HIGH-STRENGTH LIG;HTWEIGHT WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	$1,499.45	Prior Auth Required
E1088	RB	HIGH-STRENGTH LIGHTWEIGHT WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	$1,499.45	
E1088	RR	HIGH-STRENGTH LIGHTWEIGHT WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE ELEVATING LEGRESTS	$149.95	Prior Auth Required
E1092	KR	WIDE, HEAVY-DUTY WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	$4.26	Prior Auth Required
E1092	NU	WIDE, HEAVY-DUTY WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	$1,278.07	Prior Auth Required
E1092	RB	WIDE, HEAVY-DUTY WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	$1,278.07	
E1092	RR	WIDE, HEAVY-DUTY WHEELCHAIR;DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	$127.81	Prior Auth Required
E1093	KR	WIDE, HEAVY-DUTY WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGHT ARMS, SWING-AWAY, DETACHABLE FOOTRESTS	$3.66	Prior Auth Required

Code	Modifier	Description	Medicaid Allowable	Comments
E1093	NU	WIDE, HEAVY-DUTY WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE FOOTRESTS	$1,099.15	Prior Auth Required
E1093	RB	WIDE, HEAVY-DUTY WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE FOOTRESTS	$1,099.15	
E1093	RR	WIDE, HEAVY-DUTY WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE FOOTRESTS	$109.92	Prior Auth Required
E1100	KR	SEMI-RECLINING WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	$3.42	Prior Auth Required
E1100	NU	SEMI-RECLINING WHEELCHAIR; FIXED FULL-LENGHT ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	$1,026.35	Prior Auth Required
E1100	RB	SEMI-RECLINING WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	$1,026.35	
E1100	RR	SEMI-RECLINING WHEELCHAIR; FIXED FULL-LENGTH ARMS,SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	$102.64	Prior Auth Required
E1110	KR	SEMI-RECLINING WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, ELEVATING LEGREST	$3.37	Prior Auth Required
E1110	NU	SEMI-RECLINING WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, ELEVATING LEGREST	$1,011.04	Prior Auth Required
E1110	RB	SEMI-RECLINING WHEELCHAIR; DETCHABLE ARMS, DESK OR FULL-LENGTH, ELEVATING LEGREST	$1,011.04	
E1110	RR	SEMI-RECLINING WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, ELEVATING LEGREST	$101.10	Prior Auth Required
E1150	KR	WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	$2.70	Prior Auth Required
E1150	NU	WHEELCHAIR;DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	$811.34	Prior Auth Required
E1150	RB	WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGHT, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	$811.34	
E1150	RR	WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE ELEVATING LEGRESTS	$81.13	Prior Auth Required
E1160	KR	WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	$2.07	Prior Auth Required

Code	Modifier	Description	Medicaid Allowable	Comments
E1160	NU	WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	$621.58	Prior Auth Required
E1160	RB	WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	$621.58	
E1160	RR	WHEELCHAIR;FIXED FULL-LENGTHAMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	$62.16	Prior Auth Required
E1161	NU	MANUAL ADULT SIZE WHEELCHAIR, UINCLUDES TILT IN SPACE	$2,353.14	Prior Auth Required
E1161	RB	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	$2,353.14	
E1161	RR	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	$235.32	Prior Auth Required
E1161	UE	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	$1,925.56	Prior Auth Required
E1170	KR	AMPUTEE WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	$2.52	Prior Auth Required
E1170	NU	AMPUTEE WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	$754.95	Prior Auth Required
E1170	RR	AMPUTEE WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	$75.49	Prior Auth Required
E1171	KR	AMPUTEE WHEELCHAIR; FIXED FULL-LENGTH ARMS, WITHOUT FOOTRESTS OR LEGRESTS	$2.60	Prior Auth Required
E1171	NU	AMPUTEE WHEELCHAIR; FIXED FULL-LENGTH ARMS, WITHOUT FOOTRESTS OR LEGRESTS	$781.10	Prior Auth Required
E1171	RR	AMPUTEE WHEELCHAIR; FIXED FULL-LENGTH ARMS, WITHOUT FOOTRESTS OR LEGRESTS	$78.11	Prior Auth Required
E1172	KR	AMPUTEE WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, WITHOUT FOOTRESTS OR LEGRESTS	$2.76	Prior Auth Required
E1172	NU	AMPUTEE WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH WITHOUT FOOTRESTS OR LEGRESTS	$828.04	Prior Auth Required
E1172	RR	AMPUTEE WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, WITHOUT FOOTRESTS OR LEGRESTS	$82.80	Prior Auth Required
E1180	KR	AMPUTEE WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE FOOTRESTS	$3.36	Prior Auth Required
E1180	NU	AMPUTEE WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE FOOTRESTS	$1,007.85	Prior Auth Required

Code	Modifier	Description	Medicaid Allowable	Comments
E1180	RR	AMPUTEE WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE FOOTRESTS	$100.79	Prior Auth Required
E1190	KR	AMPUTEE WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	$3.52	Prior Auth Required
E1190	NU	AMPUTEE WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	$1,054.70	Prior Auth Required
E1190	RR	AMPUTEE WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	$105.47	Prior Auth Required
E1195	KR	HEAVY DUTY WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	$4.16	Prior Auth Required
E1195	NU	HEAVY DUTY WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	$1,249.43	Prior Auth Required
E1195	RR	HEAVY DUTY WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	$124.94	Prior Auth Required
E1200	KR	AMPUTEE WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE FOOTRESTS	$2.67	Prior Auth Required
E1200	NU	AMPUTEE WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE FOOTRESTS	$800.69	Prior Auth Required
E1200	RR	AMPUTEE WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE FOOTRESTS	$80.07	Prior Auth Required
E1220	KR	WHEELCHAIR; SPECIALLY SIZED OR CONSTRUCTED (INDICATE BRAND NAME, MODEL	RNE	Prior Auth Required
E1220	NU	WHEELCHAIR; SPECIALLY SIZED OR CONSTRUCTED (INDICATE BRAND NAME, MODEL NUMBER, IF ANY, AND JUSTIFICATION)	RNE	Prior Auth Required
E1220	RR	WHEELCHAIR; SPECIALLY SIZED OR CONSTRUCTED (INDICATE BRAND MANE, MODEL NUMBER,IF ANY, AND JUSTIFICATION)	RNE	Prior Auth Required
E1221	KR	WHEELCHAIR WITH FIXED ARM, FOOTRESTS	$1.42	Prior Auth Required
E1221	NU	WHEELCHAIR WITHFIXED ARM, FOOTRESTS	$425.86	Prior Auth Required
E1221	RR	WHEELCHAIR WITH FIXED ARM, FOOTRESTS	$42.59	Prior Auth Required
E1222	KR	WHEELCHAIR WITH FIXED ARM, ELEVATING LEGRESTS	$1.98	Prior Auth Required
E1222	NU	HEELCHAIR WITH FIXED ARM, ELEVATING LEGRESTS	$594.73	Prior Auth Required

Code	Modifier	Description	Medicaid Allowable	Comments
E1222	RR	WHEELCHAIR WITH FIXED ARM, ELEVATING LEGRESTS	$59.47	Prior Auth Required
E1223	KR	WHEELCHAIR WITH DETACHABLE ARMS, FOOTRESTS	$2.45	Prior Auth Required
E1223	NU	WHEELCHAIR WITH DETACHABLE ARMS, FOOTRESTS	$736.15	Prior Auth Required
E1223	RR	WHEELCHAIR WITH DETACHABLE ARMS, FOOTRESTS	$73.62	Prior Auth Required
E1224	KR	WHEELCHAIR WITH DETACHABLE ARMS, ELEVATING LEGRESTS	$2.29	Prior Auth Required
E1224	NU	WHEELCHAIR WITH DETACHABLE ARMS, ELEVATING LEGRESTS	$686.03	Prior Auth Required
E1224	RR	WHEELCHAIR WITH DETACHABLE ARMS, ELEVATING LEGRESTS	$68.60	Prior Auth Required
E1225	KR	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	$1.50	Prior Auth Required
E1225	NU	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	$449.53	Prior Auth Required
E1225	RR	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	$44.95	Prior Auth Required
E1226	KR	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	$1.81	Prior Auth Required
E1226	NU	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	$542.66	Prior Auth Required
E1226	RB	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	$542.66	
E1226	RR	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	$54.26	Prior Auth Required
E1227	KR	SPECIAL HEIGHT ARMS FOR WHEELCHAIR	$0.85	Prior Auth Required
E1227	NU	PECIAL HEIGHT ARMS FOR WHEELCHAIR	$256.27	Prior Auth Required
E1227	RR	SPECIAL HEIGHT ARMS FOR WHEELCHAIR	$25.63	Prior Auth Required
E1228	KR	SPECIAL BACK HEIGHT FOR WHEELCHAIR	$0.93	Prior Auth Required
E1228	NU	SPECIAL BACK HEIGHT FOR WHEELCHAIR	$278.67	Prior Auth Required
E1228	RR	SPECIAL BACK HEIGHT FOR WHEELCHAIR	$27.87	Prior Auth Required

Code	Modifier	Description	Medicaid Allowable	Comments
E1229	KR	WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	RNE	Prior Auth Required
E1229	NU	WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	RNE	Prior Auth Required
E1229	RR	WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	RNE	Prior Auth Required
E1230	EU	POWER OPERATED VEHICLE (3 OR 4 WHEE., NON HIGHWAY)	$1,779.02	Prior Auth Required
E1230	KR	POWER OPERATED VEHICLE (3 OR 4 WHEEL, NON HIGHWAY)	$7.37	Prior Auth Required
E1230	NU	POWER OPERATED VEHICLE (3 OR 4 WHEEL, NON HIGHWAY)	$2,249.41	Prior Auth Required
E1230	RR	POWER OPERATED VEHICLE (3 OR 4 WHEEL,NON HIGHWAY)	$221.23	Prior Auth Required
E1230	UE	POWER OPERATED VEHICLE (3 OR 4 WHEEL, NON HIGHWAY	$2,290.05	Prior Auth Required
E1231	KR	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	RNE	Prior Auth Required
E1231	NU	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	RNE	Prior Auth Required
E1231	RR	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	RNE	Prior Auth Required
E1232	KR	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	$7.09	Prior Auth Required
E1232	NU	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	$2,126.71	Prior Auth Required
E1232	RR	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	$212.68	Prior Auth Required
E1233	KR	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	$7.35	Prior Auth Required
E1233	NU	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	$2,203.61	Prior Auth Required
E1233	RR	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	$220.36	Prior Auth Required
E1234	KR	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	$6.40	Prior Auth Required
E1234	NU	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	$1,918.39	Prior Auth Required
E1234	RR	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	$191.85	Prior Auth Required
E1235	KR	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	$6.16	Prior Auth Required

Code	Modifier	Description	Medicaid Allowable	Comments
E1235	NU	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	$1,847.27	Prior Auth Required
E1235	RR	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	$184.73	Prior Auth Required
E1236	KR	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	$5.43	Prior Auth Required
E1236	NU	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	$1,629.76	Prior Auth Required
E1236	RR	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	$162.97	Prior Auth Required
E1237	KR	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	$5.48	Prior Auth Required
E1237	NU	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	$1,644.00	Prior Auth Required
E1237	RR	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	$164.40	Prior Auth Required
E1238	KR	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	$5.43	Prior Auth Required
E1238	NU	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	$1,629.76	Prior Auth Required
E1238	RR	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	$162.97	Prior Auth Required
E1239	KR	POWER WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	RNE	Prior Auth Required
E1239	NU	POWER WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	RNE	Prior Auth Required
E1239	RR	POWER WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	RNE	Prior Auth Required
E1240	NU	LIGHTWEIGHT WHEELCHAIR; DETACHABEL ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGREST	$1,024.56	Prior Auth Required
E1240	RR	LIGHTWEIGHT WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGREST	$102.46	Prior Auth Required
E1270	KR	LIGHTWEIGHT WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE ELEVATING LEGRESTS	$2.62	Prior Auth Required
E1270	NU	LIGHTWEIGHT WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE ELEVATING LEGRESTS	$785.08	Prior Auth Required
E1270	RR	LIGHTWEIGHT WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE ELEVATING LEGRESTS	$78.51	Prior Auth Required

Code	Modifier	Description	Medicaid Allowable	Comments
E1280	KR	HEAVY-DUTY WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, ELEVATING LEGRESTS	$4.35	Prior Auth Required
E1280	NU	HEAVY-DUTY WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, ELEVATING LEGRESTS	$1,305.42	Prior Auth Required
E1280	RR	HEAVY-DUTY WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, ELEVATING LEGRESTS	$130.54	Prior Auth Required
E1295	KR	HEAVY-DUTY WHEELCHAIR; FIXED FULL-LENGTH ARMS, ELEVATING LEGRESTS	$3.67	Prior Auth Required
E1295	NU	HEAVY-EUTY WHEELCHAIR; FIXED FULL-LENGTH ARMS, ELEVATING LEGRESTS	$1,102.04	Prior Auth Required
E1295	RR	HEAVY-DUTY WHEELCHAIR; FIXED FULL-LENGTH ARMS, ELEVATING LEGRESTS	$110.20	Prior Auth Required
E1296	KA	SPECIAL WHEELCHAIRSEAT HEIGHT FROM FLOOR	$488.98	Prior Auth Required
E1296	KR	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR	$1.66	Prior Auth Required
E1296	NU	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR	$488.98	Prior Auth Required
E1296	RR	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR	$49.67	Prior Auth Required
E1297	KA	SPECIAL WHEELCHAIR SEAT DEPTH, BY UPHOLSTERY	$104.04	Prior Auth Required
E1297	KR	SPECIAL WHEELCHAIR SEAT DEPTH, BY UPHOLSTERY	$0.39	Prior Auth Required
E1297	NU	SPECIAL WHEELCHAIR SEAT DEPTH, BY UPHOLSTERY	$104.04	Prior Auth Required
E1297	RR	SPECIAL WHEELCHAIR SEAT DEPTH, BY UPHOLSTERY	$11.56	Prior Auth Required
E1298	KA	SPECIAL WHEELCHAIR SEATDEPTH AND/OR WIDTH, BY CONSTRUCTION	$421.33	Prior Auth Required
E1298	KR	SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH, BY CONSTRUCTION	$1.44	Prior Auth Required
E1298	NU	SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH, BY CONSTRUCTION	$421.33	Prior Auth Required
E1298	RR	SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH, BY CONSTRUCTION	$43.11	Prior Auth Required
E1310	KR	WHIRLPOOL,NON-PORTABLE (BUILT IN TYPE)	$5.18	Prior Auth Required
E1310	NU	WHIRLPOOL,NON PORTABLE (BUILT IN TYPE)	$1,815.30	Prior Auth Required
E1310	RR	WHIRLPOOL,NON PORTABLE (BULITY IN TYPE)	$155.27	Prior Auth Required
E1340		REPAIR OR NONROUT SERV FOR DME REQUIR SKILL OF TECH, LABOR, PER 15 MIN	RNE	
E1353	RB	REGULATOR -	$28.98	

Code	Modifier	Description	Medicaid Allowable	Comments
E1355	RB	STAND/RACK .	$21.82	
E1372	KR	IMMERSION EXTERNAL HEATER FOR NEBULIZER	$0.67	
E1372	NU	IMMERSION EXTERNAL HEATER FOR NEBULIZER	$147.68	
E1372	RR	IMMERSION EXTERNAL HEATER FOR NEBULIZER	$20.03	
E1390	KR	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	$6.57	
E1390	QE	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	$98.66	
E1390	QF	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	$295.97	
E1390	QG	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	$295.97	
E1390	RR	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	$197.31	
E1391	KR	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	$6.57	
E1391	QE	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	$98.66	
E1391	QF	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	$295.97	
E1391	QG	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	$295.97	
E1391	RR	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	$197.31	
E1392	KR	PORTABLE OXYGEN CONCENTRATOR, RENTAL	$1.12	

Code	Modifier	Description	Medicaid Allowable	Comments
E1392	RR	PORTABLE OXYGEN CONCENTRATOR, RENTAL	$51.35	
E1399	KR	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS	RNE	
E1399	LL	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS	RNE	See conversion, rental to purchase. See 471 NAC 7-010.09.
E1399	NU	DURABLE MEDICAL EQUIPT, MISCELLANEOUS PA OVER $500/REV. PA FOR PRICING.	RNE	Prior Auth Required if billed over $500
E1399	RA	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS PA OVER $500, REVEIW PA FOR PRICING	RNE	Prior Auth Required if billed over $500
E1399	RB	DURABLE MEDICAL EUIPMENT, MISCELLANEOUS OR AUTHORIZATION REQUIRED IF BILLING OVER $500; REVIEW PA FOR PRICING	RNE	Prior Auth Required if billed over $500
E1399	RR	DURABLE MEDICAL EQUIPT,MISCELLANEOUS PA OVER $500/REV. PA FOR PRICING	RNE	Prior Auth Required if 10 months total will be over $500
E1406	RA	OXYGEN AND WATER VAPOR ENRICHING SYSTEM WITHOUT HEATED DELIVERY	$2,133.36	
E1639	22	SCALE, EACH TO BE USED FOR DIALYSIS ESRD ONLY - TALKING SCALE	RNE	
E1699		DIALYSIS EQUIPMENT, NOT OTHERWISE SPECIFIED	RNE	Prior Auth Required if exceeds $500
E1700	KR	JAW MOTION REHABILITATION SYSTEM	$1.12	
E1700	NU	JAW MOTION REHABILITATION SYSTEM	$342.95	
E1700	RR	JAW MOTION REHABILITATION SYSTEM	$33.63	
E1701	RB	REPLACEMENT CUSHIONS FOR JAW MOTION REHABILITATION SYSTEM, PACKAGE OF SIX	$10.48	
E1702	RB	REPLACEMENT MEASURING SCALES FOR JAW MOTION REHABILITATION SYSTEM, PACKAGE OF 200	RNE	
E1800	KR	DYNAMIC ADJUSTABLE ELBOW EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	$4.06	
E1800	NU	DYNAMIC ADJUSTABLE ELBOW EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	$1,218.30	
E1800	RR	DYNAMIC ADJUSTABLE ELBOW EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	$121.83	
E1801	KR	STATIC PROGRESSIVE STRETCH ELBOW DEVICE, EXTENSION AND/OR FLEXION, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND	$4.28	

Code	Modifier	Description	Medicaid Allowable	Comments
E1801	NU	STATIC PROGRESSIVE STRETCH ELBOW DEVICE, EXTENSION AND/OR FLEXION, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND	$1,282.94	
E1801	RR	STATIC PROGRESSIVE STRETCH ELBOW DEVICE, EXTENSION AND/OR FLEXION, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND	$128.29	
E1802	KR	DYNAMIC ADJUSTABLE FOREARM PRONATION/SUPINATION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	$10.83	
E1802	NU	DYNAMIC ADJUSTABLE FOREARM PRONATION/SUPINATION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	$3,250.12	
E1802	RR	DYNAMIC ADJUSTABLE FOREARM PRONATION/SUPINATION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	$325.01	
E1805	KR	DYNAMIC ADJUSTABLE WRIST EXTENSION / FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	$4.19	
E1805	NU	DYNAMIC ADJUSTABLE WRIST EXTENSION / FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	$1,256.49	
E1805	RR	DYNAMIC ADJUSTABLE WRIST EXTENSION / FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	$125.65	
E1806	KR	STATIC PROGRESSIVE STRETCH WRIST DEVICE, FLEXION AND/OR EXTENSION, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND	$3.51	
E1806	NU	STATIC PROGRESSIVE STRETCH WRIST DEVICE, FLEXION AND/OR EXTENSION, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND	$1,053.30	
E1806	RR	STATIC PROGRESSIVE STRETCH WRIST DEVICE, FLEXION AND/OR EXTENSION, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND	$105.33	
E1810	KR	DYNAMIC ADJUSTABLE KNEE EXTENSION / FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	$4.13	
E1810	NU	DYNAMIC ADJUSTABLE KNEE EXTENSION / FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	$1,238.98	
E1810	RR	DYNAMIC ADJUSTABLE KNEE EXTENSION / FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	$123.90	

Code	Modifier	Description	Medicaid Allowable	Comments
E1811	KR	STATIC PROGRESSIVE STRETCH KNEE DEVICE, EXTENSION AND/OR FLEXION, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND	$4.45	
E1811	NU	STATIC PROGRESSIVE STRETCH KNEE DEVICE, EXTENSION AND/OR FLEXION, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND	$1,333.86	
E1811	RR	STATIC PROGRESSIVE STRETCH KNEE DEVICE, EXTENSION AND/OR FLEXION, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND	$133.39	
E1812	KR	DYNAMIC KNEE, EXTENSION/FLEXION DEVICE WITH ACTIVE RESISTANCE CONTROL	$2.85	
E1812	NU	DYNAMIC KNEE, EXTENSION/FLEXION DEVICE WITH ACTIVE RESISTANCE CONTROL	$855.19	
E1812	RR	DYNAMIC KNEE, EXTENSION/FLEXION DEVICE WITH ACTIVE RESISTANCE CONTROL	$85.52	
E1815	KR	DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	$4.19	
E1815	NU	DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	$1,256.49	
E1815	RR	DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	$125.65	
E1815	UE	DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION DEVICE, INCLUDES SOFT NTERFACE MATERIAL	$1,028.17	
E1816	KR	STATIC PROGRESSIVE STRETCH ANKLE DEVICE, FLEXION AND/OR EXTENSION, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND	$4.52	
E1816	NU	STATIC PROGRESSIVE STRETCH ANKLE DEVICE, FLEXION AND/OR EXTENSION, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND	$1,354.94	
E1816	RR	STATIC PROGRESSIVE STRETCH ANKLE DEVICE, FLEXION AND/OR EXTENSION, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND	$135.49	
E1818	KR	STATIC PROGRESSIVE STRETCH FOREARM PRONATION / SUPINATION DEVICE, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND	$4.61	

Code	Modifier	Description	Medicaid Allowable	Comments
E1818	NU	STATIC PROGRESSIVE STRETCH FOREARM PRONATION / SUPINATION DEVICE, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND	$1,383.29	
E1818	RR	STATIC PROGRESSIVE STRETCH FOREARM PRONATION / SUPINATION DEVICE, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND	$138.33	
E1820	KR	REPLACEMENT SOFT INTERFACE MATERIAL, DYNAMIC ADJUSTABLE EXTENSION/FLEXION DEVICE	$0.26	
E1820	NU	REPLACEMENT SOFT INTERFACE MATERIAL, DYNAMIC ADJUSTABLE EXTENSION/FLEXION DEVICE	$76.69	
E1820	RR	REPLACEMENT SOFT INTERFACE MATERIAL, DYNAMIC ADJUSTABLE EXTENSION/FLEXION DEVICE	$7.68	
E1821	KR	REPLACEMENT SOFT INTERFACE MATERIAL/CUFFS FOR BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH DEVICE	$0.35	
E1821	NU	REPLACEMENT SOFT INTERFACE MATERIAL/CUFFS FOR BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH DEVICE	$104.67	
E1821	RR	REPLACEMENT SOFT INTERFACE MATERIAL/CUFFS FOR BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH DEVICE	$10.45	
E1825	KR	DYNAMIC ADJUSTABLE FINGER EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	$4.19	
E1825	NU	DYNAMIC ADJUSTABLE FINGER EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	$1,256.49	
E1825	RR	DYNAMIC ADJUSTABLE FINGER EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	$125.65	
E1830	KR	DYNAMIC ADJUSTABLE TOE EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	$4.19	
E1830	NU	DYNAMIC ADJUSTABLE TOE EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	$1,256.49	
E1830	RR	DYNAMIC ADJUSTABLE TOE EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	$125.65	
E1840		DYNAMIC ADJUSTABLE SHOULDER FLEXION / ABDUCTION / ROTATION DEVICE, INCLU	Code Not Used by Medicaid	

