



**Connecticut Medical Assistance Program**  
Policy Transmittal 2018-06

Roderick L. Bremby, Commissioner

Provider Bulletin 2018-15  
February 2018

Effective Date: April 1, 2018

Contact: Ginny Mahoney @ 860-424-5145

**TO: Medical Equipment, Devices and Supplies (MEDS) Providers**

**RE: Reductions and Adjustments to Payment for Durable Medical Equipment (DME) to Remain Compliant with Federal Law and Additional Reimbursement Reductions to Medical Equipment, Devices and Supplies (MEDS)**

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**DME Changes Necessary to Comply with Federal Law**

In order to comply with federal law at 42 U.S.C. § 1396b(i)(27), also codified as section 1903(i)(27) of the Social Security Act, as amended by section 5002 of the 21<sup>st</sup> Century Cures Act, Public Law No. 114-255, effective April 1, 2018, the Department of Social Services (DSS) is revising reimbursement rates to certain DME procedure codes and also adjusting the payment methodology for certain DME items in order to ensure that the amount paid by Connecticut's Medicaid program for specified DME items is not in excess of the aggregate amount that Medicare Part B would have paid for the same applicable DME items, incorporating the amounts that Medicare would have paid under its Competitive Bidding Program for applicable items and geographic areas.

This federal law limits federal Medicaid matching funds only for specified total DME expenditures which, in the aggregate, do not exceed the amount that Medicare Part B would have paid for the same applicable DME items, incorporating the amounts that Medicare would have paid under its Competitive Bidding Program for applicable items and geographic areas.

In making these changes, DSS will ensure that the rates and payment methodologies comply with all applicable law. A spreadsheet has been attached to this bulletin in order to provide information on the revised reimbursement amounts to various

categories of procedure codes on the DME fee schedule. Specifically, all MEDS procedure codes which, based on available guidance and information, are subject to the provisions of 42 U.S.C. § 1396b(i)(27), as amended, are being revised to 75% of the lowest applicable Medicare fee (including Medicare competitive bid pricing for codes that are part of that program). For most codes, that change reflects a significant reduction in payment level.

**Additional MEDS Reimbursement Reductions**

In addition to making changes necessary to comply with the federal law described above, DSS will also revise fees for codes on the MEDS fee schedules including the DME, orthotics and prosthetics, hearing aids, parenteral/enteral supplies, medical surgical supplies and miscellaneous fee schedules in the following way:

- The current Medicaid fees will be reduced by 6% for codes currently not priced or not covered by Medicare.
- Fees will be reimbursed at the lowest of the following:
  - a. 75% of the lowest applicable Medicare fee incorporating the competitive bidding program amounts for applicable items and geographic areas, or
  - b. the current Medicaid rate.

For many codes, the fees reimbursed at 75% of the lowest applicable Medicare fee reflect a significant reduction in payment level.

Exceptions to this pricing methodology include:

- The labor codes (K0739, K0740, L4205, L7520 and L8049) which will remain at the current Medicaid rate of \$19.91.
- Procedure codes with modifier RB (replacement of a part of a DME, orthotic or prosthetic item furnished as part of a repair) and modifier KA (Add on option /accessory for wheelchair) will also be priced at 75% of the new established Medicaid rate.
- The following procedure codes on the orthotic and prosthetic fee schedule will continue to require prior authorization if the repairs are over the \$100 fee on the RB modifier segment:

L0112	L0113	L0180	L0190	L0200
L0452	L0454	L0456	L0460	L0466
L0468	L0470	L0472	L0480 through L0492	L0622
L0627	L0631 through L0640	L0642	L0649	L0700 through L0710
L0810 through L0859	L1000 through L1005	L1200	L1230	L1300
L1310	L1652	L1680 through L1755	L1831	L1832
L1834	L1840 through L1847	L1850 through L1860	L1900	L1904
L1907	L1920 through L2034	L2036 through L2038	L2050	L2060
L2080 through L2136	L2188	L2192	L2250	L2280
L2330	L2340	L2350	L2510	L2525
L2540	L2627 through L2640	L3671	L3702	L3720

L3760	L3763 through L3806	L3808	L3809	L3905
L3906	L3913	L3915	L3919	L3921
L3960 through L3978	L3981 through L3984	L4000	L4631	

A separate bulletin is being issued pertaining to changes to the pricing methodology for certain miscellaneous custom wheelchair components billed under procedure code K0108. The miscellaneous custom wheelchair component pricing list is posted on the HUSKY Health Web site at [www.ct.gov/husky](http://www.ct.gov/husky). To access the link, click on “*For Providers*” followed by “*Policies, Procedures and Guidelines*” under the “*Medical Management*” menu item. Scroll down to the “*Clinical Policies*” and click on the “*DSS Pricing Policy for MEDS Items*”.

Please note, the revised MEDS fee schedule with the new reimbursement rates will be posted close to the effective date of April 1, 2018. However, please refer to the attached list of affected procedure codes which provide information on the revised reimbursement rates.

**Accessing the Fee Schedule:** The MEDS fee schedule is available on the Connecticut Medical Assistance Program (CMAP) Web site at [www.ctdssmap.com](http://www.ctdssmap.com). From this Web page, go to “*Provider*”, then to “*Provider Fee Schedule Download*”, click on “*I Accept*”, and scroll down to “*MEDS – DME*” fee schedule or the “*MEDS-Medical/Surgical Supplies*” fee schedule or the “*MEDS-Prosthetic/Orthotic*” fee schedule or the “*MEDS-Hearing Aid/Prosthetic Eye*” fee schedule or the “*Parenteral/Enteral Supply*” fee schedule or the “*MEDS-Miscellaneous*” fee schedule. Press and hold the CTRL key, then click the CSV link. Continue to hold the CTRL key until a dialogue box appears with the option to open or save the fee schedule.

**Posting Instructions:** Policy transmittals can be downloaded from the CMAP Web site at [www.ctdssmap.com](http://www.ctdssmap.com).

**Distribution:** This policy transmittal is being distributed to providers of the Connecticut Medical Assistance Program by DXC Technology.

**Responsible Unit:** DSS, Division of Health Services, Medical Policy Section; Ginny Mahoney, Policy Consultant (860) 424-5145.

**Date Issued:** February 2018

Medical Equipment Devices and Supplies (MEDS) Reimbursement Rates Effective April 1, 2018

Procedure Code	Description	Modifier	New Medicaid Rates
A4216	Sterile water saline and/or dextrose diluent/flush 10 ml		\$ 0.38
A4217	Sterile water/saline 500 ml		\$ 2.66
A4218	Sterile saline or water metered dose dispenser 10 ml		\$ 0.47
A4221	Supplies for maintenance of non-insulin drug infusion catheter per week (list dr		\$ 19.24
A4222	Infusion supplies for external drug infusion pump per cassette or bag (list drug		\$ 28.04
A4224	Supplies for maintenance of insulin infusion catheter per week		\$ 19.24
A4225	Supplies for external insulin infusion pump syringe type cartridge sterile each		\$ 2.60
A4230	Infusion set for external insulin pump non needle cannula type		\$ 13.49
A4231	Infusion set for external insulin pump needle type