Code	Modifier	Description	Medicaid Allowable	Comments
E1840	KR	DYNAMIC ADJUSTABLE SHOULDER FLEXION / ABDUCTION / ROTATION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	$12.69	
E1840	NU	DYNAMIC ADJUSTABLE SHOULDER FLEXION / ABDUCTION / ROTATION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	$3,806.16	
E1840	RR	DYNAMIC ADJUSTABLE SHOULDER FLEXION / ABDUCTION / ROTATION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	$380.62	
E1841	KR	STATIC PROGRESSIVE STRETCH SHOULDER DEVICE, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES	$15.02	
E1841	NU	STATIC PROGRESSIVE STRETCH SHOULDER DEVICE, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES	$4,505.21	
E1841	RR	STATIC PROGRESSIVE STRETCH SHOULDER DEVICE, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES	$450.52	
E1902	KR	COMMUNICATION BOARD, NON-ELECTRONIC AUGMENTATIVE OR ALTERNATIVE COMUNICATION DEVICE	RNE	
E1902	NU	COMMUNICATION BOARD, NON-ELECTRONIC AUGMENTATIVE OR ALTERNATIVE COMMUNICATION DEVICE	RNE	
E1902	RR	COMMUNICATION BOARD, NON-ELECTRONIC AUGMENTATIVE OR ALTERNATIVE COMMUNICATION DEVICE	RNE	
E2000	KR	GASTRIC SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	$1.72	
E2000	RR	GASTRIC SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	$51.55	
E2100	KR	BLOOD GLUCOSE MONITOR WITH INTEGRATED VOICE SYNTHESIZER	$2.13	
E2100	NU	BLOOD GLUCOSE MONITOR WITH INTEGRATED VOICE SYNTHESIZER	$639.67	
E2100	RR	BLOOD GLUCOSE MONITOR WITH INTEGRATED VOICE SYNTHESIZER	$63.97	
E2201	KA	MANUALWHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	$371.06	Prior Auth Required

Code	Modifier	Description	Medicaid Allowable	Comments
E2201	KR	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR	$1.24	Prior Auth Required
E2201	NU	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR	$371.06	Prior Auth Required
E2201	RB	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	$29.75	
E2201	RR	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR	$37.11	Prior Auth Required
E2202	KA	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	$471.39	Prior Auth Required
E2202	KR	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	$1.57	Prior Auth Required
E2202	NU	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	$471.39	Prior Auth Required
E2202	RB	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	$471.39	
E2202	RR	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	$47.14	Prior Auth Required
E2203	KA	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	$476.43	Prior Auth Required
E2203	KR	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	$1.59	Prior Auth Required
E2203	NU	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	$476.43	Prior Auth Required
E2203	RB	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	$476.43	
E2203	RR	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	$47.63	Prior Auth Required
E2204	KR	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	$2.70	Prior Auth Required
E2204	NU	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	$808.95	Prior Auth Required
E2204	RR	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	$80.90	Prior Auth Required

Code	Modifier	Description	Medicaid Allowable	Comments
E2205	RB	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS (INCLUDES ERGONOMIC OR CONTOURED), ANY TYPE, REPLACEMENT ONLY, EACH	$33.49	
E2206	KR	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	$0.13	Prior Auth Required
E2206	NU	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	$39.79	Prior Auth Required
E2206	RB	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	$39.79	
E2206	RR	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	$3.97	Prior Auth Required
E2207	KR	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	$0.14	Prior Auth Required
E2207	NU	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	$42.39	Prior Auth Required
E2207	RB	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	$42.39	
E2207	RR	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	$4.25	Prior Auth Required
E2208	KR	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	$0.39	Prior Auth Required
E2208	NU	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	$116.16	Prior Auth Required
E2208	RB	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	$116.16	
E2208	RR	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	$11.62	Prior Auth Required
E2209	KR	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	$0.35	Prior Auth Required
E2209	NU	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	$104.81	Prior Auth Required
E2209	RB	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	$104.81	
E2209	RR	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	$10.46	Prior Auth Required
E2210	RB	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	$6.83	
E2211	KR	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	$0.13	Prior Auth Required
E2211	NU	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	$40.69	Prior Auth Required

Code	Modifier	Description	Medicaid Allowable	Comments
E2211	RB	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION RITE, ANY SIZE, EACH	$40.69	
E2211	RR	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	$3.99	Prior Auth Required
E2212	KR	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	$0.02	Prior Auth Required
E2212	NU	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	$5.75	Prior Auth Required
E2212	RB	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	$5.75	
E2212	RR	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	$0.61	Prior Auth Required
E2213	KR	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	$0.10	Prior Auth Required
E2213	NU	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	$29.75	Prior Auth Required
E2213	RB	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	$29.75	
E2213	RR	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	$2.99	Prior Auth Required
E2214	KR	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	$0.11	Prior Auth Required
E2214	NU	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	$30.43	Prior Auth Required
E2214	RB	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	$304.33	
E2214	RR	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	$3.35	Prior Auth Required
E2215	KR	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	$0.03	Prior Auth Required
E2215	NU	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	$9.40	Prior Auth Required
E2215	RB	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	$9.40	
E2215	RR	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	$0.93	Prior Auth Required

Code	Modifier	Description	Medicaid Allowable	Comments
E2216	KR	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE, EACH	RNE	Prior Auth Required
E2216	NU	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE, EACH	RNE	Prior Auth Required
E2216	RB	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE, EACH	RNE	Prior Auth Required
E2216	RR	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE, EACH	RNE	Prior Auth Required
E2217	KR	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, EACH	RNE	Prior Auth Required
E2217	NU	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, EACH	RNE	Prior Auth Required
E2217	RB	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, EACH	RNE	Prior Auth Required
E2217	RR	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, EACH	RNE	Prior Auth Required
E2218		MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION TIRE, ANY SIZE, EACH	RNE	Prior Auth Required
E2218	KR	MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION TIRE, ANY SIZE, EACH	RNE	Prior Auth Required
E2218	NU	MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION TIRE, ANY SIZE, EACH	RNE	Prior Auth Required
E2218	RB	MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION TIRE, ANY SIZE, EACH	RNE	
E2218	RR	MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION TIRE, ANY SIZE, EACH	RNE	Prior Auth Required
E2219	KR	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	$0.16	Prior Auth Required
E2219	NU	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	$41.62	Prior Auth Required
E2219	RB	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	$41.62	
E2219	RR	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	$4.69	Prior Auth Required
E2220	KR	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, EACH	$0.09	Prior Auth Required
E2220	NU	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, EACH	$26.73	Prior Auth Required

Code	Modifier	Description	Medicaid Allowable	Comments
E2220	RB	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, EACH	$26.73	
E2220	RR	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, EACH	$2.69	Prior Auth Required
E2221	KR	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, EACH	$0.08	Prior Auth Required
E2221	NU	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, EACH	$24.98	Prior Auth Required
E2221	RB	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, EACH	$24.98	
E2221	RR	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, EACH	$2.48	Prior Auth Required
E2222	KR	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH	$0.07	Prior Auth Required
E2222	NU	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH	$20.94	Prior Auth Required
E2222	RB	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH	$20.94	
E2222	RR	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH	$2.08	Prior Auth Required
E2223		MANUAL WHEELCHAIR ACCESSORY, VALVE, ANY TYPE, REPLACEMENT ONLY, EACH	RNE	
E2223	RB	MANUAL WHEELCHAIR ACCESSORY, VALVE, ANY TYPE, REPLACEMENT ONLY, EACH***	RNE	
E2224	KR	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	$0.34	Prior Auth Required
E2224	NU	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	$97.52	Prior Auth Required
E2224	RB	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	$97.52	
E2224	RR	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	$10.23	Prior Auth Required

Code	Modifier	Description	Medicaid Allowable	Comments
E2225		MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RNE	Prior Auth Required
E2225	RB	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	$17.80	Prior Auth Required
E2226	RB	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	$38.79	Prior Auth Required
E2227	KR	MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL, EACH	RNE	
E2227	NU	MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL, EACH	RNE	
E2227	RR	MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL, EACH	RNE	
E2228	KR	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH	RNE	
E2228	RB	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH	RNE	
E2228	RR	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH	RNE	
E2230	KR	MANUAL WHEELCHAIR ACCESSORY, MANUAL STANDING SYSTEM	RNE	
E2230	NU	MANUAL WHEELCHAIR ACCESSORY, MANUAL STANDING SYSTEM	RNE	
E2230	RR	MANUAL WHEELCHAIR ACCESSORY, MANUAL STANDING SYSTEM	RNE	
E2231	KR	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RNE	
E2231	NU	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	$158.10	
E2231	RR	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RNE	
E2291	KR	BACK, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	RNE	Prior Auth Required
E2291	NU	BACK, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	RNE	Prior Auth Required
E2291	RR	BACK, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	RNE	Prior Auth Required
E2292	KR	SEAT, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	RNE	Prior Auth Required

Code	Modifier	Description	Medicaid Allowable	Comments
E2292	NU	SEAT, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	RNE	Prior Auth Required
E2292	RR	SEAT, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	RNE	Prior Auth Required
E2293	KR	BACK, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	RNE	Prior Auth Required
E2293	NU	BACK, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	RNE	Prior Auth Required
E2293	RR	BACK, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	RNE	Prior Auth Required
E2294	KR	SEAT, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	RNE	Prior Auth Required
E2294	NU	SEAT, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	RNE	Prior Auth Required
E2294	RR	SEAT, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	RNE	Prior Auth Required
E2295	KR	MANUAL WHEELCHAIR ACCESSORY, FOR PEDIATRIC SIZE WHEELCHAIR, DYNAMIC SEATING FRAME, ALLOWS COORDINATED MOVEMENT OF MULTIPLE POSITIONING FEATU	RNE	Prior Auth Required
E2295	NU	MANUAL WHEELCHAIR ACCESSORY, FOR PEDIATRIC SIZE WHEELCHAIR, DYNAMIC SEATING FRAME, ALLOWS COORDINATED MOVEMENT OF MULTIPLE POSITIONING FEATU	RNE	Prior Auth Required
E2295	RR	MANUAL WHEELCHAIR ACCESSORY, FOR PEDIATRIC SIZE WHEELCHAIR, DYNAMIC SEATING FRAME, ALLOWS COORDINATED MOVEMENT OF MULTIPLE POSITIONING FEATU	RNE	Prior Auth Required
E2310	KA	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLER AND ONE POWER SEATING SYSTEM MOTOR, INC ELECTRONICS, IND FEATURE,	$1,163.84	Prior Auth Required
E2310	KR	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND ONE POWER SEATING SYSTEM MOTOR, INCLUDING ALL RELATED ELECTR	$3.88	Prior Auth Required
E2310	NU	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND ONE POWER SEATING SYSTEM MOTOR, INCLUDING ALL RELATED ELECTR	$1,163.84	Prior Auth Required

Code	Modifier	Description	Medicaid Allowable	Comments
E2310	RB	POWER WHEELCHAIR ACCESSORY, ELECTRONIC SCONNECTION BETWEEN WHEELCHAIR CONTROLLER AND ONE POWER SEATING SYSTEM MOTOR, INC ELECTRONICS, IND FEATUR	$1,163.84	
E2310	RR	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND ONE POWER SEATING SYSTEM MOTOR, INCLUDING ALL RELATED ELECTR	$116.38	Prior Auth Required
E2311	KA	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEATING SYSTEM MOTORS, INCL ELECTRONICS, I	$2,356.24	Prior Auth Required
E2311	KR	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEATING SYSTEM MOTORS, INCLUDING ALL RELAT	$7.85	Prior Auth Required
E2311	NU	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEATING SYSTEM MOTORS, INCLUDING ALL RELAT	$2,356.24	Prior Auth Required
E2311	RB	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEATING SYSTEM MOTORS, INCL ELECTRONICS, I	$2,356.24	
E2311	RR	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEATING SYSTEM MOTORS, INCLUDING ALL RELAT	$235.63	Prior Auth Required
E2321	KR	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE JOYSTICK, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL S	$5.27	Prior Auth Required
E2321	NU	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE JOYSTICK, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL S	$1,580.40	Prior Auth Required
E2321	RB	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE JOYSTICK, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH,	$1,580.40	
E2321	RR	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE JOYSTICK, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL S	$158.05	Prior Auth Required
E2322	KA	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL SWITCHES, NONPROPORTIONAL, INCL ELECTRONICS, MECHANICAL STOP SWITCH, FIX	$1,402.64	Prior Auth Required

Code	Modifier	Description	Medicaid Allowable	Comments
E2322	KR	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL SWITCHES, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, ME	$4.68	Prior Auth Required
E2322	NU	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL SWITCHES, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, ME	$1,402.64	Prior Auth Required
E2322	RB	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULT MECHANICAL SWITCHES,NONPROPORTIONAL, INCL ALL RELATED ELECTRONICS, MECHANICAL STOP SWIT	$1,402.64	
E2322	RR	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL SWITCHES, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, ME	$140.26	Prior Auth Required
E2323	KA	POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFBRICATED	$68.78	Prior Auth Required
E2323	KR	POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFABRICATED	$0.23	Prior Auth Required
E2323	NU	POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFABRICATED	$68.78	Prior Auth Required
E2323	RB	POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFABRICATED	$68.78	
E2323	RR	POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFABRICATED	$6.88	Prior Auth Required
E2324	KA	POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTERFACE	$43.58	Prior Auth Required
E2324	KR	POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTERFACE	$0.14	Prior Auth Required
E2324	NU	POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTERFACE	$43.58	Prior Auth Required
E2324	RR	POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTERFACE	$4.35	Prior Auth Required
E2325	KA	POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPORPORTIONAL, INCL ALL ELECTRONICS, MECHANICAL STOP SWITCH, MANUAL SWINGAWAY MOUNTING HAR	$1,339.46	Prior Auth Required

Code	Modifier	Description	Medicaid Allowable	Comments
E2325	KR	POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND MANUAL SWIN	$4.47	Prior Auth Required
E2325	NU	POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND MANUAL SWIN	$1,339.46	Prior Auth Required
E2325	RB	POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL, INCL ALL ELECTRONICS, MECH STOP SWITCH, MAN SWINGAWAY MOUNTING HARDWARE	$1,339.46	
E2325	RR	POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND MANUAL SWIN	$133.96	Prior Auth Required
E2326	KA	POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF INTERFACE	$345.24	Prior Auth Required
E2326	KR	POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF INTERFACE	$1.15	Prior Auth Required
E2326	NU	POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF INTERFACE	$345.24	Prior Auth Required
E2326	RB	POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF INTERFACE	$345.24	
E2326	RR	POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF INTERFACE	$34.54	Prior Auth Required
E2327	KA	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL DIRECTION CHANGE SWI	$2,598.09	Prior Auth Required
E2327	KR	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL DIRECTION CHANGE S	$8.66	Prior Auth Required
E2327	NU	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL DIRECTION CHANGE S	$2,598.09	
E2327	RR	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL DIRECTION CHANGE S	$259.81	Prior Auth Required
E2328	KA	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL INTERFACE, ELECTRONIC, PORPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED M	$4,928.20	Prior Auth Required

Code	Modifier	Description	Medicaid Allowable	Comments
E2328	NU	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL INTERFACE, ELECTRONIC, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND	$4,928.20	Prior Auth Required
E2328	RB	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL INTERFACE, ELECTRONIC, PORPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED M	$4,928.20	
E2328	RR	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL INTERFACE, ELECTRONIC, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND	$492.81	Prior Auth Required
E2329	KA	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STO	$1,756.47	Prior Auth Required
E2329	KR	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL S	$5.85	Prior Auth Required
E2329	NU	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL S	$1,756.47	Prior Auth Required
E2329	RB	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STO	$1,756.47	
E2329	RR	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL S	$175.64	Prior Auth Required
E2330	KA	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL S	$3,403.36	Prior Auth Required
E2330	KR	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL S	$11.34	Prior Auth Required
E2330	NU	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL S	$3,403.36	Prior Auth Required
E2330	RB	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL S	$3,403.36	

Code	Modifier	Description	Medicaid Allowable	Comments
E2330	RR	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL S	$340.33	Prior Auth Required
E2331	KA	POWER WHEELCHAIR ACCESSORY, ATTENDANT CONTROL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE	RNE	Prior Auth Required
E2331	KR	POWER WHEELCHAIR ACCESSORY, ATTENDANT CONTROL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE	RNE	Prior Auth Required
E2331	NU	POWER WHEELCHAIR ACCESSORY, ATTENDANT CONTROL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE	RNE	Prior Auth Required
E2331	RB	POWER WHEELCHAIR ACCESSORY, ATTENDANT CONTROL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE	RNE	
E2331	RR	POWER WHEELCHAIR ACCESSORY, ATTENDANT CONTROL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE	RNE	Prior Auth Required
E2340	KA	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 20-23 INCHES	$356.40	Prior Auth Required
E2340	KR	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 20-23 INCHES	$1.19	Prior Auth Required
E2340	NU	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 20-23 INCHES	$356.40	Prior Auth Required
E2340	RB	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 20-23 INCHES	$356.40	
E2340	RR	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 20-23 INCHES	$35.65	Prior Auth Required
E2341	KA	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES'	$534.64	Prior Auth Required
E2341	KR	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	$1.78	Prior Auth Required
E2341	NU	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	$534.64	Prior Auth Required
E2341	RB	POWER WHEELCHAIR ACCESSIRY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	$534.64	
E2341	RR	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	$53.47	Prior Auth Required

Code	Modifier	Description	Medicaid Allowable	Comments
E2342	KA	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 OR 21 INCHES	$445.53	Prior Auth Required
E2342	KR	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 OR 21 INCHES	$1.49	Prior Auth Required
E2342	NU	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 OR 21 INCHES	$445.53	Prior Auth Required
E2342	RA	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 OR 21 INCHES	$445.53	
E2342	RB	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 OR 21 INCHES	$445.53	
E2342	RR	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 OR 21 INCHES	$44.55	Prior Auth Required
E2343	KA	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22-25 INCHES	$712.86	Prior Auth Required
E2343	KR	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22-25 INCHES	$2.38	Prior Auth Required
E2343	NU	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22-25 INCHES	$712.86	Prior Auth Required
E2343	RB	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22-25 INCHES	$712.86	
E2343	RR	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22-25 INCHES	$71.28	Prior Auth Required
E2351	KA	POWER WHEELCHAIR ACCESSORY, ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING DEVICE USING POWER WHEELCHAIR CONTRO INTERFACE	$694.81	Prior Auth Required
E2351	KR	POWER WHEELCHAIR ACCESSORY, ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING DEVICE USING POWER WHEELCHAIR CONTROL INTERFACE	$2.32	Prior Auth Required
E2351	NU	POWER WHEELCHAIR ACCESSORY, ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING DEVICE USING POWER WHEELCHAIR CONTROL INTERFACE	$694.81	Prior Auth Required
E2351	RB	POWER WHEELCHAIR ACCESSORY, ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING DEVICE USING POWER WHEELCHAIR CONTROL INTERFACE	$694.81	
E2351	RR	POWER WHEELCHAIR ACCESSORY, ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING DEVICE USING POWER WHEELCHAIR CONTROL INTERFACE	$69.50	Prior Auth Required
E2360	KA	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	$105.14	Prior Auth Required

Code	Modifier	Description	Medicaid Allowable	Comments
E2360	KR	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	$0.35	Prior Auth Required
E2360	NU	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	$105.14	Prior Auth Required
E2360	RB	POWER WHEELCHAIR ACCESSORY, 22NF NON-SEALED LEAD ACID BATTERY, EACH	$105.14	
E2360	RR	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	$10.50	Prior Auth Required
E2361	KA	POWER WHEELCHAIR ACCESSORY, 22 NF SEALED LEAD ACID BATTERY, EACH, (E.G. GEL CELL, ABSORBED GLASSMAT)	$136.40	Prior Auth Required
E2361	KR	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E.G. GEL CELL, ABSORBED GLASSMAT)	$0.45	Prior Auth Required
E2361	NU	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E.G. GEL CELL, ABSORBED GLASSMAT)	$136.40	Prior Auth Required
E2361	RB	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E.G. GEL CELL, ABSORBED GLASSMAT)	$136.40	
E2361	RR	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E.G. GEL CELL, ABSORBED GLASSMAT)	$13.64	Prior Auth Required
E2362	KA	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	$89.95	Prior Auth Required
E2362	KR	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	$0.30	Prior Auth Required
E2362	NU	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	$89.95	Prior Auth Required
E2362	RB	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	$89.95	
E2362	RR	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	$8.99	Prior Auth Required
E2363	KA	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E.G.GEL CELL, ABSORBED GLASSMAT)	$181.89	Prior Auth Required
E2363	KR	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	$0.61	Prior Auth Required
E2363	NU	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	$181.89	Prior Auth Required

Code	Modifier	Description	Medicaid Allowable	Comments
E2363	RB	POWER WHEELCHAIR ACCESORY, GROUP 24 SEALED LEAD ACID BATTERY, DACH (E.G.GEL CELL, ABSORBED GLASSMAT)	$181.89	
E2363	RR	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	$18.20	Prior Auth Required
E2364	KA	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	$105.14	Prior Auth Required
E2364	KR	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	$0.35	Prior Auth Required
E2364	NU	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	$105.14	Prior Auth Required
E2364	RB	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	$105.14	
E2364	RR	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	$10.50	Prior Auth Required
E2365	KA	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	$109.71	Prior Auth Required
E2365	KR	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	$0.37	Prior Auth Required
E2365	NU	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	$109.71	Prior Auth Required
E2365	RB	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	$109.71	
E2365	RR	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	$10.97	Prior Auth Required
E2366	KA	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONEBATTERY TYPE, SEALED OR NON-SEALED, EACH	$262.18	Prior Auth Required
E2366	KR	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	$0.88	Prior Auth Required
E2366	NU	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	$262.18	Prior Auth Required
E2366	RB	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	$262.18	

Code	Modifier	Description	Medicaid Allowable	Comments
E2366	RR	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	$26.29	Prior Auth Required
E2367	KA	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	$416.79	Prior Auth Required
E2367	KR	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	$1.39	Prior Auth Required
E2367	NU	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	$416.79	Prior Auth Required
E2367	RB	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	$416.79	
E2367	RR	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	$41.68	Prior Auth Required
E2368	RB	POWER WHEELCHAIR COMPONENT, MOTOR, REPLACEMENT ONLY	$513.74	
E2369	RB	POWER WHEELCHAIR COMPONENT, GEAR BOX, REPLACEMENT ONLY	$447.48	
E2370	RB	POWER WHEELCHAIR COMPONENT, MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	$798.45	
E2371	KR	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E.G. GEL CELL, ABSORBED GLASSMAT), EACH	$0.50	Prior Auth Required
E2371	NU	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E.G. GEL CELL, ABSORBED GLASSMAT), EACH	$149.92	Prior Auth Required
E2371	RB	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E.G. GELCELL, ABSORBED GLASSMAT), EACH	$149.92	
E2371	RR	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E.G. GEL CELL, ABSORBED GLASSMAT), EACH	$15.00	Prior Auth Required
E2372	KR	POWER WHEELCHAIR ACCESSORY, GROUP 27 NON-SEALED LEAD ACID BATTERY, EACH	RNE	Prior Auth Required
E2372	NU	POWER WHEELCHAIR ACCESSORY, GROUP 27 NON-SEALED LEAD ACID BATTERY, EACH	RNE	Prior Auth Required
E2372	RB	POWER WHEELCHAIR ACCESSORY, GROUP 27 NON-SEALED LEAD ACID BATTERY, EACH	RNE	

Code	Modifier	Description	Medicaid Allowable	Comments
E2372	RR	POWER WHEELCHAIR ACCESSORY, GROUP 27 NON-SEALED LEAD ACID BATTERY, EACH	RNE	Prior Auth Required
E2373	KR	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, COMPACT REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE	$2.24	Prior Auth Required
E2373	NU	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, COMPACT REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE	$672.22	Prior Auth Required
E2373	RB	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, COMPACT REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE	$672.22	Prior Auth Required
E2373	RR	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, COMPACT REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE	$67.24	Prior Auth Required
E2374	RB	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, STANDARD REMOTE JOYSTICK (NOT INCLUDING CONTROLLER), REPLACEMENT ONLY	$531.10	
E2375	RB	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	$851.87	
E2376	RB	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATEDELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	$1,372.47	
E2377	KR	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL I	$1.61	Prior Auth Required
E2377	NU	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL I	$483.05	Prior Auth Required
E2377	RR	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL I	$48.29	Prior Auth Required
E2381	RB	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	$74.29	

Code	Modifier	Description	Medicaid Allowable	Comments
E2382	RB	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	$20.86	
E2383	RB	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOV	$152.70	
E2384	RB	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	$81.37	
E2385	RB	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	$49.77	
E2386	RB	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	$151.30	
E2387	RB	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	$65.28	
E2388	RB	POWER WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	$51.52	
E2389	RB	POWER WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	$27.97	
E2390	RB	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RNE	
E2391	RB	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	$20.97	
E2392	RB	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	$55.09	
E2394	RB	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	$78.47	
E2395	RB	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	$55.78	
E2396	RB	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	$68.00	
e2397	NU	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH	RNE	Prior Auth Required

Code	Modifier	Description	Medicaid Allowable	Comments
E2399	KA	POWER WHEELCHAIR ACCESSORY, NOT OTHERWISE CLASSIFIED INTERFACE, INCLUDING ALL RELATED ELECTRONICS AND ANY TYPE MOUNTING HARDWARE	RNE	
E2402	KR	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	$1,141.11	Requires prior auth, and approved coordination plan on file with Medicaid
E2500	KR	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, LESS	$1.30	Prior Auth Required
E2500	NU	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, LESS	$388.92	Prior Auth Required
E2500	RR	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, LESS	$38.90	Prior Auth Required
E2502	KR	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 8 MINUTES BUT LESS THAN OR EQUAL TO 20 MINUTES RECO	$3.96	Prior Auth Required
E2502	NU	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 8 MINUTES BUT LESS THAN OR EQUAL TO 20 MINUTES RECO	$1,189.26	Prior Auth Required
E2502	RR	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 8 MINUTES BUT LESS THAN OR EQUAL TO 20 MINUTES RECO	$118.94	Prior Auth Required
E2504	KR	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 20 MINUTES BUT LESS THAN OR EQUAL TO 40 MINUTES REC	$5.23	Prior Auth Required
E2504	NU	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 20 MINUTES BUT LESS THAN OR EQUAL TO 40 MINUTES REC	$1,568.79	Prior Auth Required
E2504	RR	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 20 MINUTES BUT LESS THAN OR EQUAL TO 40 MINUTES REC	$156.90	Prior Auth Required
E2506		SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 40 MINUTES RECORDING TIME	RNE	
E2506	KR	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 40 MINUTES RECORDING TIME	$7.67	Prior Auth Required

Code	Modifier	Description	Medicaid Allowable	Comments
E2506	NU	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 40 MINUTES RECORDING TIME	$2,300.30	Prior Auth Required
E2506	RR	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 40 MINUTES RECORDING TIME	$230.02	Prior Auth Required
E2508	KR	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, REQUIRING MESSAGE FORMULATION BY SPELLING AND ACCESS BY PHYSICAL CONTACT WITH THE DEVICE	$11.86	Prior Auth Required
E2508	NU	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, REQUIRING MESSAGE FORMULATION BY SPELLING AND ACCESS BY PHYSICAL CONTACT WITH THE DEVICE	$3,557.04	Prior Auth Required
E2508	RR	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, REQUIRING MESSAGE FORMULATION BY SPELLING AND ACCESS BY PHYSICAL CONTACT WITH THE DEVICE	$355.71	Prior Auth Required
E2510	KR	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS	$22.44	Prior Auth Required
E2510	NU	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS	$6,731.21	Prior Auth Required
E2510	RR	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS	$673.12	Prior Auth Required
E2511	KR	SPEECH GENERATING SOFTWARE PROGRAM, FOR PERSONAL COMPUTER OR PERSONAL DIGITAL ASSISTANT	RNE	Prior Auth Required
E2511	NU	SPEECH GENERATING SOFTWARE PROGRAM, FOR PERSONAL COMPUTER OR PERSONAL DIGITAL ASSISTANT	RNE	Prior Auth Required
E2511	RR	SPEECH GENERATING SOFTWARE PROGRAM, FOR PERSONAL COMPUTER OR PERSONAL DIGITAL ASSISTANT	RNE	Prior Auth Required
E2512	KR	ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM	RNE	Prior Auth Required
E2512	NU	ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM	RNE	Prior Auth Required
E2512	RB	ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM	RNE	Prior Auth Required

Code	Modifier	Description	Medicaid Allowable	Comments
E2512	RR	ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM	RNE	Prior Auth Required
E2599	NU	ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASSIFIED	RNE	
E2599	RB	ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASSIFIED*******	RNE	
E2599	RR	ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASSIFIED	RNE	
E2601	KR	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	$0.20	
E2601	NU	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	$60.83	
E2601	RR	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	$6.10	
E2602	KR	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	$0.40	
E2602	NU	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	$118.75	
E2602	RR	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	$11.87	
E2603	KR	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	$0.50	
E2603	NU	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	$150.76	
E2603	RR	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	$15.09	
E2604	KR	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	$0.62	
E2604	NU	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	$187.38	
E2604	RR	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	$18.73	
E2605	KR	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	$0.89	
E2605	NU	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	$267.70	
E2605	RR	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	$26.78	
E2606	KR	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	$1.39	

Code	Modifier	Description	Medicaid Allowable	Comments
E2606	NU	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	$417.63	
E2606	RR	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	$41.78	
E2607	KR	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	$0.96	
E2607	NU	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	$288.26	
E2607	RR	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	$28.83	
E2608	KR	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	$1.15	
E2608	NU	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	$346.19	
E2608	RR	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	$34.61	
E2609	KR	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE	RNE	
E2609	NU	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE	RNE	
E2609	RR	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE	RNE	
E2611	KR	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	$1.04	Prior Auth Required
E2611	NU	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	$310.64	Prior Auth Required
E2611	RR	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	$31.06	Prior Auth Required
E2612	KR	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	$1.40	Prior Auth Required
E2612	NU	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	$420.23	Prior Auth Required
E2612	RR	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	$42.02	Prior Auth Required

Code	Modifier	Description	Medicaid Allowable	Comments
E2613	KR	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	$1.30	Prior Auth Required
E2613	NU	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	$390.89	Prior Auth Required
E2613	RR	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	$39.09	Prior Auth Required
E2614	KR	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	$1.80	Prior Auth Required
E2614	NU	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	$540.95	Prior Auth Required
E2614	RR	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	$54.10	Prior Auth Required
E2615	KA	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING AND TYPE MOUNTING HARDWARE	$449.84	Prior Auth Required
E2615	KR	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	$1.50	Prior Auth Required
E2615	NU	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	$449.84	Prior Auth Required
E2615	RB	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	$449.84	
E2615	RR	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	$44.99	Prior Auth Required

Code	Modifier	Description	Medicaid Allowable	Comments
E2616	KR	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	$2.02	Prior Auth Required
E2616	NU	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	$605.25	Prior Auth Required
E2616	RR	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	$60.53	Prior Auth Required
E2617	KR	CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE MOUNTING HARDWARE	RNE	Prior Auth Required
E2617	NU	CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE MOUNTING HARDWARE	RNE	Prior Auth Required
E2617	RR	CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE MOUNTING HARDWARE	RNE	Prior Auth Required
E2619	RB	REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK CUSHION, EACH	$51.04	
E2620	KR	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HAR	$1.82	Prior Auth Required
E2620	NU	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HAR	$544.70	Prior Auth Required
E2620	RR	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HAR	$54.47	Prior Auth Required
E2621	KR	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HA	$1.91	Prior Auth Required
E2621	NU	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HA	$571.61	

Code	Modifier	Description	Medicaid Allowable	Comments
E2621	RR	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HA	$57.16	
E2622	NU	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	$329.66	Prior Auth Required
E2622	RR	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RNE	Prior Auth Required
E2624	NU	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	$341.85	Prior Auth Required
E2624	RR	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RNE	Prior Auth Required
E2625	NU	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH	$432.76	Prior Auth Required
E2625	RR	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH	$37.33	Prior Auth Required
E8000	KR	GAIT TRAINER, PEDIATRIC SIZE, POSTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	RNE	
E8000	NU	GAIT TRAINER, PEDIATRIC SIZE, POSTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	RNE	
E8000	RR	GAIT TRAINER, PEDIATRIC SIZE, POSTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	RNE	
E8001	KR	GAIT TRAINER, PEDIATRIC SIZE, UPRIGHT SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	RNE	
E8001	NU	GAIT TRAINER, PEDIATRIC SIZE, UPRIGHT SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	RNE	
E8001	RR	GAIT TRAINER, PEDIATRIC SIZE, UPRIGHT SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	RNE	
E8002	KR	GAIT TRAINER, PEDIATRIC SIZE, ANTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	RNE	
E8002	NU	GAIT TRAINER, PEDIATRIC SIZE, ANTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	RNE	

Code	Modifier	Description	Medicaid Allowable	Comments
E8002	RR	GAIT TRAINER, PEDIATRIC SIZE, ANTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	RNE	
J7130		HYPERTONIC SALINE SOLUTION 50 OR 100 MEQ, 20 CC VIAL. ADMINISTERED THROUGH DME	RNE	Covered for diagnosis cystic fibrosis only; Attach physician's detailed order to claim Max 60 units/month
K0001	KR	STANDARD WHLCHR	$1.77	Prior Auth Required
K0001	LL	STANDARD WHLCHR	RNE	See conversion, rental to purchase. See 471 NAC 7-010.09.
K0001	NU	STANDARD WHLCHR	$529.79	Prior Auth Required
K0001	RR	STANDARD WHLCHR	$52.98	Prior Auth Required
K0001	UE	STANDARD CHAIR,(USED EQUIPMENT)SEE PROGRAM SPECIALIST FOR PRICING.	RNE	Prior Auth Required
K0002	KR	STANDARD HEMI (LOW SEAT) WHLCHR	$2.58	Prior Auth Required
K0002	NU	STANDARD HEMI (LOW SEAT) WHLCHR	$774.94	Prior Auth Required
K0002	RR	STANDARD HEMI (LOW SEAT) WHLCHR	$77.49	Prior Auth Required
K0003	KR	LT WT WHLCHR	$2.97	Prior Auth Required
K0003	NU	LT WT WHLCHR	$891.00	Prior Auth Required
K0003	RR	LT WT WHLCHR	$89.10	Prior Auth Required
K0004	KR	HIGH STRENGTH, LT WT WHLCHR	$4.43	Prior Auth Required
K0004	NU	HIGH STRENGTH,LT WT WHLCHR	$1,329.09	Prior Auth Required
K0004	RR	HIGH STRENGTH,LT WT WHLCHR	$132.91	Prior Auth Required
K0005	KR	ULTRALIGHT WT WHLCHR	$6.03	Prior Auth Required
K0005	NU	ULTRALIGHT WT WHLCHR	$1,807.89	Prior Auth Required
K0005	RR	ULTRALIGHT WT WHLCHR	$180.79	Prior Auth Required
K0006	KR	HEAVY DUTY WHLCHR	$3.98	Prior Auth Required
K0006	NU	HEAVY DUTY WHLCHR	$1,193.93	Prior Auth Required
K0006	RR	HEAVY DUTY WHLCHR	$119.39	Prior Auth Required
K0007	KR	EXTRA HEAVY DUTY WHLCHR	$5.92	Prior Auth Required
K0007	NU	EXTRA HEAVY DUTY WHLCHR	$1,775.23	Prior Auth Required
K0007	RR	EXTRA HEAVY DUTY WHLCHR	$177.52	Prior Auth Required
K0007	UE	EXTRA HEAVY DUTY WHEELCHAIR	$1,455.45	Prior Auth Required
K0007	US	HEAVY DUTY WHEELCHAIR (USED)	$1,331.42	Prior Auth Required
K0008	KR	CUSTOM MANUAL WHLCHR/BASE REV. PA FOR PRICING	RNE	Prior Auth Required
K0008	NU	CUSTOM MANUAL WHLCHR/BASE REV. PA FOR PRICING	RNE	Prior Auth Required

Code	Modifier	Description	Medicaid Allowable	Comments
K0008	RR	CUSTOM MANUAL WHLCHR/BASE REV. PA FOR PRICING	RNE	Prior Auth Required
K0009	KR	OTHER MANUAL WHLCHR/BASE REV. PA FOR PRICING	RNE	Prior Auth Required
K0009	NU	OTHER MANUAL WHLCHR/BASE REV. PA FOR PRICING	RNE	Prior Auth Required
K0009	RR	OTHER MANUAL WHLCHR/BASE REV. PA PRICING	RNE	Prior Auth Required
K0009	UE	OTHER MANUAL WHEELCHAIR/BASE REVIEW PA FOR PRICING	RNE	Prior Auth Required
K0010	KR	STANDARD WT FRAME MOTORIZED/POWER WHLCHR	$14.12	Prior Auth Required
K0010	NU	STANDARD WT FRAME MOTORIZED/POWER WHLCHR	$4,236.59	Prior Auth Required
K0010	RR	STANDARD WT FRAME MOTORIZED/POWER WHLCHR	$423.66	Prior Auth Required
K0011	KR	STANDARD WT FRAME MOTORIZED/POWER WHLCHR W/PROGRAMMABLE CONTROL	$16.98	Prior Auth Required
K0011	NU	STANDARD WT FRAME MOTORIZED/POWER WHLCHR,W/PROGRAMMABLE CONTROL	$5,094.77	Prior Auth Required
K0011	RR	STANDARD WT FRAME MOTORIZED/POWER WHLCHR W/PROGRAMMABLE CONTROL	$509.48	Prior Auth Required
K0012	KR	LT WT PORTABLE MOTORIZED/POWER WHLCHR	$10.77	Prior Auth Required
K0012	NU	LT WT PORTABLE MOTORIZED/POWER WHLCHR	$3,231.42	Prior Auth Required
K0012	RR	LT WT PORTABLE MOTORIZED/POWER WHLCHR	$323.14	Prior Auth Required
K0013	NU	CUSTOM MOTORIZED/POWER WHLCHR BASE REV.PA FOR PRICING	RNE	Prior Auth Required
K0013	RR	CUSTOM MOTORIZED/POWER WHLCHR BASE REV. PA FOR PRICING	RNE	
K0014	KR	OTHER MOTORIZED/POWER WHLCHR BASE REV. PA FOR PRICING	RNE	Prior Auth Required
K0014	NU	OTHER MOTORIZED/POWER WHLCHR BASE REV. PA FOR PRICING	RNE	Prior Auth Required
K0014	RR	OTHER MOTORIZED/POWER WHLCHR BASE REV.PA FOR PRICING	RNE	Prior Auth Required
K0015	RA	DETACHABLE,NON ADJ HT ARMREST,EACH	$177.69	
K0015	RB	DETACHABLE,NON ADJ HT ARMREST,EACH	$177.69	
K0017	RB	DETACHABLE, ADJ HEIGHT ARMREST, BASE, EACH	$49.97	
K0018	RB	DETACHABLE, ADJ HEIGHT ARMREST, UPPER PORTION, EACH	$27.94	

Code	Modifier	Description	Medicaid Allowable	Comments
K0019	RB	ARM PAD, EACH	$17.15	
K0020	KR	FIXED, ADJ HEIGHT ARMREST, PAIR	$0.15	Prior Auth Required
K0020	NU	FIXED, ADJUSTABLE HEIGHT ARMREST, PAIR	$45.42	Prior Auth Required
K0020	RB	FIXED, ADJ HEIGHT ARMREST, PAIR	$45.42	
K0020	RR	FIXED, ADJ HEIGHT ARMREST, PAIR	$4.55	Prior Auth Required
K0021	KR	ANTI-TIPPING DEVICE, EACH	RNE	Prior Auth Required
K0021	NU	ANTI-TIPPING DEVICE, EACH	RNE	Prior Auth Required
K0021	RR	ANTI-TIPPING DEVICE, EACH	RNE	Prior Auth Required
K0021	UE	ANTI-TIPPING DEVICE, EACH SEE PA FOR PRICING	RNE	Prior Auth Required
K0034	KR	HEEL LOOP, EACH	RNE	Prior Auth Required
K0034	NU	HEEL LOOP, EACH	RNE	Prior Auth Required
K0034	RR	HEEL LOOP, EACH	RNE	Prior Auth Required
K0037	KA	HIGH MOUNT FLIP-UP FOOTREST, EACH	$40.72	Prior Auth Required
K0037	KR	HIGH MOUNT FLIP-UP FOOTREST, EACH	$0.12	Prior Auth Required
K0037	NU	HIGH MOUNT FLIP-UP FOOTREST, EACH	$40.72	Prior Auth Required
K0037	RB	HIGH MOUNT FLIP-UP FOOTREST, EACH	$40.72	
K0037	RR	HIGH MOUNT FLIP-UP FOOTREST, EACH	$3.64	Prior Auth Required
K0038	KA	LEG STRAP, EACH	$23.71	
K0038	KR	LEG STRAP, EACH	$0.08	Prior Auth Required
K0038	NU	LEG STRAP, EACH	$23.71	Prior Auth Required
K0038	RB	LEG STRAP, EACH	$23.71	
K0038	RR	LEG STRAP, EACH	$2.37	Prior Auth Required
K0039	KA	LEG STRAP, H STYLE, EACH	$52.70	Prior Auth Required
K0039	KR	LEG STRAP, H STYLE, EACH	$0.18	Prior Auth Required
K0039	NU	LEG STRAP, H STYLE, EACH	$52.70	Prior Auth Required
K0039	RB	LEG STRAP, H STYLE, EACH	$52.70	
K0039	RR	LEG STRAP, H STYLE, EACH	$5.29	Prior Auth Required
K0040	KA	ADJ ANGLE FOOTPLATE, EACH	$73.01	Prior Auth Required
K0040	KR	ADJ ANGLE FOOTPLATE, EACH	$0.24	Prior Auth Required
K0040	NU	ADJ ANGLE FOOTPLATE, EACH	$73.01	Prior Auth Required
K0040	RB	ADJ ANGLE FOOTPLATE, EACH	$73.01	
K0040	RR	ADJ ANGLE FOOTPLATE, EACH	$7.31	Prior Auth Required
K0041	KR	LARGE SIZE FOOTPLATE, EACH	$0.17	Prior Auth Required
K0041	NU	LARGE SIZE FOOTPLATE, EACH	$51.77	Prior Auth Required
K0041	RR	LARGE SIZE FOOTPLATE, EACH	$5.16	Prior Auth Required
K0042	RB	STANDARD SIZE FOOTPLATE, EACH	$30.80	

Code	Modifier	Description	Medicaid Allowable	Comments
K0043	RB	FOOTREST, LOWER EXTENSION TUBE, EACH	$19.09	
K0044	RB	FOOTREST, UPPER HANGER BRACKET, EACH	$16.28	
K0045	RB	FOOTREST, COMPLETE ASSEMBLY	$47.87	
K0046	RB	ELEVATING LEGREST, LOWER EXTENSION TUBE, EACH	$19.09	
K0047	RB	ELEVATING LEGREST, UPPER HANGER BRACKET, EACH	$74.77	
K0050	RB	RATCHET ASSEMBLY	$31.79	
K0051	RB	CAM RELEASE ASSEMBLY, FOOTREST OR LEGREST, EACH	$51.44	
K0052	RB	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	$90.40	
K0053	KA	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	$99.76	Prior Auth Required
K0053	KR	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH REV PA FOR PRICING	$0.33	Prior Auth Required
K0053	NU	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	$99.76	Prior Auth Required
K0053	RB	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	$99.76	
K0053	RR	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	$9.99	Prior Auth Required
K0056	KR	SEAT HT <17" OR >21" FOR HIGH STRGTH, LTWT OR ULTRALTWT WC	$0.31	Prior Auth Required
K0056	NU	SEAT HT <17" OR >21" FOR HIGH STRGTH, LTWT OR ULTRALTWT WC	$93.00	Prior Auth Required
K0056	RR	SEAT HT <17" OR >21" FOR HIGH STRGTH, LTWT OR ULTRALTWT WC	$9.31	Prior Auth Required
K0065	KA	SPOKE PROTECTORS, EACH	$43.47	Prior Auth Required
K0065	KR	SPOKE PROTECTORS, EACH	$0.14	Prior Auth Required
K0065	NU	SPOKE PROTECTORS, EACH	$43.47	Prior Auth Required
K0065	RB	SPOKE PROTECTORS, EACH	$43.47	
K0065	RR	SPOKE PROTECTORS, EACH	$4.34	Prior Auth Required
K0069	RB	REAR WHEEL ASSEMBLY, COMPLETE, W/SOLID TIRE, SPOKES OR MOLDED, EACH	$97.69	
K0070	RA	REAR WHEEL ASSEMBLY, COMPLETE, W/PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	$179.12	
K0070	RB	REAR WHEEL ASSEMBLY, COMPLETE, W/PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	$179.12	
K0071	RB	FRONT CASTER ASSEMBLY, COMPLETE, W/PNEUMATIC TIRE, EACH	$106.82	

Code	Modifier	Description	Medicaid Allowable	Comments
K0072	RB	FRONT CASTER ASSEMBLY, COMPLETE, W/SEMI-PNEUMATIC TIRE, EACH	$60.43	
K0073	KA	CASTER PIN LOCK, EACH	$32.72	
K0073	KR	CASTER PIN LOCK, EACH	$0.11	
K0073	NU	CASTER PIN LOCK, EACH	$32.72	
K0073	RB	CASTER PIN LOCK, EACH	RNE	
K0073	RR	CASTER PIN LOCK, EACH	$3.27	
K0077	RB	FRONT CASTER ASSEMBLY, COMPLETE, W/SOLID TIRE, EACH	$57.52	
K0098	RB	DRIVE BELT FOR PWR WHLCHR	$22.89	
K0101	KR	ONE-ARM DRIVE ATTACHMENT, EACH	RNE	
K0101	NU	ONE-ARM DRIVE ATTACHMENT, EACH	RNE	
K0101	RR	ONE-ARM DRIVE ATTACHMENT, EACH	RNE	
K0101	UE	ONE ARM DRIVE ATTACHMENT	RNE	
K0101	US	ONE ARM DRIVE ATTACHMENT (USED)	RNE	
K0105	KA	IV HANGER, EACH	$97.23	Prior Auth Required
K0105	KR	IV HANGER, EACH	$0.32	Prior Auth Required
K0105	NU	IV HANGER, EACH	$97.23	Prior Auth Required
K0105	RB	IV HANGER, EACH	$97.23	
K0105	RR	IV HANGER, EACH	$9.71	Prior Auth Required
K0108	KA	OTHER ACCESSORIES (WHEELCHAIR)	RNE	Prior Auth Required
K0108	KR	OTHER ACCESSORIES (WHEELCHAIR) REV. PA FOR PRICING	RNE	Prior Auth Required
K0108	NU	OTHER ACCESSORIES (WHEELCHAIR) REV PA FOR PRICING	RNE	Prior Auth Required
K0108	RB	OTHER ACCESSORIES (WHEELCHAIR) REV. FOR COVERAGE	RNE	
K0108	RR	OTHER ACCESSORIES (WHEELCHAIR) REV. PA FOR PRICING	RNE	Prior Auth Required
K0108	UE	OTHER ACCESSORIES (WHEELCHAIR)	RNE	Prior Auth Required
K0120		AZATHIOPRINE, PARENTERAL, 100 MG. (BILL ON DRUG CLAIM)	RNE	
K0122		CYCLOSPORINE - PARENTERAL, 250MG (BILL ON DRUG CLAIM)	RNE	
K0181	NU	DOME AND MOUTHPIECE, USED WITH SMALL VOLUME ULTRASONIC NEBULIZER	$8.43	
K0181	RB	DOME/MOUTHPIECE,USED W/SM VOLUME ULTRASONIC NEBULIZER	RNE	
K0191		CANISTER, NON-DISPOSABLE, USED WITH SUCTION PUMP	$38.53	

Code	Modifier	Description	Medicaid Allowable	Comments
K0191	RB	CANISTER,NON DISPOSABLE,USED W/SUCTION PUMP	$38.53	
K0192	RB	TUBING,USED W/SUCTION PUMP	RNE	
K0284	KR	EXTERNAL INUSION PUMP, MECHANICAL, REUSEABLE FOR EXTENDED DRUG INFUSION	$6.64	
K0284	NU	EXTERNAL INFUSION PUMP, MECHANICAL, REUSEABLE, FOR EXT DRUG INFUSION	$1,991.98	
K0284	RR	EXTERNAL INFUSION PUMP, MECHANICAL, REUSEABLE, FOR EXT. DRUG INFUSION *	$199.20	
K0418		CYCLOSPORIN 100 MG (NOT A SUPPLIER SERVICE)	RNE	
K0462		LOANER EQUIPMENT ANY TYPE - PAYABLE ON CROSSOVER CLAIMS ONLY	RNE	
K0551	KR	RESIDUAL LIMB SUPPORT SYSTEM, SOLID BASE WITH ADJUSTABLE DROP HOOKS, MOUNTS TO WHEELCHAIR FRAME, EACH	RNE	
K0552		SUPPLIES FOR EXTERNAL INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE, EACH	$2.60	
K0601		REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 1.5 VOLT,EACH	$1.09	
K0602		REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 3 VOLT, EACH.	$6.91	
K0603		REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, ALKALINE, 1.5 VOLT, EACH	$0.63	
K0604		REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 3.6 VOLT, EACH	$6.60	
K0605		REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 4.5 VOLT, EACH	$15.85	
K0730		CONTROLLED DOSE INHALLATION DRUG DELIVERY SYSTEM	$1,762.80	
K0733	KR	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	$0.10	Prior Auth Required
K0733	NU	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E.G.GEL CELL, ABSORBED GLASSMAT)	$30.04	Prior Auth Required
K0733	RB	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	$38.73	

Code	Modifier	Description	Medicaid Allowable	Comments
K0733	RR	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	$3.02	
K0734	NU	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	$329.66	
K0734	RB	SKIN PROTECTION WHEELCHAIR SEAT CUSHIPN, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH, ADJUSTABLE	RNE	
K0735	NU	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH	$419.47	
K0736	NU	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	$332.36	
K0736	RB	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	$332.36	
K0737	NU	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH	$420.74	
K0738	KR	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR TO FILL PORT O2 CYLINDERS, INCL PORT CONTAINERS, REG, FLOWMETER, HUMID, CANNULA/MSK,TUBE	$1.71	
K0738	RR	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR TO FILL PORT O2*CYLINDERS, INCL PORT CONTAINERS, REG, FLOWMETER, HUMID, CANNULA/MSK,TUBE	$51.35	
K0739		REPAIR OR NONROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT OTHER THAN OXYGEN REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT, PER 15 MINUTE	$10.18	
K0800	KR	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$4.29	Prior Auth Required
K0800	LL	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$1,454.00	See conversion, rental to purchase. See 471 NAC 7-010.09.
K0800	NU	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$1,285.70	Prior Auth Required

Code	Modifier	Description	Medicaid Allowable	Comments
K0800	RA	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$1,285.70	Prior Auth Required
K0800	RR	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$128.57	Prior Auth Required
K0801	KR	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	$6.91	Prior Auth Required
K0801	NU	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	$2,072.82	Prior Auth Required
K0801	RA	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	$2,072.82	Prior Auth Required
K0801	RR	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	$207.26	Prior Auth Required
K0802	KR	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	$7.82	Prior Auth Required
K0802	NU	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	$2,345.75	Prior Auth Required
K0802	RA	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	$2,345.75	Prior Auth Required
K0802	RR	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	$234.57	Prior Auth Required
K0806	KR	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$5.18	Prior Auth Required
K0806	NU	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$1,555.35	Prior Auth Required
K0806	RA	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$1,555.35	Prior Auth Required
K0806	RR	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$155.53	Prior Auth Required
K0807	KR	POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	$7.87	Prior Auth Required
K0807	NU	POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	$2,360.06	Prior Auth Required

Code	Modifier	Description	Medicaid Allowable	Comments
K0807	RA	POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	$2,360.06	Prior Auth Required
K0807	RR	POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	$236.00	Prior Auth Required
K0808	KR	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	$12.17	Prior Auth Required
K0808	NU	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	$3,651.51	Prior Auth Required
K0808	RA	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY	$3,651.51	Prior Auth Required
K0808	RR	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	$365.14	Prior Auth Required
K0812	KR	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED	RNE	Prior Auth Required
K0812	NU	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED	RNE	Prior Auth Required
K0812	RA	POWER OPERATED VEHICLE, NOT OTHERWISE SPECIFIED	RNE	Prior Auth Required
K0812	RR	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED	RNE	Prior Auth Required
K0813	KR	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$8.00	Prior Auth Required
K0813	NU	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$2,399.20	Prior Auth Required
K0813	RA	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$2,399.20	Prior Auth Required
K0813	RR	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$239.92	Prior Auth Required
K0814	KR	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$10.24	Prior Auth Required
K0814	NU	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$3,070.90	Prior Auth Required

Code	Modifier	Description	Medicaid Allowable	Comments
K0814	RA	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$3,070.90	Prior Auth Required
K0814	RR	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$307.09	Prior Auth Required
K0815	KR	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$11.66	Prior Auth Required
K0815	NU	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$3,497.06	Prior Auth Required
K0815	RR	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$349.71	Prior Auth Required
K0816	KR	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$11.16	Prior Auth Required
K0816	NU	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$3,348.97	Prior Auth Required
K0816	RA	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$3,348.97	Prior Auth Required
K0816	RR	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$334.90	Prior Auth Required
K0820	KR	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$8.54	Prior Auth Required
K0820	NU	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$2,562.50	Prior Auth Required
K0820	RA	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$2,562.50	Prior Auth Required
K0820	RR	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$256.25	Prior Auth Required

Code	Modifier	Description	Medicaid Allowable	Comments
K0821	KR	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$10.97	Prior Auth Required
K0821	NU	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$3,289.60	Prior Auth Required
K0821	RA	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$3,289.60	Prior Auth Required
K0821	RR	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$328.96	Prior Auth Required
K0822	KR	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$13.25	Prior Auth Required
K0822	NU	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$3,975.63	Prior Auth Required
K0822	RA	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$3,975.63	Prior Auth Required
K0822	RR	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$397.56	Prior Auth Required
K0823	KR	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$13.34	Prior Auth Required
K0823	NU	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$4,001.68	Prior Auth Required
K0823	RA	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPAC	$4,001.68	Prior Auth Required
K0823	RR	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$400.17	Prior Auth Required
K0824	KR	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	$16.05	Prior Auth Required
K0824	NU	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	$4,816.20	Prior Auth Required

Code	Modifier	Description	Medicaid Allowable	Comments
K0824	RA	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	$4,816.20	Prior Auth Required
K0824	RR	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	$481.62	Prior Auth Required
K0825	KR	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	$14.70	Prior Auth Required
K0825	NU	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	$4,408.94	Prior Auth Required
K0825	RA	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	$4,408.94	Prior Auth Required
K0825	RR	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	$440.89	Prior Auth Required
K0826	KR	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	$20.78	Prior Auth Required
K0826	NU	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	$6,234.99	Prior Auth Required
K0826	RA	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO	$6,234.99	Prior Auth Required
K0826	RR	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	$623.50	Prior Auth Required
K0827	KR	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	$17.67	Prior Auth Required
K0827	NU	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	$5,301.73	Prior Auth Required
K0827	RA	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	$5,301.73	Prior Auth Required
K0827	RR	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	$530.17	Prior Auth Required
K0828	KR	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	$22.90	Prior Auth Required

Code	Modifier	Description	Medicaid Allowable	Comments
K0828	NU	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	$6,870.40	Prior Auth Required
K0828	RA	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	$6,870.40	Prior Auth Required
K0828	RR	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	$687.04	Prior Auth Required
K0829	KR	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	$21.03	Prior Auth Required
K0829	NU	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	$6,308.99	Prior Auth Required
K0829	RA	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	$6,308.99	Prior Auth Required
K0829	RR	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	$630.90	Prior Auth Required
K0830	KR	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RNE	Prior Auth Required
K0830	NU	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RNE	Prior Auth Required
K0830	RA	POWER WHEELCHAIR, GROUP 2 STANDARD SEAT ELEVATOR, SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RNE	Prior Auth Required
K0830	RR	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RNE	Prior Auth Required
K0831	KR	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RNE	Prior Auth Required
K0831	NU	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RNE	Prior Auth Required

Code	Modifier	Description	Medicaid Allowable	Comments
K0831	RA	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTIANS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RNE	Prior Auth Required
K0831	RR	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RNE	Prior Auth Required
K0835	KR	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$13.45	Prior Auth Required
K0835	NU	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$4,035.20	Prior Auth Required
K0835	RA	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$4,035.20	Prior Auth Required
K0835	RR	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$403.52	Prior Auth Required
K0836	KR	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$13.95	Prior Auth Required
K0836	NU	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$4,184.48	Prior Auth Required
K0836	RA	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$4,184.48	Prior Auth Required
K0836	RR	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$418.45	Prior Auth Required
K0837	KR	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	$16.05	Prior Auth Required
K0837	NU	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	$4,816.20	Prior Auth Required

Code	Modifier	Description	Medicaid Allowable	Comments
K0837	RA	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	$4,816.20	Prior Auth Required
K0837	RR	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	$481.62	Prior Auth Required
K0838	KR	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	$14.36	Prior Auth Required
K0838	NU	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	$4,308.59	Prior Auth Required
K0838	RA	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	$4,308.59	Prior Auth Required
K0838	RR	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	$430.86	Prior Auth Required
K0839	KR	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	$20.78	Prior Auth Required
K0839	NU	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	$6,234.99	Prior Auth Required
K0839	RA	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	$6,234.99	Prior Auth Required
K0839	RR	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	$623.50	Prior Auth Required
K0840	KR	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	$31.49	Prior Auth Required
K0840	NU	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	$9,446.33	Prior Auth Required
K0840	RA	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	$9,446.33	Prior Auth Required

Code	Modifier	Description	Medicaid Allowable	Comments
K0840	RR	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	$944.63	Prior Auth Required
K0841	KR	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUND	$14.32	Prior Auth Required
K0841	NU	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUND	$4,294.97	Prior Auth Required
K0841	RA	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$4,294.97	Prior Auth Required
K0841	RR	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUND	$429.50	Prior Auth Required
K0842	KR	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$14.32	Prior Auth Required
K0842	NU	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$4,294.97	Prior Auth Required
K0842	RA	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$4,294.97	Prior Auth Required
K0842	RR	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$429.50	Prior Auth Required
K0843	KR	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	$17.24	Prior Auth Required
K0843	NU	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	$5,171.15	Prior Auth Required
K0843	RA	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	$5,171.15	Prior Auth Required

Code	Modifier	Description	Medicaid Allowable	Comments
K0843	RR	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	$517.11	Prior Auth Required
K0848	KR	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$17.52	Prior Auth Required
K0848	NU	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$5,255.48	Prior Auth Required
K0848	RA	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$5,255.48	Prior Auth Required
K0848	RR	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$525.55	Prior Auth Required
K0849	KR	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$16.84	Prior Auth Required
K0849	NU	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$5,052.90	Prior Auth Required
K0849	RA	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	$5,052.90	Prior Auth Required
K0849	RR	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$505.29	Prior Auth Required
K0850	KR	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	$20.32	Prior Auth Required
K0850	NU	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	$6,096.26	Prior Auth Required
K0850	RA	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	$6,096.26	Prior Auth Required
K0850	RR	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	$609.63	Prior Auth Required
K0851	KR	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	$19.54	Prior Auth Required

Code	Modifier	Description	Medicaid Allowable	Comments
K0851	NU	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	$5,861.45	Prior Auth Required
K0851	RA	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	$5,861.45	Prior Auth Required
K0851	RR	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	$586.15	Prior Auth Required
K0852	KR	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	$23.48	Prior Auth Required
K0852	NU	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	$7,043.84	Prior Auth Required
K0852	RA	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	$7,043.84	Prior Auth Required
K0852	RR	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	$704.38	Prior Auth Required
K0853	KR	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	$24.12	Prior Auth Required
K0853	NU	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	$7,235.79	Prior Auth Required
K0853	RA	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	$7,235.79	Prior Auth Required
K0853	RR	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	$723.58	Prior Auth Required
K0854	KR	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	$31.95	Prior Auth Required
K0854	NU	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	$9,585.86	Prior Auth Required
K0854	RA	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	$9,585.86	Prior Auth Required

Code	Modifier	Description	Medicaid Allowable	Comments
K0854	RR	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	$958.59	Prior Auth Required
K0855	KR	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	$30.18	Prior Auth Required
K0855	NU	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	$9,055.28	Prior Auth Required
K0855	RA	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	$9,055.28	Prior Auth Required
K0855	RR	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	$905.53	Prior Auth Required
K0856	KR	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$18.80	Prior Auth Required
K0856	NU	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$5,641.26	Prior Auth Required
K0856	RA	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK,PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$5,641.26	Prior Auth Required
K0856	RR	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$564.13	Prior Auth Required
K0857	KR	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$19.18	Prior Auth Required
K0857	NU	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, ATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$5,754.34	Prior Auth Required
K0857	RA	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$5,754.34	Prior Auth Required
K0857	RR	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	$575.43	Prior Auth Required

Code	Modifier	Description	Medicaid Allowable	Comments
K0858	KR	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 301 TO 450 POUNDS	$23.33	Prior Auth Required
K0858	NU	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 301 TO 450 POUNDS	$6,999.09	Prior Auth Required
K0858	RA	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 301 TO 450 POUNDS	$6,999.09	Prior Auth Required
K0858	RR	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 301 TO 450 POUNDS	$699.91	Prior Auth Required
K0859	KR	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	$22.25	Prior Auth Required
K0859	NU	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	$6,674.97	Prior Auth Required
K0859	RA	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS SCREEN BATCH-	$6,674.97	Prior Auth Required
K0859	RR	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	$667.50	Prior Auth Required
K0860	KR	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	$33.33	Prior Auth Required
K0860	NU	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	$9,999.08	Prior Auth Required
K0860	RA	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIEN WEIGHT CAPACITY 451 TO 600 POUNDS	$9,999.08	Prior Auth Required
K0860	RR	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	$999.91	Prior Auth Required
K0861	KR	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUND	$18.83	Prior Auth Required

Code	Modifier	Description	Medicaid Allowable	Comments
K0861	NU	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUND	$5,650.31	Prior Auth Required
K0861	RA	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300	$5,650.31	Prior Auth Required
K0861	RR	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUND	$565.03	Prior Auth Required
K0862	KR	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	$23.33	Prior Auth Required
K0862	NU	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	$6,999.09	Prior Auth Required
K0862	RA	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	$6,999.09	Prior Auth Required
K0862	RR	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	$699.91	Prior Auth Required
K0863	KR	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	$33.33	Prior Auth Required
K0863	NU	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	$9,999.08	Prior Auth Required
K0863	RA	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	$9,999.08	Prior Auth Required
K0863	RR	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	$999.91	Prior Auth Required
K0864	KR	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	$39.66	Prior Auth Required

Code	Modifier	Description	Medicaid Allowable	Comments
K0864	NU	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	$11,899.03	Prior Auth Required
K0864	RA	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	$11,899.03	Prior Auth Required
K0864	RR	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	$1,189.90	Prior Auth Required
K0868	KR	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RNE	Prior Auth Required
K0868	NU	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RNE	Prior Auth Required
K0868	RA	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RNE	Prior Auth Required
K0868	RR	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RNE	Prior Auth Required
K0869	KR	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RNE	Prior Auth Required
K0869	NU	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RNE	Prior Auth Required
K0869	RA	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RNE	Prior Auth Required
K0869	RR	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RNE	Prior Auth Required
K0870	KR	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RNE	Prior Auth Required
K0870	NU	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RNE	Prior Auth Required

Code	Modifier	Description	Medicaid Allowable	Comments
K0870	RA	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RNE	Prior Auth Required
K0870	RR	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RNE	Prior Auth Required
K0871	KR	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RNE	Prior Auth Required
K0871	NU	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RNE	Prior Auth Required
K0871	RA	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RNE	Prior Auth Required
K0871	RR	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RNE	Prior Auth Required
K0877	KR	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RNE	Prior Auth Required
K0877	NU	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RNE	Prior Auth Required
K0877	RA	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RNE	Prior Auth Required
K0877	RR	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RNE	Prior Auth Required
K0878	KR	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RNE	Prior Auth Required
K0878	NU	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RNE	Prior Auth Required
K0878	RA	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RNE	Prior Auth Required

Code	Modifier	Description	Medicaid Allowable	Comments
K0878	RR	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RNE	Prior Auth Required
K0879	KR	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RNE	Prior Auth Required
K0879	NU	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RNE	Prior Auth Required
K0879	RA	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RNE	Prior Auth Required
K0879	RR	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RNE	Prior Auth Required
K0880	KR	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 451 TO 600 POUNDS	RNE	Prior Auth Required
K0880	NU	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 451 TO 600 POUNDS	RNE	Prior Auth Required
K0880	RA	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 450 TO 600 POUNDS	RNE	Prior Auth Required
K0880	RR	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 451 TO 600 POUNDS	RNE	Prior Auth Required
K0884	KR	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUND	RNE	Prior Auth Required
K0884	NU	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUND	RNE	Prior Auth Required
K0884	RA	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUND	RNE	Prior Auth Required

Code	Modifier	Description	Medicaid Allowable	Comments
K0884	RR	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUND	RNE	Prior Auth Required
K0885	KR	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RNE	Prior Auth Required
K0885	NU	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RNE	Prior Auth Required
K0885	RA	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RNE	Prior Auth Required
K0885	RR	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RNE	Prior Auth Required
K0886	KR	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RNE	Prior Auth Required
K0886	NU	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RNE	Prior Auth Required
K0886	RA	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLIDSEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RNE	Prior Auth Required
K0886	RR	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RNE	Prior Auth Required
K0890	KR	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUND	RNE	Prior Auth Required
K0890	NU	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUND	RNE	Prior Auth Required
K0890	RA	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK/PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS	RNE	Prior Auth Required

Code	Modifier	Description	Medicaid Allowable	Comments
K0890	RR	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUND	RNE	Prior Auth Required
K0891	KR	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUND	RNE	Prior Auth Required
K0891	NU	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUND	RNE	Prior Auth Required
K0891	RA	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS	RNE	Prior Auth Required
K0891	RR	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUND	RNE	Prior Auth Required
K0898	KR	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED	RNE	Prior Auth Required
K0898	NU	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED	RNE	Prior Auth Required
K0898	RA	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED	RNE	Prior Auth Required
K0898	RR	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED	RNE	Prior Auth Required
K1701	RB	REPLACEMENT CUSHIONS FOR JAW MOTION REHABILITATION SYSTEM, PACKAGE OF SIX	$11.67	
L0112		CRANIAL CERVICAL ORTHOSIS, CONGENITAL TORTICOLLIS TYPE, WITH OR WITHOUT SOFT INTERFACE MATERIAL, ADJUSTABLE RANGE OF MOTION JOINT, CUSTOM FAB	$1,194.44	
L0120		CERVICAL, FLEXIBLE, NON-ADJUSTABLE (FOAM COLLAR)	$28.36	
L0130		CERVICAL, FLEXIBLE, THERMOPLASTIC COLLAR, MOLDED TO PATIENT	$130.83	
L0140		CERVICAL, SEMI-RIGID, ADJUSTABLE (PLASTIC COLLAR)	$68.44	
L0150		CERVICAL, SEMI-RIGID, ADJUSTABLE MOLDED CHIN CUP (PLASTIC COLLAR WITH MANDIBULAR/OCCIPITAL PIECE)	$114.93	
L0160		CERVICAL, SEMI-RIGID, WIRE FRAME OCCIPITAL/MANDIBULAR SUPPORT	$139.65	

Code	Modifier	Description	Medicaid Allowable	Comments
L0170		CERVICAL, COLLAR, MOLDED TO PATIENT MODEL	$527.03	
L0174		CERVICAL, COLLAR, SEMI-RIGID, THERMOPLASTIC FOAM, TWO PIECE WITH THORACIC EXTENSION	$233.18	
L0180		CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE	$299.32	
L0190		CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE CERVICAL BARS (SOMI, GUILFORD, TAYLOR TYPES)	$420.80	
L0200		CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE CERVICAL BARS, AND THORACIC EXTENSION	$505.21	
L0220		THORACIC, RIB BELT, CUSTOM FABRICATED	$109.44	
L0430		TLSO, ANTERIOR-POSTERIOR-LATERAL CONTROL, WITH INTERFACE MATERIA, CUSTOM FITTED	$1,119.80	
L0450		TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES INCLUDES FITTING AND ADJUSTMENT	$156.91	
L0452		TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, CUSTOM	RNE	
L0454		TLSO FLEXIBLE, PROVIDES TRUNK SUPPORT, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO INCLUDES FITTING AND ADJUSTMENT	$295.99	
L0456		TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIGID POSTERIOR PANEL FITTING AND ADJUSTMENT	$848.79	
L0458		TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC FITTING AND ADJUSTMENT	$761.10	
L0460		TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC INCLUDES FITTING AND ADJUSTMENT	$856.68	
L0462		TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC INCLUDES FITTING AND ADJUSTMENT	$1,065.57	
L0464		TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, FOUR RIGID PLASTIC FITTING AND ADJUSTMENT	$1,268.51	

Code	Modifier	Description	Medicaid Allowable	Comments
L0466		TLSO, SAGITTAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON ADJUSTMENT	$312.97	
L0468		TLSO, SAGITTAL-CORONAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ADJUSTMENT	$397.49	
L0470		TLSO, TRIPLANAR CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON FITTING AND SHAPING THE FRAME, PREFABRICATED, INCLUDES FITTING A	$548.20	
L0472		TLSO, TRIPLANAR CONTROL, HYPEREXTENSION, RIGID ANTERIOR AND LATERAL FRAME INCLUDES FITTING AND ADJUSTMENT	$345.44	
L0480		TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER, CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED	$1,478.85	
L0482		TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, OR CAD-CAM MODEL, CUSTOM FABRICATED	$1,384.05	
L0484		TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER, PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRI	$1,441.48	
L0486		TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED	$1,511.95	
L0488		TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, FITTING AND ADJUSTMENT	$856.68	
L0490		TLSO, SAGITTAL-CORONAL CONTROL, ONE PIECE RIGID PLASTIC SHELL, WITH OVERLAPPING AND ADJUSTMENT	$241.40	
L0491		TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTI	$655.42	
L0492		TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTI	$402.94	

Code	Modifier	Description	Medicaid Allowable	Comments
L0621		SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTION ABOUT THE SACROILIAC JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLU	$96.48	
L0622		SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTION ABOUT THE SACROILIAC JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLU	$247.56	
L0623		SACROILIAC ORTHOSIS, PROVIDES PELVIC-SACRAL SUPPORT, WITH RIGID OR SEMI-RIGID PANELS OVER THE SACRUM AND ABDOMEN, REDUCES MOTION ABOUT THE SAC	RNE	
L0624		SACROILIAC ORTHOSIS, PROVIDES PELVIC-SACRAL SUPPORT, WITH RIGID OR SEMI-RIGID PANELS PLACED OVER THE SACRUM AND ABDOMEN, REDUCES MOTION ABOUT	RNE	
L0625		LUMBAR ORTHOSIS, FLEXIBLE, PROVIDES LUMBAR SUPPORT, POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE	$47.00	
L0626		LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY P	$66.53	
L0627		LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRA	$350.79	
L0628		LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES I	$71.60	
L0629		LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES I	RNE	
L0630		LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA,	$138.20	
L0631		LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VE	$876.09	

Code	Modifier	Description	Medicaid Allowable	Comments
L0632		LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VE	RNE	
L0633		LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION T	$244.72	
L0634		LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION T	RNE	
L0635		LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID POSTERIOR FRAME/PANEL(S), LATERAL ARTICULATING DESIGN TO FLEX TH	$858.33	
L0636		LUMBAR SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID POSTERIOR FRAME/PANELS, LATERAL ARTICULATING DESIGN TO FLEX THE	$1,411.83	
L0637		LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JU	$1,016.45	
L0638		LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JU	$1,125.58	
L0639		LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA,	$1,016.45	
L0640		LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA,	$893.01	
L0700		CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO), ANTERIOR-POSTERIER-LATERAL CONTROL, MOLDED TO PATIENT MODEL (MINERVA TYPE)	$2,161.63	
L0710		CTLSO, ANTERIOR-POSTERIOR-LATERAL CONTROL, MOLDED TO PATIENT MODEL, WITH INTERFACE MATERIAL, (MINERVA TYPE)	$1,793.49	
L0810		HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO JACKET VEST	$2,206.92	

Code	Modifier	Description	Medicaid Allowable	Comments
L0820		HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO PLASTER BODY JACKET	$1,764.65	
L0830		HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO MILWAUKEE TYPE ORTHOSIS	$2,598.26	
L0859		ADDITION TO HALO PROCEDURE, MAGNETIC RESONANCE IMAGE COMPATIBLE SYSTEMS, RINGS AND PINS, ANY MATERIAL	$976.91	
L0861		ADDITION TO HALO PROCEDURE, REPLACEMENT LINER/INTERFACE MATERIAL	$183.92	
L0970		TLSO, CORSET FRONT	$91.65	
L0972		LSO, CORSET FRONT	$83.93	
L0974		TLSO, FULL CORSET	$152.96	
L0976		LSO, FULL CORSET	$142.86	
L0978		AXILLARY CRUTCH EXTENSION	$204.63	
L0980		PERONEAL STRAPS, PAIR	$14.00	
L0982		STOCKING SUPPORTER GRIPS, SET OF FOUR (4)	$15.00	
L0984		PROTECTIVE BODY SOCK, EACH	$55.89	
L0999		ADDITION TO SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED	RNE	
L1000		CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO) (MILWAUKEE), INCLUSIVE OF FURNISHING INITIAL ORTHOSIS, INCLUDING MODEL	$1,702.80	
L1001		CERVICAL THORACIC LUMBAR SACRAL ORTHOSIS, IMMOBILIZER, INFANT SIZE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	RNE	
L1005		TENSION BASED SCOLIOSIS ORTHOSIS AND ACCESSORY PADS, INCLUDES FITTING AND ADJUSTMENT	$2,731.46	
L1010		ADDITION TO CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO) OR SCOLIOSIS ORTHOSIS, AXILLA SLING	$60.06	
L1020		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD	$69.31	
L1025		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD, FLOATING	$100.00	
L1030		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR BOLSTER PAD	$51.01	
L1040		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR OR LUMBAR RIB PAD	$63.23	

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L1050		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, STERNAL PAD	$66.76	
L1060		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, THORACIC PAD	$78.90	
L1070		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, TRAPEZE SLING	$72.15	
L1080		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER	$44.38	
L1085		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER, BILATERAL WITH VERTICAL EXTENSIONS	$123.43	
L1090		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR SLING	$74.25	
L1100		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, RING FLANGE, PLASTIC OR LEATHER	$140.26	
L1110		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, RING FLANGE, PLASTIC OR LEATHE R, MOLDED TO PATIENT MODEL	$258.03	
L1120		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, COVER FOR UPRIGHT, EACH	$31.84	
L1200		THORACIC-LUMBAR-SACRAL-ORTHOSES (TLSO), INCLUSIVE OF FURNISHING INITIAL ORTHOSIS ONLY	$1,455.22	
L1210		ADDITION TO TLSO, (LOW PROFILE), LATERAL THROACIC EXTENSION	$209.83	
L1220		ADDITION TO TLSO (LOW PROFILE), ANTERIOR THORACIC EXTENSION	$183.92	
L1230		ADDITION TO TLSO (LOW PROFILE), MILWAUKEE TYPE SUPERSTRUCTURE	$455.84	
L1240		ADDITION TO TLSO (LOW PROFILE), LUMAR DEROTATION PAD	$62.27	
L1250		ADDITION TO TLSO (LOW PROFILE), ANTERIOR ASIS PAD	$57.93	
L1260		ADDITION TO TLSO (LOW PROFILE), ANTERIOR THORACIC DEROTATION PAD	$60.67	
L1270		ADDITION TO TLSO (LOW PROFILE), ABDOMINAL PAD	$62.13	
L1280		ADDITION TO TLSO (LOW PROFILE), RIB BUSSET (ELASTIC), EACH	$69.18	
L1290		ADDITION TO TLSO (LOW PROFILE), LATERAL TROCHANTERIC PAD	$63.02	
L1300		OTHER SCOLIOSIS PROCEDURE, BODY JACKET MOLDED TO PATIENT MODEL	$1,442.30	

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L1310		OTHER SCOLIOSIS PROCEDURE, POST-OPERATIVE BODY JACKET	$1,537.33	
L1499		SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED REVIEW PRICING	RNE	
L1500		THORACIC-HIP-KNEE-ANKLE ORTHOSIS (THKAO), MOBILITY FRAME (NEWINGTON, PA RAPODIUM TYPES)	$1,901.52	
L1510		THKAO, STANDING FRAME, WITH OR WITHOUT TRAY AND ACCESSORIES	$1,105.42	
L1520		THKAO, SWIVEL WALKER	$2,231.49	
L1600		HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, FREJKA TYPE WITH COVER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	$103.33	
L1610		HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (FREJKA COVER ONLY), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	$41.45	
L1620		HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (PAVLIK HARNESS), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	$110.88	
L1630		HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, SEMI-FLEXIBLE (VON ROSEN TYPE), CUSTOM-FABRICATED	$148.76	
L1640		HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PELVIC BAND OR SPREADER BAR, THIGH CUFFS, CUSTOM-FABRICATED	$417.68	
L1650		HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, ADJUSTABLE, (ILFLED TYPE), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	$195.54	
L1652		HIP ORTHOSIS, BILATERAL THIGH CUFFS WITH ADJUSTABLE ABDUCTOR SPREADER BAR, ADULT SIZE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT, ANY	$304.23	
L1660		HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PLASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	$137.23	
L1680		HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, DYNAMIC, PELVIC CONTROL, ADJ HIP MOTION CONTROL,THIGH CUFFS(RANCHO HIP ACTION)CUSTOM FABRICATED	$1,189.91	

Code	Modifier	Description	Medicaid Allowable	Comments
L1685		HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE, CUSTOM FABRICATED	$953.86	
L1686		HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	$731.50	
L1690		COMBINATION, BILATERAL, LUMBO-SACRAL, HIP, FEMUR ORTHOSIS PROVIDING ADDUCTION AND INTERNAL ROTATION CONTROL, PREFABRICATED, INCLUDES FITTING A	$1,650.26	
L1700		LEGG PERTHES ORTHOSIS, (TORONTO TYPE), CUSTOM-FABRICATED	$1,340.27	
L1710		LEGG PERTHES ORTHOSIS, (NEWINGTON TYPE), CUSTOM FABRICATED	$1,433.54	
L1720		LEGG PERTHES ORTHOSIS, TRILATERAL, (TACHDIJAN TYPE), CUSTOM-FABRICATED	$1,241.18	
L1730		LEGG PERTHES ORTHOSIS, (SCOTTISH RITE TYPE), CUSTOM-FABRICATED	$997.55	
L1755		LEGG PERTHES ORTHOSIS, (PATTEN BOTTOM TYPE), CUSTOM-FABRICATED	$1,299.13	
L1810		KNEE ORTHOSIS, ELASTIC WITH JOINTS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	$80.27	
L1820		KNEE ORTHOSIS, ELASTIC WITH CONDYLAR PADS AND JOINTS, WITH OR WITHOUT PATELLAR CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	$106.45	
L1830		KNEE ORTHOSIS, IMMOBILIZER, CANVAS LONGITUDINAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	$73.08	
L1831		KNEE ORTHOSIS, LOCKING KNEE JOINT(S), POSITIONAL ORTHOSIS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	$251.18	
L1832		KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRIC), POSITIONAL ORTHOSIS, RIGID SUPPORT, PREFABRICATED, INCLUDES FITTING AND ADJ	$487.54	
L1832	52	KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRIC), POSITIONAL ORTHOSIS, RIGID SUPPORT, PREFABRICATED, INCLUDES FITTING AND ADJ	$243.77	
L1834		KNEE ORTHOSIS, WITHOUT KNEE JOINT, RIGID, CUSTOM-FABRICATED	$672.27	

Code	Modifier	Description	Medicaid Allowable	Comments
L1834	52	KNEE ORTHOSIS, WITHOUT KNEE JOINT, RIGID, CUSTOM-FABRICATED	$336.14	
L1836		KNEE ORTHOSIS, RIGID, WITHOUT JOINT(S), INCLUDES SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	$113.88	
L1840		KNEE ORTHOSIS, DEROTATION, MEDIAL-LATERAL, ANTERIOR CRUCIATE LIGAMENT, CUSTOM FABRICATED	$755.42	
L1843		KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND	$765.75	
L1844		KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND	$1,613.61	
L1845		KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND	$655.44	
L1845	52	KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND	$327.72	
L1846		KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND	$895.84	
L1847		KNEE ORTHOSIS, DOUBLE UPRIGHT WITH ADJUSTABLE JOINT, WITH INFLATABLE AIRSUPPORT CHAMBER(S), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	$490.85	
L1850		KNEE ORTHOSIS, SWEDISH TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	$239.24	
L1860		KNEE ORTHOSIS, MODIFICATION OF SUPRACONDYLAR PROSTHETIC SOCKET, CUSTOM-FABRICATED (SK)	$1,093.32	
L1860	52	KNEE ORTHOSIS, MODIFICATION OF SUPRACONDYLAR PROSTHETIC SOCKET, CUSTOM-FABRICATED (SK)	$546.66	
L1900		ANKLE FOOT ORTHOSIS, SPRING WIRE, DORSIFLEXION ASSIST CALF BAND, CUSTOM-FABRICATED	$225.28	

Code	Modifier	Description	Medicaid Allowable	Comments
L1902		ANKLE FOOT ORTHOSIS, ANKLE GAUNTLET, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	$67.56	
L1904		ANKLE FOOT ORTHOSIS, MOLDED ANKLE GAUNTLET, CUSTOM-FABRICATED	$379.06	
L1906		ANKLE FOOT ORTHOSIS, MULTILIGAMENTUS ANKLE SUPPORT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	$96.44	
L1907		AFO, SUPRAMALLEOLAR WITH STRAPS, WITH OR WITHOUT INTERFACE/PADS, CUSTOM FABRICATED	$480.18	
L1907	52	AFO, SUPRAMALLEOLAR WITH STRAPS, WITH OR WITHOUT INTERFACE/PADS, CUSTOM FABRICATED	$240.09	
L1910		ANKLE FOOT ORTHOSIS, POSTERIOR, SINGLE BAR, CLASP ATTACHMENT TO SHOE COUNTER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	$214.45	
L1920		ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT WITH STATIC OR ADJUSTABLE STOP (PHELPS OR PERLSTEIN TYPE), CUSTOM-FABRICATED	$280.35	
L1930		ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	$221.71	
L1930	52	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES*FITTING AND ADJUSTMENT	$110.86	
L1932		AFO, RIGID ANTERIOR TIBIAL SECTION, TOTAL CARBON FIBER OR EQUAL MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	$761.55	
L1940		ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, CUSTOM-FABRICATED	$434.30	
L1940	52	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, CUSTOM-FABRICATED******	$217.15	
L1945		ANKLE FOOT ORTHOSIS, MOLDED TO PATIENT MODEL, PLASTIC, RIGID ANTERIOR TIBIAL SECTION (FLOOR REACTION), CUSTOM FABRICATED	$742.33	
L1945	52	ANKLE FOOT ORTHOSIS, PLASTIC, RIGID ANTERIOR TIBIAL SECTION (FLOOR REACTION), CUSTOM-FABRICATED	$371.16	

Code	Modifier	Description	Medicaid Allowable	Comments
L1950		ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), PLASTIC, CUSTOM-FABRICATED	$624.21	
L1951		ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND A	$716.73	
L1960		ANKLE FOOT ORTHOSIS, POSTERIOR SOLID ANKLE, PLASTIC, CUSTOM-FABRICATED	$444.49	
L1960	52	ANKLE FOOT ORTHOSIS, POSTERIOR SOLID ANKLE, PLASTIC, CUSTOM-FABRICATED	$222.25	
L1970		ANKLE FOOT ORTHOSIS, PLASTIC WITH ANKLE JOINT, CUSTOM-FABRICATED	$682.04	
L1970	52	ANKLE FOOT ORTHOSIS, PLASTIC WITH ANKLE JOINT, CUSTOM-FABRICATED	$341.02	
L1971		ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL WITH ANKLE JOINT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	$400.01	
L1980		ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP,CALF BAND/CUFF (SINGLE BAR "BK" ORTHOSIS), CUSTOM-FABRICATED	$326.47	
L1990		ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, CALF BAND/CUFF (DOUBLE BAR "BK" ORTHOSIS), CUSTOM-FABRICATED	$412.61	
L2000		KNEE ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT, FREE KNEE, FREE ANKLE, SOLID STIRRUP, THIGH & CALF BANDS/CUFFS (SINGLE BAR "AK" ORTHOSIS), CUSTOM-FAB	$813.36	
L2005		KNEE ANKLE FOOT ORTHOSIS, ANY MATERIAL, SINGLE OR DOUBLE UPRIGHT, STANCE CONTROL, AUTOMATIC LOCK AND SWING PHASE RELEASE, MECHANICAL ACTI	$3,497.04	
L2010		KNEE ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH&CALF BANDS/CUFFS (SINGLE BAR "AK" ORTHO) WITHOUT KNEE JOINT, CUS FAB	$745.45	

Code	Modifier	Description	Medicaid Allowable	Comments
L2020		KNEE ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT, FREE KNEE/ANKLE, SOLID STIRRUPTHIGH & CALF BANDS/CUFFS (DOUBLE BAR "AK" ORTHO), CUSTOM-FABRICATED	$936.35	
L2030		KNEE, ANKLE,,FOOT ORTHO, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH& CALF BANDS/CUFFS (DOUBLE BAR "AK" ORTHO) WITH OUT KNEE JOINT,CUST FAB	$865.17	
L2034		KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, MEDIAL LATERAL ROTATION CONTROL, WITH OR WITHOUT FR	$1,770.07	
L2035		KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, STATIC (PEDIATRIC SIZE), WITHOUT FREE MOTION ANKLE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	$147.83	
L2036		KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, DOUBLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATE	$1,487.80	
L2036	52	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, DOUBLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATE	$743.90	
L2037		KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATE	$1,335.66	
L2038		KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, WITH OR WITHOUT FREE MOTION KNEE, MULTI-AXIS ANKLE, CUSTOM FABRICATED	$1,146.52	
L2040		HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL ROTATION STRAPS, PELVIC BAND/BELT, CUSTOM FABRICATED	$142.38	
L2040	52	HIP KNEE ANKLE FOOT ORTHOSIS,TORSION CONTROL, BILATERAL ROTATION STRAPS, POLVIC BAND/BELT, CUSTOM FABRICATED	$71.19	
L2050		HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL TORSION CABLES,HIP JOINT, PELVIC BAND/BELT, CUSTOM-FABRICATED	$382.00	
L2060		HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL TORSION CABLES,BALL BEARING HIP JOINT, PELVIC BAND/ BELT, CUSTOM-FABRICATED	$482.05	

Code	Modifier	Description	Medicaid Allowable	Comments
L2070		HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL ROTATION STRAPS, PELVIC BAND/BELT, CUSTOM FABRICATED	$111.66	
L2080		HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL TORSION CABLE,HIP JOINT, PELVIC BAND/BELT, CUSTOM-FABRICATED	$313.45	
L2090		HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL TORSION CABLE,BALL BEARING HIP JOINT, PELVIC BAND/ BELT, CUSTOM-FABRICATED	$389.50	
L2106		ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM-FABRICATED	$545.23	
L2108		ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, CUSTOM-FABRICATED	$856.81	
L2112		ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SOFT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	$374.13	
L2114		ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SEMI-RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	$491.72	
L2116		ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, RIGID,PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	$604.33	
L2126		KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM-FABRICATED	$960.26	
L2128		KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, CUSTOM-FABRICATED	$1,375.06	
L2132		KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SOFT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	$646.88	
L2134		KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SEMI-RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	$775.59	
L2136		KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	$957.50	

Code	Modifier	Description	Medicaid Allowable	Comments
L2180		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, PLASTIC SHOE INSERT WITH ANKLE JOINTS	$94.62	
L2182		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, DROP LOCK KNEE JOINT	$88.17	
L2184		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, LIMITED MOTION KNEE JOINT	$99.33	
L2186		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, ADJUSTABLE MOTION KNEE JOINT, LERMAN TYPE	$125.24	
L2188		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, QUADRILATERAL BRIM	$240.17	
L2190		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, WAIST BELT	$74.02	
L2192		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, HIP JOINT, PELVIC BAND, THIGH FLANGE, AND PELVIC BELT	$362.23	
L2200		ADDITION TO LOWER EXTREMITY, LIMITED ANKLE MOTION, EACH JOINT	$38.13	
L2200	52	ADDITION TO LOWER EXTREMITY, LIMITED ANKLE MOTION, EACH JOINT	$19.07	
L2210		ADDITION TO LOWER EXTREMITY, DORSIFLEXITON ASSIST (PLANTAR FLEXION RESI ST) , EACH JOINT	$53.90	
L2210	52	ADDITION TO LOWER EXTREMITY, DORSIFLEXION ASSIST (PLANTAR FLEXION RESIST, EZCH JOINT	$26.95	
L2220		ADDITION TO LOWER EXTREMITY, DORSIFLEXION AND PLANTAR FLEXION ASSIST/RE SIST, EACH JOINT	$67.33	
L2230		ADDITION TO LOWER EXTREMITY, SPLIT FLAT CALIPER STIRRUPS AND PLATE ATT ACHMENT	$63.35	
L2232		ADDITION TO LOWER EXTREMITY ORTHOSIS, ROCKER BOTTOM FOR TOTAL CONTACT ANKLE FOOT ORTHOSIS, FOR CUSTOM FABRICATED ORTHOSIS ONLY	$83.30	
L2240		ADDITION TO LOWER EXTREMITY, ROUND CALIPER AND PLATE ATTACHMENT	$70.66	
L2250		ADDITION TO LOWER EXTREMITY, FOOT PLATE, MOLDED TO PATIENT MODEL, STIRR UP ATTACHMENT	$335.70	
L2260		ADDITION TO LOWER EXTREMITY, REINFORCED SOLID STIRRUP (SCOTT-CRAIG TYPE)	$160.76	

Code	Modifier	Description	Medicaid Allowable	Comments
L2265		ADDITION TO LOWER EXTREMITY, LONG TONGUE STIRRUP	$96.38	
L2270		ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION ("T") STRAP, PADDE D/LINED OR MALLEOLUS PAD	$43.06	
L2270	52	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION ("T") STRAP, PADDED/LINED OR MALLEOLUS PAD	$21.53	
L2275		ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION, PLASTIC MODIFICATION, PADDED/LINED	$127.88	
L2280		ADDITION TO LOWER EXTREMITY, MOLDED INNER BOOT	$363.12	
L2280	52	ADDITION TO LOWER EXTREMITY, MOLDED INNR BOOT	$181.56	
L2300		ADDITION TO LOWER EXTREMITY, ABDUCTION BAR (BILATERAL HIP INVOLVEMENT), JOINTED, ADJUSTABLE	$224.20	
L2310		ADDITION TO LOWER EXTREMITY, ABDUCTION BAR, STRAIGHT	$98.65	
L2320		ADDITION TO LOWER EXTREMITY, NON-MOLDED LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	$176.41	
L2330		ADDITION TO LOWER EXTREMITY, LACER MOLDED TO PATIENT MODEL, FOR CUSTOM FABRICATED ORTHOSIS ONLY	$333.71	
L2335		ADDITION TO LOWER EXTREMITY, ANTERIOR SWING BAND	$242.90	
L2340		ADDITION TO LOWER EXTREMITY, PRE-TIBIAL SHELL, MOLDED TO PATIENT MODEL	$360.69	
L2340	52	ADDITION TO LOWER EXTREMITY, PRE-TIBIAL SHELL, MOLDED TO PATIENT MODEL	$180.34	
L2350		ADDITION TO LOWER EXTREMITY, PROSTHETIC TYPE "BK" SOCKET, MOLDED TO PA TIENT MODEL (USED FOR 'PTB' 'AFO' ORTHOSIS)	$781.72	
L2360		ADDITION TO LOWER EXTREMITY, EXTENDED STEEL SHANK	$44.39	
L2360	52	ADDITION TO LOWER EXTREMITY, EXTENDED STEEL SHANK	$22.19	
L2370		ADDITION TO LOWER EXTREMITY, PATTEN BOTTOM	$274.48	
L2375		ADDITION TO LOWER EXTREMITY, TORSION CONTROL, ANKLE JOINT AND HALF SOLID STIRRUP	$97.72	

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L2380		ADDITION TO LOWER EXTREMITY, TORSION CONTROL, STRAIGHT KNEE JOINT, EACH JOINT	$119.34	
L2385		ADDITION TO LOWER EXTREMITY, STRAIGHT KNEE JOINT, HEAVY DUTY, EACH JOINT	$109.22	
L2387		ADDITION TO LOWER EXTREMITY, POLYCENTRIC KNEE JOINT, FOR CUSTOM FABRICATED KNEE ANKLE FOOT ORTHOSIS, EACH JOINT	$132.71	
L2390		ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, EACH JOINT	$87.78	
L2395		ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, HEAVY DUTY, EACH JOINT	$131.98	
L2397		ADDITION TO LOWER EXTREMITY ORTHOSIS, SUSPENSION SLEEVE	$108.05	
L2405		ADDITION TO KNEE JOINT, DROP LOCK, EACH	$74.39	
L2405	52	ADDITION TO KNEE JOINT, DROP LOCK, EACH	$37.20	
L2415		ADDITION TO KNEE LOCK WITH INTEGRATED RELEASE MECHANISM (BAIL, CABLE, OR EQUAL), ANY MATERIAL, EACH JOINT	$103.66	
L2425		ADDITION TO KNEE JOINT, DISC OR DIAL LOCK FOR ADJUSTABLE KNEE FLEXION, EACH JOINT	$122.32	
L2425	52	ADDITION TO KNEE JOINT, DISC OR DIAL LOCK FOR ADJUSTABLE KNEE FLEXION,**EACH JOINT	$61.16	
L2430		ADD. TO KNEE JNT., RATCHET LOCK FOR ACTIVE AND PROG. KNEE EXT. EA. JNT.	$122.32	
L2430	52	ADDITION TO KNEE JOINT, RATCHET LOCK FOR ACTIVE AND PROGRESSIVE KNEE EXTEACH JOINT	$61.16	
L2492		ADDITION TO KNEE JOINT, LIFT LOOP FOR DROP LOCK RING	$81.77	
L2500		ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, BULTEAL/ISCHIAL WEIG HT BEARING, RING	$253.58	
L2510		ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRI-LATERAL BRIM, MOLDED TO PATIENT MODEL	$630.25	
L2520		ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRI-LATERAL BRIM, CUSTOM FITTED	$369.42	

Code	Modifier	Description	Medicaid Allowable	Comments
L2525		ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/ NARROW M-L BRIM, MOLDED TO PATIENT MODEL	$1,070.91	
L2526		ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/ NARROW M-L BRIM, CUSTOM FITTED.	$549.27	
L2530		ADDITION TO LOWER EXTREMITY, THIGH-WEIGHT BEARING, LACER, NON-MOLDED	$207.10	
L2540		ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, LACER, MOLDED TO PAT IENT MODEL	$339.03	
L2550		ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, HIGH ROLL CUFF	$230.31	
L2570		ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE, TWO POSITION JOINT, EACH	$439.43	
L2580		ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PELVIC SLING	$372.17	
L2600		ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE, OR THRUST BEARING, FREE, EACH	$164.69	
L2610		ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS OR THRUS T BEARING, LOCK, EACH	$194.75	
L2620		ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, HEAVY DUTY, EAC H	$270.72	
L2622		ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJUSTABLE FLEXION, EACH	$258.55	
L2624		ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJUSTABLE FLEXION, EXTENSION, ABDUCTION CONTROL, EACH	$313.23	
L2627		ADDITION TO LOWER EXTREMITY, PELVIC ONCTROL, PLASTIC, MOLDED TO PT MODEL	$1,374.71	
L2628		ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, METAL FRAME	$1,343.52	
L2630		ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND AND BELT, UNILATERAL	$198.57	
L2640		ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND AND BELT, BILATERAL	$269.49	
L2650		ADDITION TO LOWER EXTREMITY, PELVIC AND THORACIC CONTROL, GLUTEAL PAD, EACH	$118.79	

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L2660		ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, THORACIC BAND	$149.46	
L2670		ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, PARASPINAL UPRIGHTS	$139.01	
L2680		ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, LATERAL SUPPORT UPRIGHTS	$140.63	
L2750		ADDITION TO LOWER EXTREMITY ORTHOSIS, PLATING CHROME OR NICKEL, PER BAR	$74.03	
L2755		ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/PREPREG COMPOSITE, PER SEGMENT, FOR CUSTOM FAB	$111.52	
L2755	52	ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/PREPREG COMPOSISTE, PER SEGMENT, FOR CUSTOM FAB	$55.76	
L2760		ADDITION TO LOWER EXTREMITY ORTHOSIS, EXTENSION, PER EXTENSION, PER BAR (FOR LINEAL ADJUSTMENT FOR GROWTH)	$48.72	
L2760	52	ADDITION TO LOWER EXTREMITY ORTHOSIS, EXTENSION, PER EXTENSION, PER BAR (FOR LINEAL ADJUSTMENT FOR GROWTH)	$24.36	
L2768		ORTHOTIC SIDE BAR DISCONNECT DEVICE, PER BAR	$111.22	
L2780		ADDITION TO LOWER EXTREMITY, NON-CORROSIVE FINISH, PER BAR	$54.27	
L2785		ADDITION TO LOWER EXTREMITY ORTHOSIS, DROP LOCK RETAINER, EACH	$27.12	
L2785	52	ADDITION TO LOWER EXTREMITY ORTHOSIS, DROP LOCK RETAINER, EACH	$13.56	
L2795		ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, FULL KNEECAP	$68.14	
L2795	52	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, FULL KNEECAP	$34.07	
L2800		ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, KNEE CAP, MEDIAL OR LATERAL PULL, FOR USE WITH CUSTOM FABRICATED ORTHOSIS ONLY	$85.54	
L2810		ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, CONDYLAR PAD	$62.64	
L2820		ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, BELOW KNEE SECTION	$69.64	

Code	Modifier	Description	Medicaid Allowable	Comments
L2820	52	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACEFOR MOLDED PLASTIC, BELOW KNEE SECTION	$34.82	
L2830		ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC,ABOVE KNEE SECTION	$75.34	
L2840		ADDITION TO LOWER EXTREMITY ORTHOSIS, TIBIAL LENGTH SOCK, FRACTURE OR EQUAL, EACH	$36.25	
L2850		ADDITION TO LOWER EXTREMITY ORTHOSIS, FEMORAL LENGTH SOCK, FRACTURE OR EQUAL, EACH	$66.21	
L2999		LOWER EXTREMITY ORTHOSIS, NOT OTHERWISE SPECIFIED	RNE	
L3000		FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, "UCB" TYPE, BERKELEY SHELL, EACH	$268.09	
L3000	52	FOOT, INSERT, REMOVEABLE, MOLDED TO PT MODEL, UCP TYPE, BERKELEY SHELL,E	$134.04	
L3001		FOOT INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SPENCO, EACH	$112.87	
L3002		FOOT INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, PLASTAZOTE OR EQUAL, E ACH	$137.84	
L3003		FOOT INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SILICONE GEL, EACH	$148.72	
L3010		FOOT INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL ARCH SUPP ORT, EACH	$148.72	
L3020		FOOT INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL/METATARSALSUPPORT, EACH	$169.33	
L3030		FOOT INSERT, REMOVABLE, FORMED TO PATIENT FOOT, EACH	$65.13	
L3030	52	FOOT INSERT, REMOVEABLE, FORMED TO PATIENT FOOT, EACH	$32.57	
L3031		FOOT INSERT/PLATE, REMOVABLE, ADDITION TO LOWER EXTREMITY ORTHOSIS, HIG H STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/PREPREG CO	RNE	
L3040		FOOT ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL, EACH	$40.17	
L3050		FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, METATARSAL, EACH	$40.17	

Code	Modifier	Description	Medicaid Allowable	Comments
L3060		FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL/METATARSAL, EACH	$62.93	
L3060	52	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDID, LONGITUDINAL/METATARSAL, EACH	$31.47	
L3070		FOOT, ARCH SUPPORT, NONREMOVABLE ATTACHED TO SHOE, LONGITUDINAL, EACH	$27.14	
L3080		FOOT, ARCH SUPPORT, NONREMOVABLE ATTACHED TO SHOE, METATARSAL, EACH	$27.14	
L3090		FOOT, ARCH SUPPORT, NONREMOVABLE ATTACHED TO SHOE, LONGITUDINAL/METATARSAL, EACH	$34.73	
L3100		HALLUS-VALGUS NIGHT DYNAMIC SPLINT, EACH	$36.91	
L3140		FOOT, ROTATION POSITIONING DEVICE, INCLUDING SHOE(S)	$75.98	
L3150		FOOT, ROTATION POSITIONING DEVICE, WITHOUT SHOE(S)	$69.47	
L3160		FOOT, ADJUSTABLE SHOE-STYLED POSITIONING DEVICE	RNE	
L3170		FOOT, PLASTIC, SILICONE OR EQUAL, HEEL STABILIZER, EACH	$43.41	
L3201		ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, INFANT	$29.08	
L3202		ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, CHILD	$32.71	
L3203		ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, JUNIOR	$34.90	
L3204		ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, INFANT	$29.08	
L3206		ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, CHILD	$32.71	
L3207		ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, JUNIOR	$34.90	
L3208		SURGICAL BOOT, EACH, INFANT	$32.71	
L3209		SURGICAL BOOT, EACH, CHILD	$36.35	
L3211		SURGICAL BOOT, EACH, JUNIOR	$39.98	
L3212		BENESCH BOOT, PAIR, INFANT	$58.16	
L3213		BENESCH BOOT, PAIR, CHILD	$58.16	
L3214		BENESCH BOOT, PAIR, JUNIOR	$58.16	

Code	Modifier	Description	Medicaid Allowable	Comments
L3215		ORTHOPEDIC FOOTWEAR, LADIES SHOE, OXFORD, EACH	$116.32	
L3215	52	ORTHOPEDIC FOOTWEAR, LADIES SHOE, OXFORD, EACH	$116.32	
L3216		ORTHOPEDIC FOOTWEAR, LADIES SHOE, DEPTH INLAY, EACH	$116.32	
L3217		ORTHOPEDIC FOOTWEAR, LADIES SHOE, HIGHTOP, DEPTH INLAY, EACH	$116.32	
L3219		ORTHOPEDIC FOOTWEAR, MENS SHOE, OXFORD, EACH	$116.32	
L3221		ORTHOPEDIC FOOTWEAR, MENS SHOE, DEPTH INLAY, EACH	$138.13	
L3222		ORTHOPEDIC FOOTWEAR, MENS SHOE, HIGHTOP, DEPTH INLAY, EACH	$138.13	
L3224		ORTHOPEDIC FOOTWEAR, WOMAN'S SHOE, OXFORD, INTEGRAL PART OF A BRACE 1 UNIT = 1 SHOE	$57.63	
L3225		ORTHOPEDIC FOOTWEAR, MAN'S SHOE, OXFORD, INTEGRAL PART OF A BRACE	$67.04	
L3230		ORTHOPEDIC FOOTWEAR, CUSTOM SHOE, DEPTH INLAY, EACH	RNE	
L3250		ORTHOPEDIC FOOTWEAR, CUSTOM MOLDED SHOE, REMOVABLE INNER MOLD, PROSTHETIC SHOE, EACH	$363.50	
L3251		FOOT, SHOE MOLDED TO PATIENT MODEL, SILICONE SHOE, EACH	$141.04	
L3252		FOOT, SHOE MOLDED TO PATIENT MODEL, PLASTAZOTE (OR SIMILAR), CUSTOM FABRICATED, EACH	$141.04	
L3253		FOOT, MOLDED SHOE, PLASTAZOTE (OR SIMILAR) CUSTOM FITTED, EACH	$141.04	
L3254		NON-STANDARD SIZE OR WIDTH	$19.93	
L3255		NON-STANDARD SIZE OR LENGTH	$19.93	
L3257		ORTHOPEDIC FOOTWEAR, ADDITIONAL CHARGE FOR SPLIT SIZE	$53.22	
L3260		SURGICAL BOOT/SHOE, EACH	$36.35	
L3265		PLASTAZOTE SANDAL, EACH	$58.16	
L3300		LIFT, ELEVATION, HEEL, TAPERED TO METATARSALS, PER INCH	$44.52	
L3310		LIFT, ELEVATION, HEEL AND SOLE, NEOPRENE, PER INCH	$69.47	

Code	Modifier	Description	Medicaid Allowable	Comments
L3320		LIFT, ELEVATION, HEEL AND SOLE, CORK, PER INCH	$116.32	
L3330		LIFTS, ELEVATION, METAL EXTENSION, (SKATE)	$482.97	
L3332		LIFT, ELEVATION, INSIDE SHOE, TAPERED, UP TO ONE-HALF INCH	$62.93	
L3334		LIFT, ELEVATION, HEEL, PER INCH	$32.55	
L3340		HEEL WEDGE, SACH	$72.73	
L3350		HEEL WEDGE	$19.54	
L3360		SOLE WEDGE, OUTSIDE SOLE	$30.38	
L3370		SOLE WEDGE, BETWEEN SOLE	$42.32	
L3380		CLUBFOOT WEDGE	$42.32	
L3390		OUTFLARE WEDGE	$42.32	
L3400		METATARSAL BAR WEDGE, ROCKER	$34.73	
L3410		METATARSAL BAR WEDGE, BETWEEN SOLE	$79.23	
L3420		FULL SOLE AND HEEL WEDGE, BETWEEN SOLE	$46.67	
L3430		HEEL, COUNTER, PLASTIC REINFORCED	$136.77	
L3440		HEEL, COUNTER, LEATHER REINFORCED	$65.13	
L3450		HEEL, SACH CUSHION TYPE	$90.08	
L3455		HEEL, NEW LEATHER, STANDARD	$34.73	
L3460		HEEL, NEW RUBBER, STANDARD	$29.30	
L3465		HEEL, THOMAS WITH WEDGE	$49.95	
L3470		HEEL, THOMAS EXTENDED TO BALL	$53.20	
L3480		HEEL, PAD AND DEPRESSION FOR SPUR	$53.20	
L3485		HEEL, PAD, REMOVABLE FOR SPUR	$21.81	
L3500		ORTHOPEDIC SHOE ADDITION, INSOLE, LEATHER	$24.95	
L3510		ORTHOPEDIC SOLE ADDITION, INSOLE, RUBBER	$24.95	
L3520		ORTHOPEDIC SHOE ADDITION, INSOLE, FELT COVERED WITH LEATHER	$27.14	
L3530		ORTHOPEDIC SHOE ADDITION, SOLE, HALF	$27.14	

Code	Modifier	Description	Medicaid Allowable	Comments
L3540		ORTHOPEDIC SHOE ADDITION, SOLE, FULL	$43.41	
L3550		ORTHOPEDIC SHOE ADDITION, TOE TAP, STANDARD	$7.63	
L3560		ORTHOPEDIC SHOE ADDITION, TOE TAP, HORSESHOE	$19.54	
L3570		ORTHOPEDIC SHOE ADDITION, SPECIAL EXTENSION TO INSTEP (LEATHER WITH EYELETS)	$72.73	
L3580		ORTHOPEDIC SHOE ADDITION, CONVERT INSTEP TO VELCO CLOSURE	$55.38	
L3590		ORTHOPECIC SHOE ADDITION, CONVERT FIRM SHOE COUNTER TO SOFT COUNTER	$45.60	
L3595		ORTHOPEDIC SHOE ADDITION, MARCH BAR	$35.79	
L3600		TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE EXISTIN G	$65.13	
L3610		TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE NEW	$85.75	
L3620		TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP EXISTIN G	$65.13	
L3630		TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP NEW	$85.75	
L3640		TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, DENNIS BROWNE SPLINT (RIVETON), BOTH SHOES	$36.91	
L3649		ORTHOPEDIC SHOE, MODIFICATION, ADDITION OR TRANSFER, NOS	RNE	
L3650		SHOULDER ORTHOSIS, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	$55.24	
L3660		SHOULDER ORTHOSIS, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER, CANVAS AND WEBBING, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	$101.00	
L3670		SHOULDER ORTHOSIS, ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	$118.32	

Code	Modifier	Description	Medicaid Allowable	Comments
L3671		SHOULDER ORTHOSIS, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUS	$699.82	
L3672		SHOULDER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITHOUT JOINTS, MAY INLCUDE SOFT INTERFACE, STR	$870.31	
L3673		SHOULDER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, INCLUDES NONTORSION JOINT/TURNBUCKLE, MAY INCLU	$948.54	
L3675		SHOULDER ORTHOSIS, VEST TYPE ABDUCTION RESTRAINER, CANVAS WEBBING TYPE OR EQUAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	$136.28	
L3677		SHOULDER ORTHOSIS, HARD PLASTIC, SHOULDER STABILIZER, PRE-FABRICATED, INCLUDES FITTING AND ADJUSTMENT	RNE	
L3702		ELBOW ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	$224.29	
L3710		ELBOW ORTHOSIS, ELASTIC WITH METAL JOINTS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	$97.01	
L3720		ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, FREE MOTION, CUSTOM-FABRICATED	$537.38	
L3730		ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, EXTENSION/FLEXIONASSIST, CUSTOM-FABRICATED	$842.36	
L3740		ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, ADJUSTABLE POSITION LOCK WITH ACTIVE CONTROL, CUSTOM FABRICATED	$890.98	
L3760		ELBOW ORTHOSIS, WITH ADJUSTABLE POSITION LOCKING JOINT(S), PREFABRICATEDINCLUDES FITTING AND ADJUSTMENTS, ANY TYPE	$388.41	
L3762		ELBOW ORTHOSIS, RIGID, WITHOUT JOINTS, INCLUDES SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	$83.52	
L3763		ELBOW WRIST HAND ORTHOSIS, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	$551.40	

Code	Modifier	Description	Medicaid Allowable	Comments
L3764		ELBOW WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM F	$579.75	
L3765		ELBOW WRIST HAND FINGER ORTHOSIS, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUS	$995.91	
L3766		ELBOW WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS,	$1,054.59	
L3806		WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE M	$352.81	
L3807		WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENTS, ANY TYPE	$194.20	
L3808		WRIST HAND FINGER ORTHOSIS, RIGID WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE MATERIAL; STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUST	$266.86	
L3891		ADDITION TO UPPER EXTREMITY JOINT, WRIST OR ELBOW, CONCENTRIC ADJUSTABLE	RNE	
L3900		TORSION STYLE MECHANISM FOR CUSTOM FABRICATED ORTHOTICS ONLY, EA	$1,270.23	
L3901		WRIST HAND FINGER ORTHOSIS, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/FLEXION, FINGER FLEXION/EXTENSION, CABLE DRIVEN, CUSTOM-FABRICATED	$1,471.91	
L3904		WRIST HAND FINGER ORTHOSIS, EXTERNAL POWERED, ELECTRIC, CUSTOM FABRICATED	$2,297.98	
L3905		WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICAT	$770.23	
L3906		WRIST HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	$313.66	
L3908		WRST HAND ORTHOSIS, WRIST EXTENSION CONTROL COCK-UP, NON-MOLDED, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	$47.78	

Code	Modifier	Description	Medicaid Allowable	Comments
L3912		HAND FINGER ORTHOSIS, FLEXION GLOVE WITH ELASTIC FINGER CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	$92.06	
L3913		HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	$210.35	
L3915		WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED,	$412.88	
L3917		HAND ORTHOSIS, METACARPAL FRACTURE ORTHOSIS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	$82.03	
L3919		HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	$210.35	
L3921		HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICAT	$249.47	
L3923		HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	$69.71	
L3925		FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL (PIP)/DISTAL INTERPHALANGEAL (DIP), NON TORSION JOINT/SPRING, EXTENSION/FLEXION, MAY INCLUDE SOFT IN	RNE	
L3927		FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL (PIP)/DISTAL INTERPHALANGEAL (DIP), WITHOUT JOINT/SPRING, EXTENSION/FLEXION (E.G. STATIC OR RING TYP	RNE	
L3929		HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRA	RNE	
L3931		WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE M	RNE	
L3933		FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	$165.72	

Code	Modifier	Description	Medicaid Allowable	Comments
L3935		FINGER ORTHOSIS, NONTORSION JOINT, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	$171.60	
L3956		ADDITION OF JOINT TO UPPER EXTREMITY ORTHOSIS, ANY MATERIAL, PER JOINT	RNE	
L3960		SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING, AIRPLANE DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	$632.09	
L3961		SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITT	$1,304.92	
L3962		SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING, ERBS PALSEY DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	$657.16	
L3964		SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	$635.60	
L3965		SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE RANCHO TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUST	$952.30	
L3966		SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, RECLINING, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	$717.40	
L3967		SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITHOUT JOINTS, MAY INCLUDE	$1,540.67	
L3968		SEO, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	$907.86	
L3969		SEO, MOBILE ARM SUPPORT, MONOSUSPENSION ARM & HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT YOKE TYPE ARM SUS, PRE FAB, FIT & ADJUS	$634.87	
L3970		SEWHO, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM	$253.96	

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L3971		SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOULDER CAP DESIGN, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT	$1,462.43	
L3972		SEWHO, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER ARM WI TH ELASTIC BALANCE CONTROL	$161.50	
L3973		SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, INCLUDES ONE OR MORE NONTORS	$1,540.67	
L3974		SEWHO, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	$136.97	
L3975		SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES	$1,304.92	
L3976		SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITHOUT JOINTS, MAY	$1,304.92	
L3977		SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, SHOULDER CAP DESIGN, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE	$1,462.43	
L3978		SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, INCLUDES ONE OR MOR	$1,540.67	
L3980		UPPER EXTREMITY FRACTURE ORTHOSIS, HUMERAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	$288.90	
L3982		UPPER EXTREMITY FRACTURE ORTHOSIS, RADIUS/ULNAR, PREFABRICATED, INCLUDESFITTING AND ADJUSTMENT	$305.21	
L3984		UPPER EXTREMITY FRACTURE ORTHOSIS, WRIST, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	$325.07	
L3995		ADDITION TO UPPER EXTREMITY ORTHOSIS, SOCK, FRACTURE OR EQUAL, EACH	$25.66	

Code	Modifier	Description	Medicaid Allowable	Comments
L3999		UPPER LIMB ORTHOSIS, NOT OTHERWISE SPECIFIED REVIEW PRICING	RNE	
L4000		REPLACE GIRDLE FOR SPINAL ORTHOSIS (CTLSO OR SO)	$1,137.30	
L4002		REPLACEMENT STRAP, ANY ORTHOSIS, INCLUDES ALL COMPONENTS, ANY LENGTH, ANY TYPE	RNE	
L4010		REPLACE TRILATERAL SOCKET BRIM	$602.90	
L4020		REPLACE QUADRILATERAL SOCKET BRIM, MOLDED TO PATIENT MODEL	$776.50	
L4030		REPLACE QUADRILATERAL SOCKET BRIM, CUSTOM FITTED	$417.83	
L4040		REPLACE MOLDED THIGH LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	$345.05	
L4045		REPLACE NON-MOLDED THIGH LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	$283.23	
L4050		REPLACE MOLDED CALF LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	$373.67	
L4055		REPLACE NON-MOLDED CALF LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	$229.21	
L4060		REPLACE HIGH ROLL CUFF	$262.46	
L4070		REPLACE PROXIMAL AND DISTAL UPRIGHT FOR KAFO	$256.64	
L4080		REPLACE METAL BAND KAFO, PROXIMAL THIGH	$98.25	
L4090		REPLACE METAL BAND KAFO-AFO, CALF OR DISTAL THIGH	$92.86	
L4100		REPLACE LEATHER CUFF KAFO-AFO, PROXIMAL THIGH	$88.20	
L4110		REPLACE LEATHER CUFF KAFO-AFO, CALF OR DISTAL THIGH	$72.25	
L4130		REPLACE PRETIBIAL SHELL	$438.61	
L4205		REPAIR OF ORTHOTIC DEVICE, LABOR COMPONENT, PER 15 MINUTES	$17.04	
L4210		REPAIR OF ORTHOTIC DEVICE, REPAIR OR REPLACE MINOR PARTS	RNE	
L4210	52	REPAIR OF ORTHOTIC DEVICE, REPAIR OR REPLACE MINOR PARTS REVIEW SERVICE	RNE	

Code	Modifier	Description	Medicaid Allowable	Comments
L4350		ANKLE CONTROL ORTHOSIS, STIRRUP STYLE, RIGID, INCLUDES ANY TYPE INTERFACE (E.G., PNEUMATIC, GEL), PREFABRICATED, INCLUDES FITTING AND ADJ	$71.69	
L4360		WALKING BOOT, PNEUMATIC AND/OR VACUUM, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTME	$222.04	
L4370		PNEUMATIC FULL LEG SPLINT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	$151.39	
L4380		PNEUMATIC KNEE SPLINT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	$86.14	
L4386		WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	$135.32	
L4392		REPLACEMENT SOFT INTERFACE MATERIAL, STATIC AFO	$19.37	
L4394		REPLACE SOFT INTERFACE MATERIAL, FOOT DROP SPLINT	$14.11	
L4396		STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUSTABLE FOR FIT, FOR POSITIONING, MAY BE USED FOR MINIMAL AM	$138.13	
L4398		FOOT DROP SPLINT, RECUMBENT POSITIONING DEVICE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	$63.59	
L5000		PARTIAL FOOT, SHOE INSERT WITH LONGITUDINAL ARCH, TOE FILLER	$450.93	
L5000	52	PARTIAL FOOT, SHOE INSERT WITH LONGITUDINAL ARCH TOE FILLER	$225.46	
L5010		PARTIAL FOOT, MOLDED SOCKET, ANKLE HEIGHT, WITH TOE FILLER	$1,204.37	
L5020		PARTIAL FOOT, MOLDED SOCKET, TIBIAL TUBERCLE HEIGHT, WITH TOE FILLER	$1,693.08	
L5050		ANKLE, SYMES, MOLDED SOCKET, SACH FOOT	$1,976.47	
L5060		ANKLE, SYMES, METAL FRAME, MOLDED LEATHER SOCKET, ARTICULATED ANKLE/FOOT	$2,604.10	

Code	Modifier	Description	Medicaid Allowable	Comments
L5100		BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT	$2,250.23	
L5105		BELOW KNEE, PLASTIC SOCKET, JOINTS AND THIGH LACER, SACH FOOT (J90 ONLY)	$3,179.29	
L5150		KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT	$3,502.06	
L5160		KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, BENT KNEE CONFIGURATION, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT	$3,721.44	
L5200		ABOVE KNEE, MOLDED SOCKET, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	$3,013.37	
L5210		ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ("STUBBIES"), WITH FOOT BLOCKS, NO ANKLE JOINTS, EACH	$2,225.35	
L5220		ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ("STUBBIES"), WITH ARTICULATED ANKLE/FOOT, DYNAMICALLY ALIGNED, EACH	$2,605.14	
L5230		ABOVE KNEE, FOR PROXIMAL FEMORAL FOCAL DEFICIENCY, CONSTANT FRICTION KNEE, SHIN, SACH FOOT	$3,468.20	
L5250		HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	$4,981.96	
L5270		HIP DISARTICULATION, TILT TABLE TYPE; MOLDED SOCKET, LOCKING HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	$5,218.67	
L5280		HEMIPELVECTOMY, CANADIAN TYPE, MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	$5,122.17	
L5301		BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM	$2,222.66	
L5311		KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM	$3,345.31	
L5321		ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL SYSTEM, SINGLE AXIS KNEE	$2,807.95	

Code	Modifier	Description	Medicaid Allowable	Comments
L5331		HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE, SACH FOOT	$4,746.62	
L5341		HEMIPELVECTOMY, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE, SACH FOOT	$4,851.72	
L5400		IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INC FITTING, ALIGNMENT,SUSPENSION, & 1 CAST CHANGE,BELOW KNEE	$1,156.46	
L5500		INITIAL, BELOW KNEE "PTB" TYPE SOCKET, "USMC" OR EQUAL PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, DIRECT FORMED	$1,437.36	
L5505		INITIAL, ABOVE KNEE-KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, "USMC" OR EQUAL PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, DIRECT FORMED	$1,682.65	
L5510		PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, "USMC" OR EQUAL PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, DIRECT FORMED	$1,476.30	
L5520		PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, "UXMC" OR EQUAL PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, DIRECT FORMED	$1,499.53	
L5530		PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, "USMC" OR EQUAL PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO PATIENT	$1,571.65	
L5535		PREPARTORY, BELOW KNEE PTB TYPE SOCKET, NON-ALIGNALBE SYSTEM	$1,739.42	
L5540		PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, "USMC" OR EQUAL PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO MODEL	$1,928.85	
L5560		PREPARATORY, ABOVE KNEE-KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, "USMC" OR EQUAL PYLON, NO COVE, SACH FOOT, PLASTER SOCKET, MOLDED TO MODEL	$1,855.24	
L5570		PREPARATORY, ABOVE KNEE-KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, "USMC" OR EQUAL PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQ, DIRECT FORM	$2,052.08	

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L5580		PREPARATORY, ABOVE KNEE-KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, "USMC" OR EQUAL PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED	$2,227.53	
L5585		PREPARATORY, ABOVE KNEE-KNEE DISARTICUALTION, ISCHIAL LEVEL SOCKET, "USMC" OR EQUAL PYLON, NO COVER, SACH FOOT, PREFAB. ADJUSTABLE OPEN END SCKT	$2,375.46	
L5590		PREPARATROY, ABOVE KNEE-KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, "USMC" OR EQUAL PYLON, NO OCVER, SACH FOOT, LAMINATED SOCKET,MLDED TO MODEL	$2,400.00	
L5595		PREPARATORY, HIP DISARTICULATION-HEMIPELVECTOMY, PYLON	$3,439.98	
L5600		PREPARTORY, HIP DISARTICUALTIN-HEMIPELVECTOMY, PYLON,NO COVER	$3,833.83	
L5610		ADDITION TO LOWER EXTREMITY, ABOVE KNEE, HYDRACADENCE SYSTEM	$2,358.41	
L5611		ADDITION TO LOWER EXTREMITY, ABOVE KNEE-KNEE DISARTICULATION, 4 BAR LINKAGE, WITH FRICTION SWING PHASE CONTROL	$1,577.92	
L5613		ADDITION TO LOWER EXTREMITY, ABOVE KNEE-KNEE DISARTICULATION 4 BAR LIKKAGE, WITH HYDRAULIC SWING PHASE CONTROL	$2,549.05	
L5614		ADDITION TO LOWER EXTREMITY, ABOVE KNEE-KNEE DISARTICULATION, 4-BAR LINKAGE, WITH PNEUMATIC SWING PHASE CONTROL	$1,442.91	
L5616		ADDITION TO LOWER EXTREMITY, ABOVE KNEE, UNIVERSAL MULTIPLEX SYSTEM, FRICTION SWING PHASE CONTROL	$1,358.57	
L5617		ADDITION TO LOWER EXTREMITY, QUICK CHANGE SELF-ALIGNING UNIT, ABOVE KNEE OR BELOW KNEE, EACH	$477.92	
L5618		ADDITION TO LOWER EXTREMITY, TEST SOCKET, SYMES	$254.10	
L5620		ADDITION TO LOWER EXTREMITY, TEST SOCKET, BELOW KNEE	$241.81	
L5622		ADDITION TO LOWER EXTREMITY, TEST SOCKET, KNEE DISARTICULATION	$311.57	

Code	Modifier	Description	Medicaid Allowable	Comments
L5624		ADDITION TO LOWER EXTREMITY, TEST SOCKET, ABOVE KNEE	$310.60	
L5626		ADDITION TO LOWER EXTREMITY, TEST SOCKET, HIP DISARTICULATION	$416.56	
L5628		ADDITION TO LOWER EXTREMITY, TEST SOCKET, HEMIPELVECTOMY	$432.35	
L5629		ADDITION TO LOWER EXTREMITY, BEOW KNEE, ACRYLIC SOCET	$271.51	
L5630		ADDITION TO LOWER EXTREMITY, SYMES TYPE, EXPANDABLE WALL SOCKET	$492.50	
L5632		ADDITION TO LOWER EXTREMITY, SYMES TYPE, "PTB" BRIM DESIGN SOCKET	$215.13	
L5634		ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING (CANADIAN) SOCKET	$279.44	
L5636		ADDITION YO LOWER EXTREMITY, SYMES TYPE, MEDIAL OPENING SOCKET	$220.37	
L5637		ADDITION TO LOWER EXTREMITY, BELOW KNEE, TOTAL CONTACT (FOR J90 USE ONLY)	$246.81	
L5638		ADDITION TO LOWER EXTREMITY, BELOW KNEE, LEATHER SOCKET	$415.77	
L5639		ADDITION TO LOWER EXTREMITY, BELOW KNEE, WOOD SOCKET	$957.86	
L5640		ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, LEATHER SOCKET	$571.25	
L5642		ADDITION TO LOWER EXTREMITY, ABOVE KNEE, LEATHER SOCKET	$542.38	
L5643		ADDITION TO LOWER EXTREMITY, HIP DISARTICULATION, FLEXIBLE INNER SOCKET,EXTERNAL FRAME	$1,329.72	
L5644		ADDITION TO LOWER EXTREMITY, ABOVE KNEE, WOOD SOCKET	$551.59	
L5645		ADDITION TO LOWER EXTREMITY, BELOW KNEE, FLEXIBLE INNER SOCKET, EXTERNALFRAME	$681.67	

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L5646		ADDITION TO LOWER EXTREMITY, BELOW KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION SOCKET	$468.09	
L5647		ADDITION TO LOWER EXTREMITY, BELOW KNEE, SUCTION SOCKET	$906.11	
L5648		ADDITION TO LOWER EXTREMITY, ABOVE KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION OCKET	$615.49	
L5649		ADDITION TO LOWER EXTREMITY, CAT-CAM SOCKET	$1,626.60	
L5650		ADDITIONS TO LOWER EXTREMITY, TOTAL CONTACT, ABOVE KNEE OR KNEE DISARTICULATION SOCKET	$417.08	
L5651		ADDITION TO LOWER EXTREMITY, ABOVE KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	$1,025.99	
L5652		ADDITIONS TO LOWER EXTREMITY, SUCTION SUSPENSION, ABOVE KNEE OR KNEE DISARTICULATION SOCKET	$372.47	
L5653		ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, EXPANDABLE WALL SOCK ET	$575.57	
L5654		ADDITION TO LOWER EXTREMITY, SOCKET INSERT, SYMES (KEMBLO, PELITE, ALI PLAST, PLASTAZOTE OR EQUAL)	$302.83	
L5655		ADDITION TO LOWER EXTREMITY, SOCKET INSERT, BELOW KNEE (KEMBLO, PELITE, ALIPLAST PLASTAZOTE OR EQUAL)	$226.60	
L5656		ADDITION TO LOWER EXTREMITY, SOCKET INSERT, KNEE DISARTICULATION, (KEMB LO, ALIPLAST, PLASTAZOTE OR EQUAL)	$359.11	
L5658		ADDITION TO LOWER EXTREMITY, SOCKET INSERT, ABOVE KNEE (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	$374.00	
L5661		ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROMETER, SYMES	$583.20	
L5665		ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUORMETER, BELOW KNEE	$576.42	
L5666		ADDITION TO LOWER EXTREMITY, BELOW KNEE, CUFF SUSPENSION	$63.76	

Code	Modifier	Description	Medicaid Allowable	Comments
L5668		ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED DISTAL CUSHION	$87.32	
L5670		ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED SUPRECONDULAR SUSPENSIO N ("PTS" OR SIMILAR)	$231.82	
L5671		ADDITION TO LOWER EXTREMITY, BELOW KNEE / ABOVE KNEE SUSPENSION LOCKING MECHANISM (SHUTTLE, LANYARD OR EQUAL), EXCLUDES SOCKET INSERT	$566.60	
L5672		ADDITION TO LOWER EXTREMITY, BELOW KNEE, REMOVABLE MEDIAL BRIM USPENSION	$263.39	
L5673		ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELA	$639.98	
L5676		ADDITION TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, SINGLE AXIS, PAIR	$309.59	
L5677		ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, POLYCENTRIC PAIR	$453.13	
L5678		ADDITION TO LOWER EXTREMITY, BELOW KNEE, JOINTS COVERS, PAIR	$38.17	
L5679		ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELA	$533.31	
L5680		ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, NON-MOLDED	$285.37	
L5681		ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET INSERT FOR CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GE	$1,124.75	
L5682		ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, GLUTEAL/ISCHIAL, MOLDED	$574.66	
L5683		ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET INSERT FOR OTHER THAN CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE,	$1,124.75	

Code	Modifier	Description	Medicaid Allowable	Comments
L5684		ADDITION TO LOWER EXTREMITY, BELOW KNEE, FORK STRAP	$45.52	
L5685		ADDITION TO LOWER EXTREMITY PROSTHESIS, BELOW KNEE, SUSPENSION/SEALING SLEEVE, WITH OR WITHOUT VALVE, ANY MATERIAL, EACH	$109.54	
L5686		ADDITION TO LOWER EXTREMITY, BELOW KNEE, BACK CHECK (EXTENSION CONTROL)	$47.04	
L5688		ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, WEBBING	$60.61	
L5690		ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, PADDED AND LINED	$85.19	
L5692		ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, LIGHT	$136.13	
L5694		ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, PADDED ANDLINED	$154.99	
L5695		ADDITION TO LOWER EXTREMITY, EACH KNEE, PELVIC CONTROL, SLEEVE SUSPENSION, NEOPRENE OR EQUAL, EACH (J90 0NLY)	$139.32	
L5696		ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC JOINT	$168.73	
L5697		ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC BAND	$68.58	
L5698		ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, SILESI AN BANDAGE	$99.07	
L5699		ALL LOWER EXTREMITY PROSTHESES, SHOULDER HARNESS	$159.29	
L5700		REPLACEMENT, SOCKET, BELOW KNEE, MOLDED TO PATIENT MODEL	$2,879.15	
L5701		REPLACEMENT, SOCKET, ABOVE KNEE/KNEE DISARTICULATION, INCLUDING ATTACHMENT PLATE, MOLDED TO PATIENT MODEL	$3,387.50	
L5702		REPLACEMENT, SOCKET, HIP DISARTICULATION, INCLUDING HIP JOINT, MOLDED TOPATIENT MODEL	$4,931.91	
L5703		ANKLE, SYMES, MOLDED TO PATIENT MODEL, SOCKET WITHOUT SOLID ANKLE CUSHION HEEL	$1,797.31	
L5704		CUSTOM SHAPED PROTECTIVE COVER, BELOW KNEE	$531.16	

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L5705		CUSTOM SHAPED PROTECTIVE COVER, ABOVE KNEE	$872.00	
L5706		CUSTOM SHAPED PROTECTIVE COVER, KNEE DISARTICULATION	$864.27	
L5707		CUSTOM SHAPED PROTECTIVE COVER, HIP DISARTICULATION	$1,228.56	
L5710		ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK	$348.27	
L5711		ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT MATERIAL	$489.12	
L5712		ADDITION EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE PHASE CONTROL (SAFETY KNEE)	$371.07	
L5714		ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, VARIABLE FRICTION SWING PHASE CONTROLL	$407.17	
L5716		ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE LOCK	$698.98	
L5718		ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING AND STANCE PHASE CONTROL	$1,037.70	
L5722		ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL	$922.03	
L5724		ADDIITON, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL	$1,564.07	
L5726		ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, EXTERNAL JOINTS, FLUID SWING PHASE CONTROL	$1,731.88	
L5728		ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL	$2,163.72	
L5780		ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC, HYDRA PNEUMATIC SWING PHASE CONTROL	$1,304.17	
L5781		ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT AND MOISTURE EVACUATION SYSTEM	$3,421.32	

Code	Modifier	Description	Medicaid Allowable	Comments
L5785		ADDITION, EXOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	$443.87	
L5790		ADDITION, EXOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	$631.19	
L5795		ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	$917.29	
L5810		ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK	$415.94	
L5811		ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT MATERIAL	$655.02	
L5812		ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE PHASE CONTROL (SAFETY KNEE)	$518.26	
L5814		ADDITION, ENDOSKELETAL KNEE-SHIN SYS,POLYCENTRIC,HYDRAULIC SWING PHASE	$3,175.65	
L5816		ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE LOCK	$726.56	
L5818		ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING AND STANCE PHASE CONTROL	$968.25	
L5822		ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL	$1,454.86	
L5824		ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL	$1,358.87	
L5826		ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, HYRAULIC SWING PHASE CONTROL, W MINIATURE HIGH ACTIVITY FRAME	$2,670.35	
L5828		ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL	$2,679.26	
L5830		ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/HYDRAPNEUMATIC SWING PHASE CONTROL	$1,774.13	
L5840		ADDITION, ENDOSKELETAL KNEE/SHIN SYSTEM, MULTIAXIAL, PNEUMATIC SWING PHASE CONTROL	$3,515.59	

Code	Modifier	Description	Medicaid Allowable	Comments
L5845		ADDITION, ENDOSKELETAL, KNEE-SHIN SYSTEM, STANCE FLEXION FEATURE, ADJUSTABLE	$1,532.61	
L5848		ADDITION TO ENDOSKELETAL KNEE-SHIN SYSTEM, FLUID STANCE EXTENSION, DAMPENING FEATURE, WITH OR WITHOUT ADJUSTABILITY	$919.48	
L5850		ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, KNEE EXTENSION ASSIST	$109.29	
L5855		ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, MECHANICAL HIP EXTENSION ASSIST	$351.79	
L5910		ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ALIGNABLE SYSTEM	$309.42	
L5920		ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, ALIGNABLE SYSTEM	$453.30	
L5925		ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, KNEE DISARTICULATION OR HIP DISARTICULATION, MANUAL LOCK	$379.86	
L5930		ADDITION, ENDOSKELETAL SYSTEM, HIGH ACTIVITY KNEE CONTROL FRAME	$2,875.19	
L5940		ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	$568.37	
L5950		ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	$714.06	
L5960		ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL(TITANIUM, CARBON FIBER OR EQUAL)	$913.27	
L5961		ADDITION, ENDOSKELETAL SYSTEM, POLYCENTRIC HIP JOINT, PNEUMATIC OR HYDRAULIC CONTROL, ROTATION CONTROL, WITH OR WITHOUT FLEXION AND/OR EXTENSION CONTROL	RNE	
L5962		ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM	$669.57	
L5964		ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, FLEXIBLE PROTECTION OUTER SURFACE COVERING SYSTEM	$982.72	

Code	Modifier	Description	Medicaid Allowable	Comments
L5966		ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM	$1,274.05	
L5968		ADDITION TO LOWER LIMB PROSTHESIS, MULTIAXIAL ANKLE WITH SWING PHASE ACTIVE DORSIFLEXION FEATURE	$3,107.28	
L5970		ALL LOWER EXTREMITY PROSTHESES, FOOT, EXTERNAL KEEL, SACH FOOT	$179.14	
L5971		ALL LOWER EXTREMITY PROSTHESIS, SOLID ANKLE CUSHION HEEL (SACH) FOOT, REPLACEMENT ONLY	$179.14	
L5972		ALL LOWER EXTREMITY PROSTHESES, FLEXIBLE KEEL FOOT (SAFE,STEN, BOCK DYNAMIC OR EQUAL)	$333.27	
L5974		ALL LOWER EXTREMITY PROSTHESES, FOOT, SINGLE AXIS ANKLE/FOOT	$216.83	
L5975		ALL LOWER EXTREMITY PROSTHESIS, COMBINATION SINGLE AXIS ANKLE AND FLEXIBLE KEEL FOOT	$396.40	
L5976		ALL LOWER EXTREMITY PROSTHESES, ENERGY STORING FOOT (SEATTLE CARBON COP II OR EQUAL	$538.92	
L5978		ALL LOWER EXTREMITY PROSTHESES, FOOT, MULTIAXIAL ANKLE/FOOT	$332.43	
L5979		ALL LOWER EXTREMITY PROSTHESES, MULTI-AXIAL ANKLE, DYNAMIC RESPONSE FOOTONE PIECE SYSTEM	$2,599.19	
L5980		ALL LOWER EXTREMITY PROSTHESES, FLEX FOOT SYSTEM	$3,525.44	
L5981		ALL LOWER EXTREMITY PROSTHESES, FLEX-WALK SYSTEM OR EQUAL	$2,853.10	
L5982		ALL EXOSKELETAL LOWER EXTREMITY PROSTHESES, AXIAL ROTATION UNIT (J90 ONLY)	$575.57	
L5984		ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESIS, AXIAL ROTATION UNIT, WITH OR WITHOUT ADJUSTABILITY	$570.31	
L5985		ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESES, DYNAMIC PROSTHETIC PYLON	$241.21	

Code	Modifier	Description	Medicaid Allowable	Comments
L5986		ALL LOWER PROSTHETICS, MULTIPLE AXLE, ROTATION UNITS.	$610.30	
L5987		ALL LOWER EXTREMITY PROSTHESIS, SHANK FOOT SYSTEM WITH VERTICAL LOADING PYLON	$6,151.24	
L5988		ADDITION TO LOWER LIMB PROSHTESIS, VERTICAL SHOCK REDUCING PYLON FEATURE	$1,708.18	
L5990		ADDITION TO LOWER EXTREMITY PROSTHESIS, USER ADJUSTABLE HEEL HEIGHT	$1,551.28	
L5999		LOWER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED	RNE	
L6000		PARTIAL HAND, ROBIN-AIDS, THUMB REMAINING (OR EQUAL)	$1,471.59	
L6010		PARTIAL HAND, ROBIN-AIDS, LITTLE AND/OR RING FINGER REMAINING (OR EQUAL)	$1,643.34	
L6020		PARTIAL HAND, ROBIN-AIDS, NO FINGER REMAINING (OR EQUAL) L6110	$1,570.36	
L6050		WRIST DISARTICULATION, MOLDED SOCKET, FLEXIBLE ELBOW HINGES, TRICEPS PAD	$1,946.14	
L6055		WRIST DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, FLEXIBLE ELBOW HINGES, TRICEPS PAD	$2,381.26	
L6100		BELOW ELBOW, MOLDED SOCKET, FLEXIBLE ELBOW HINGE, TRICEPS PAD	$2,011.89	
L6110		BELOW ELBOW, MOLDED SOCKET (MUENSTER OR NORTHWESTERN SUSPENSION TYPES)	$2,178.47	
L6120		BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STEP-UP HINGES, HALF CUFF	$2,424.10	
L6130		BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STUMP ACTIVATED LOCKING HINGE, HALF CUFF	$2,533.82	
L6200		ELBOW DISARTICULATION, MOLDED SOCKET, OUTSIDE LOCKING HINGE, FOREARM	$2,790.58	

Code	Modifier	Description	Medicaid Allowable	Comments
L6205		ELBOW DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, OUTSIDE LOCKING HINGES, FOREARM	$3,195.90	
L6250		ABOVE ELBOW, MOLDED DOUBLE WALL SOCKET, INTERNAL LOCKING ELBOW, FOREARM	$2,703.23	
L6300		SHOULDER DISARTICULATION, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INTERNAL LOCKING ELBOW, FOREARM	$3,584.07	
L6310		SHOULDER DISARTICULATION, PASSIVE RESTORATION (COMPLETE PROSTHESIS)	$3,161.92	
L6320		SHOULDER DISARTICULATION, PASSIVE RESTORATION (SHOULDER CAP ONLY)	$1,946.68	
L6350		INTERSCAPULAR THORACIC, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION INTERNAL LOCKING ELBOW, FOREARM	$4,029.23	
L6360		INTERSACPULAR THORACIC, PASSIVE RESTORATION (COMPLETE PROSTHESIS)	$2,744.92	
L6370		INTERSCAPULAR THORACIC, PASSIVE RESTORATION (SHOULDER CAP ONLY)	$1,925.69	
L6380		POST OR EARLY FIT, APP.OF INIT RIGID DRESSING, INC FIT ALIGN AND SUSPEN IF PLACE OF SERVICE = 21 OR 22, DENY INCLUDED IN HOSPTIAL PAYMENT	$1,093.70	
L6382		POST SURG OR EARLY FIT, APP OF INIT RIGID DRESSING, INCLUF FIT ALIGN ANDIF PLACE OF SERVICE = 21 OR 22, DENY INCLUDED IN HOSPTIAL PAYMENT	$1,285.23	
L6384		IMM POST SURG OR EARLY FIT, APP OF INIT RIGID DRESS,INC FIT ALIGN AND IF PLACE OF SERVICE = 21 OR 22, DENY INCLUDED IN HOSPITAL PAYMENT	$1,628.89	
L6386		IMMEDIATE POST SURGICAL OR EARLY FITTING, EACH ADDITIONAL CAST CHANGE IF PLACE OF SERVICE = 21 OR 22, DENY AS INCLUDED IN HOSPITAL PAYMENT	$390.06	
L6388		IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF RIGID DRESSING IF PLACE OF SERVICE = 21 OR 22, DENY AS INCLUDED IN HOSPTIAL PAYMENT	$404.20	

Code	Modifier	Description	Medicaid Allowable	Comments
L6400		BELOW ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	$2,149.11	
L6450		ELBOW DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	$2,975.27	
L6500		ABOVE ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	$3,212.22	
L6550		SHOULDER DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	$3,503.38	
L6570		INTERSCAPULAR THORACIC, MOLDED SOCKET, ENDOSKELETAL SYSTEM	$3,814.61	
L6580		PREP,WR DISART OR BEL ELB,SGL WALL PLAS SOCK,FRICT WR FLEX ELB HNG "8" HARN,HUM CUFF,BOWDEN CABLE CONT,USMC OR EQ PYLON,NO COV,MOLD TO PAT MOD	$1,437.03	
L6582		PREP,WR DISART OR BEL ELB,SGL WALL SOCK,FRICT WR,FLEX ELB HNG "8' HARN HUM CUF, BOWDEN CABLE CONT, USMC OR EQ PYLON, NO COV, DIRECT FORMED	$1,221.80	
L6584		PREP, ELB DISART OR AB ELB, SGL WALL PLAS SOCK, FRICT WR, LOCKING ELB, "8" HARN, FAIR LEAD CBL CONT, USMC OR EQ PYLON, NO COV, MOLD OT PAT MOD	$1,773.08	
L6586		PREP,ELB DISART OR AB ELB,SGL WALL SOCK, FRICT WR, LOCK ELB, "8" HARN, FAIR LEAD CABLE CONT, USMC OR EQ PYLON, NO COV, DIRECT FORMED	$1,641.33	
L6588		PREP,SHLD DISART OR INTSCAP THORAC,SGL WALL PLAST SOCK, SHLDJT,LOCK,ELB FRICT WR,CHEST STRAP,FAIR LEAD, CAB CONT,NO COV, MOLD TO PAT MOD	$2,599.19	
L6590		PREP, SHLDER DISART OR INTSCAP THORAC, SGL WALL SOCK, SHLDER JT,LOCK ELB.FRICT WR,CHEST STRAP,FAIR LEAD CAB CONT,NO COV, DIRECT FORM	$2,293.53	
L6600		UPPER EXTREMITY ADDITIONS, POLYCENTRIC HINGE, PAIR	$161.25	
L6605		UPPER EXTREMITY ADDITIONS, SINGLE PIVOT HINGE, PAIR	$158.23	

Code	Modifier	Description	Medicaid Allowable	Comments
L6610		UPPER EXTREMITY ADDITIONS, FLEXIBLE METAL HINGE, PAIR	$158.05	
L6611		ADDITION TO UPPER EXTREMITY PROSTHESIS, EXTERNAL POWERED, ADDITIONAL SWITCH, ANY TYPE	$352.06	
L6615		UPPER EXTREMITY ADDITION, DISCONNECT LOCKING WRIST UNIT	$162.90	
L6616		UPPER EXTREMITY ADDITION, ADDITIONAL DISCONNECT INSERT FOR LOCKING WRIST UNIT, EACH (J90 ONLY)	$55.42	
L6620		UPPER EXTREMITY ADDITION, FLEXION/EXTENSION WRIST UNIT, WITH OR WITHOUT FRICTION	$324.25	
L6623		UPPER EXTREMITY ADDITION, SPRING ASSISTED ROTATIONAL WRIST UNIT WITH LATCH RELEASE	$620.50	
L6624		UPPER EXTREMITY ADDITION, FLEXION/EXTENSION AND ROTATION WRIST UNIT	$3,220.32	
L6625		UPPER EXTREMITY ADDITION, ROTATION WRIST UNIT WITH CABLE LOCK	$454.38	
L6628		UPPER EXTREMITY ADDITION, QUICK DISCONNECT HOOK ADAPTER, OTTO BOCK OR EQUAL	$502.53	
L6629		UPPER EXTREMITY ADDITIOIN, QUICK DISCONNECT LAMINATION COLLAR WITH COUPLING PIECE, OTTO BOCK OR EQUAL	$128.88	
L6630		UPPER EXTREMITY ADDITION, STAINLESS STEEL, ANY WRIST	$184.13	
L6632		UPPER EXTREMITY ADDITION, LATEX SUSPENSION SLEEVE, EACH	$61.22	
L6635		UPPER EXTREMITY ADDITION, LIFT ASSIST FOR ELBOW	$169.02	
L6637		UPPER EXTREMITY ADDITION, NUDGE CONTROL ELBOW LOCK	$332.63	
L6640		UPPER EXTREMITY ADDITIONS, SHOULDER ABDUCTION JOINT, PAIR	$245.63	
L6641		UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, PULLEY TYPE	$166.69	
L6642		UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, LEVER TYPE	$228.23	
L6645		UPPER EXTREMITY ADDITION, SHOULDER FLEXION-ABDUCTION JOINT, EACH	$289.05	

Code	Modifier	Description	Medicaid Allowable	Comments
L6647		UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, BODY POWERED ACTUATOR	$443.99	
L6650		UPPER EXTREMITY ADDITION, SHOULDER UNIVERSAL JOINT, EACH	$289.18	
L6655		UPPER EXTREMITY ADDITION, STANDARD CONTROL CABLE, EXTRA	$76.81	
L6660		UPPER EXTREMITY ADDITION, HEAVY DUTY CONTROL CABLE	$97.57	
L6665		UPPER EXTREMITY ADDITION, TEFLON, OR EQUAL, CABLE LINING	$39.34	
L6670		UPPER EXTREMITY ADDITION, HOOK TO HAND, CABLE ADAPTER	$49.46	
L6672		UPPER EXTREMITY ADDITION, HARNESS, CHEST OR SHOULDER, SADDLE TYPE	$144.15	
L6675		UPPER EXTREMITY ADDITION, HARNESS, (E.G. FIGURE OF EIGHT TYPE), SINGLE CABLE DESIGN	$102.60	
L6676		UPPER EXTREMITY ADDITION, HARNESS, (E.G. FIGURE OF EIGHT TYPE), DUAL CABLE DESIGN	$111.20	
L6677		UPPER EXTREMITY ADDITION, HARNESS, TRIPLE CONTROL, SIMULTANEOUS OPERATION OF TERMINAL DEVICE AND ELBOW	$253.63	
L6680		UPPER EXTREMITY ADDITION, TEST SOCKET, WRIST DISARTICULATION OR BELOW E LBOW	$205.85	
L6682		UPPER EXTREMITY ADDITION, TEST SOCKET, ELBOW DISARTICULATION OR ABOVE E LBOW	$222.44	
L6684		UPPER EXTREMITY ADDITION, TEST SOCKET, SHOULDER DISARTICULATION OR INTE RSCAPULAR THORACIC	$297.80	
L6686		UPPER EXTREMITY ADDITION, SUCTION SOCKET	$504.37	
L6687		UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, BELOW ELBOW	$492.79	
L6688		UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, ABOVE ELBOW	$476.00	

Code	Modifier	Description	Medicaid Allowable	Comments
L6689		UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, SHOULDER DISARTICULATION	$594.13	
L6690		UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, INTERSCAPULAR-THORACIC	$622.87	
L6691		UPPER EXTREMITY ADDITION, REMOVABLE INSERT, EACH	$350.85	
L6692		UPPER EXTREMITH ADDITION, SILICONE GEL INSERT OR EQUAL, EACH	$483.45	
L6693		UPPER EXTREMITY ADDITION, LOCKING ELBOW, FOREARM COUNTERBALANCE	$2,427.57	
L6694		ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, S	$639.98	
L6695		ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, S	$533.31	
L6696		ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED SOCKET INSERT FOR CONGENITAL OR ATYPICAL TRAUMATIC AM	$1,124.75	
L6697		ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED SOCKET INSERT FOR OTHER THAN CONGENITAL OR ATYPICAL T	$1,124.75	
L6698		ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, LOCK MECHANISM, EXCLUDES SOCKET INSERT	$566.60	
L6703		TERMINAL DEVICE, PASSIVE HAND/MITT, ANY MATERIAL, ANY SIZE	$289.13	
L6704		TERMINAL DEVICE, SPORT/RECREATIONAL/WORK ATTACHMENT, ANY MATERIAL, ANY SIZE	RNE	
L6706		TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	$348.77	
L6707		TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	$1,259.07	

Code	Modifier	Description	Medicaid Allowable	Comments
L6708		TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE	$845.82	
L6709		TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE	$1,174.53	
L6711		TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED, PEDIATRIC	RNE	
L6712		TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED, PEDIATRIC	RNE	
L6713		TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, PEDIATRIC	RNE	
L6714		TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, PEDIATRIC	RNE	
L6721		TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	RNE	
L6722		TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	RNE	
L6805		ADDITION TO TERMINAL DEVICE, MODIFIER WRIST UNIT	$371.89	
L6810		ADDITION TO TERMINAL DEVICE, PRECISION PINCH DEVICE	$173.91	
L6881		AUTOMATIC GRASP FEATURE, ADDITION TO UPPER LIMB ELECTRIC PROSTHETIC TERMINAL DEVICE	$3,495.76	
L6890		ADDITION TO UPPER EXTREMITY PROSTHESIS, GLOVE FOR TERMINAL DEVICE, ANY	$193.75	
L6895		ADDITION TO UPPER EXTREMITY PROSTHESIS, GLOVE FOR TERMINAL DEVICE, ANY MATERIAL, CUSTOM FABRICATED	$546.41	
L6900		HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, THUMB OR ONE FINGER REMAINING	$1,687.82	
L6905		HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS, INCLUDED), PARTIAL HAND, WITH GLOVE, MULTIPLE FINGERS REMAINING	$1,340.35	

Code	Modifier	Description	Medicaid Allowable	Comments
L6910		HAND RESTORATION (CASTS, SHADING AND MEARUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, NO FINGERS REMAINING	$1,629.32	
L6915		HAND RESTORATION (SHADING AND MEASUREMENTS INCLUDED), REPLACEMENT GLOVE FOR ABOVE	$707.51	
L7400		ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/WRIST DISARTICULATION, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	$262.08	
L7401		ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW DISARTICULATION, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	$293.39	
L7402		ADDITION TO UPPER EXTREMITY PROSTHESIS, SHOULDER DISARTICULATION/INTERSCAPULAR THORACIC, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	$316.85	
L7403		ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/WRIST DISARTICULATION, ACRYLIC MATERIAL	$314.89	
L7404		ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW DISARTICULATION, ACRYLIC MATERIAL	$475.27	
L7405		ADDITION TO UPPER EXTREMITY PROSTHESIS, SHOULDER DISARTICULATION/INTERSCAPULAR THORACIC, ACRYLIC MATERIAL	$621.57	
L7499		UPPER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED REVIEW PRICE	RNE	
L7510		REPAIR OF PROSTHETIC DEVICE, REPAIR OR REPLACE MINOR PARTS	RNE	
L7520		REPAIR PROSTHETIC DEVICE, LABOR COMPONENT, PER 15 MINUTES	$10.18	
L7600		PROSTHETIC DONNING SLEEVE, ANY MATERIAL, EACH	RNE	
L7900		MALE VACUUM ERECTION SYSTEM	$454.14	
L8000		BREAST PROSTHESIS, MASTECTOMY BRA	$34.55	
L8001		BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS FORM, UNILATERAL	$107.25	

Code	Modifier	Description	Medicaid Allowable	Comments
L8002		BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS FORM, BILATERAL	$141.10	
L8010		BREAST PROSTHESIS, MASTECTOMY SLEEVE	$71.78	
L8015		EXTERNAL BREAST PROSTHESES GARMENT, WITH MASTECTOMY FORM, POST MASTECTOMY	$51.24	
L8020		BREAST PROSTHESIS, MASTECTOMY FORM	$203.51	
L8030		BREAST PROSTHESIS, SILICONE OR EQUAL, WITHOUT INTEGRAL ADHESIVE	$304.65	
L8035		CUSTOM BREAST PROSTHESIS, POST MASTECTOMY, MOLDED TO PATIENT MODEL	$3,132.68	
L8039		BREAST PROSTHESIS, NOT OTHERWISE SPECIFIED	RNE	
L8040		NASAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	$1,962.73	
L8041		MIDFACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	$2,365.76	
L8042		ORBITAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	$2,658.15	
L8043		UPPER FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	$2,977.14	
L8044		HEMI-FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	$3,296.09	
L8045		AURICULAR PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	$2,100.90	
L8046		PARTIAL FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	$2,126.52	
L8047		NASAL SEPTAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	$1,089.84	
L8048		UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT, PROVIDED BY A NON-PHYSICIAN	RNE	
L8049		REPAIR OR MODIFICATION OF MAXILLOFACIAL PROSTHESIS, LABOR COMPONENT, 15 MINUTE INCREMENTS, PROVIDED BY A NON-PHYSICIAN	$18.32	
L8300		TRUSS, SINGLE WITH STANDARD PAD	$96.08	
L8310		TRUSS, DOUBLE WITH STANDARD PADS	$145.51	

Code	Modifier	Description	Medicaid Allowable	Comments
L8320		TRUSS, ADDITION TO STANDARD PAD, WATER PAD	$45.67	
L8330		TRUSS, ADDITION TO STANDARD PAD, SCROTAL PAD	$42.18	
L8400		PROSTHETIC SHEATH, BELOW KNEE, EACH	$15.64	
L8410		PROSTHETIC SHEATH, ABOVE KNEE, EACH	$18.09	
L8415		PROSTHETIC SHEATH, UPPER LIMB, EACH	$20.78	
L8417		PROSTHETIC SHEATH/SOCK, INCLUDING A GEL CUSHION LAYER, BELOW KNEE OR ABOVE KNEE, EACH	$64.31	
L8420		PROSTHETIC SOCK, MULTIPLE, PLY, BELOW KNEE, EACH	$18.40	
L8430		PROSTHETIC SOCK, MULTIPLE PLY, ABOVE KNEE, EACH	$20.87	
L8435		PROSTHETIC SOCK, MULTIPLE PLY, UPPER LIMB, EACH	$19.89	
L8440		PROSTHETIC SHRINKER, BELOW KNEE, EACH	$35.82	
L8460		PROSTHETIC SHRINKER, ABOVE KNEE, EACH	$56.94	
L8465		PROSTHETIC SHRINKER, UPPER LIMB, EACH	$41.67	
L8470		PROSTHETIC SOCK, SINGLE PLY, FITTING, BELOW KNEE, EACH	$5.71	
L8480		PROSTHETIC SOCK, SINGLE PLY, FITTING, ABOVE KNEE, EACH	$7.86	
L8485		PROSTHETIC SOCK, SINGLE PLY, FITTING, UPPER LIMB, EACH	$12.53	
L8499		UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC SERVICES REVIEW SERVICE AND PRICING	RNE	
L8499	RR	UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC SERVICES REVIEW SERVICE AND PRICING	RNE	
L8500		ARTIFICIAL LARYNX, ANY TYPE	$641.15	
L8501		TRACHEOSTOMY SPEAKING VALVE	$103.20	
L8505		ARTIFICIAL LARYNX REPLACEMENT BATTERY / ACCESSORY, ANY TYPE	RNE	
L8507		TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, PATIENT INSERTED, ANY TYPE, EACH	$35.84	
L8510		VOICE AMPLIFIER	$216.08	

Code	Modifier	Description	Medicaid Allowable	Comments
L8511		INSERT FOR INDWELLING TRACHEOESOPHAGEAL PROSTHESIS, WITH OR WITHOUT VALVE, REPLACEMENT ONLY, EACH	$62.21	
L8512		GELATIN CAPSULES OR EQUIVALENT, FOR USE WITH TRACHEOESOPHAGEAL VOICE PROSTHESIS, REPLACEMENT ONLY, PER 10	$1.84	
L8513		CLEANING DEVICE USED WITH TRACHEOESOPHAGEAL VOICE PROSTHESIS, PIPET, BRUSH, OR EQUAL, REPLACEMENT ONLY, EACH	$4.45	
L8514		TRACHEOESOPHAGEAL PUNCTURE DILATOR, REPLACEMENT ONLY, EACH	$80.65	
L8515		GELATIN CAPSULE, APPLICATION DEVICE FOR USE WITH TRACHEOESOPHAGEAL VOICE PROSTHESIS, EACH	$53.98	
L8615		HEADSET/HEADPIECE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	$385.65	
L8616		MICROPHONE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	$89.82	
L8617		TRANSMITTING COIL FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	$78.45	
L8618		TRANSMITTER CABLE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	$22.44	
L8619		COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT	$6,958.55	
L8619	RA	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT	$6,958.55	
L8619	RB	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT	$6,958.55	
L8621		ZINC AIR BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT, EACH	$0.53	
L8622		ALKALINE BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, ANY SIZE, REPLACEMENT, EACH	$0.28	
L8623		LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR	$55.33	
L8624		LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR, EAR	$137.90	

Code	Modifier	Description	Medicaid Allowable	Comments
L8683		RADIOFREQUENCY TRANSMITTER (EXTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR RADIOFREQUENCY RECEIVER	$4,531.00	
L8684		RADIOFREQUENCY TRANSMITTER (EXTERNAL) FOR USE WITH IMPLANTABLE SACRAL ROOT NEUROSTIMULATOR RECEIVER FOR BOWEL AND BLADDER MANAGEMENT, REPLA	$726.34	
L8691	RA	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, REPLACEMENT	$2,280.11	
S5560		INSULIN DELIVERY DEVICE, REUSABLE PEN; 1.5 ML SIZE	RNE	
S5561		INSULIN DELIEVERY DEVICE, REUSABLE PEN; 3 ML SIZE	RNE	
S5565		INSULIN CARTRIDGE FOR USE IN INSULIN DELIVERY DEVICE OTHER THAN PUMP; 150 UNITS	RNE	
S8185	NU	FLUTTER DEVICE	RNE	
S8189		TRACHEOSTOMY SUPPLY, NOT OTHERWISE CLASSIFIED	RNE	
S8210		MUCUS TRAP	RNE	
S8420		GRADIENT PRESSURE AID (SLEEVE AND GLOVE COMBINATION), CUSTOM MADE	RNE	
S8425		GRADIENT PRESSURE AID (GLOVE), CUSTOM MADE, MEDIUM WEIGHT	RNE	
S8426		GRADIENT PRESSURE AID (GLOVE), CUSTOM MADE, HEAVY WEIGHT	RNE	
S8427		GRADIENT PRESSURE AID (GLOVE), READY MADE,EACH	RNE	
S8428		GRADIENT PRESSURE AID (GAUNTLET), READY MADE	RNE	
S8460		CAMISOLE, POST-MASTECTOMY	RNE	
S8490		INSULIN SYRINGES (PER 100 SYRINGES, ANY SIZE)	$43.62	
S8999		RESUSCITATION BAG (FOR USE BY PATIENT ON ARTIFICIAL RESPIRATION DURING POWER FAILURE OR OTHER CATASTROPHIC EVENT)	RNE	
S9001	KR	HOME UTERINE MONITOR W OR W/O ASSOCIATED NURSING SERVICES	$66.88	Coordination plan required
S9001	RR	HOME UTERINE MONITOR W OR W/O ASSOCIATED NURSING SERVICES	$2,006.52	Coordination plan required

Code	Modifier	Description	Medicaid Allowable	Comments
T4521		ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL, EACH	$0.80	See Provider Bulletin 10-45
T4522		ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, MEDIUM, EACH	$0.87	See Provider Bulletin 10-45
T4523		ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE, EACH	$0.97	See Provider Bulletin 10-45
T4524		ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EXTRA LARGE, EACH	$0.97	See Provider Bulletin 10-45
T4525		ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL SIZE, EACH	$0.80	See Provider Bulletin 10-45
T4526		ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, MEDIUM SIZE, EACH	$0.87	See Provider Bulletin 10-45
T4527		ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH	$0.97	See Provider Bulletin 10-45
T4528		ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EXTRA LARGE SIZE, EACH	$0.97	See Provider Bulletin 10-45
T4529		PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL/MEDIUM SIZE, EACH	$0.74	See Provider Bulletin 10-45
T4530		PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE SIZE, EACH	$0.80	See Provider Bulletin 10-45
T4531		PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL/MEDIUM SIZE, EACH	$0.74	See Provider Bulletin 10-45
T4532		PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH	$0.80	See Provider Bulletin 10-45
T4533		YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EACH	$0.80	See Provider Bulletin 10-45
T4534		YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EACH	$0.80	See Provider Bulletin 10-45
T4535		DISPOSABLE LINER/SHIELD/GUARD/PAD/UNDERGARMENT, FOR INCONTINENCE, EACH	$0.44	See Provider Bulletin 10-45

Code	Modifier	Description	Medicaid Allowable	Comments
T4536		INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, REUSABLE, ANY SIZE, EACH	RNE	Max 14 initially, then 14 in 6 mo. Pays 1.3 up to $20/unit
T4537	NU	INCONTINENCE PRODUCT, PROTECTIVE UNDERPAD, REUSABLE, BED SIZE, EACH	RNE	
T4538		DIAPER SERVICE, REUSABLE DIAPER, EACH DIAPER	$0.97	
T4540		INCONTINENCE PRODUCT, PROTECTIVE UNDERPAD, REUSABLE, CHAIR SIZE, EACH	RNE	
T4541		INCONTINENCE PRODUCT, DISPOSABLE UNDERPAD, LARGE, EACH	$0.51	See Provider Bulletin 10-45
T4542		INCONTINENCE PRODUCT, DISPOSABLE UNDERPAD, SMALL SIZE, EACH	$0.51	See Provider Bulletin 10-45
T4543		DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, BARIATRIC, EACH	$1.00	See Provider Bulletin 10-45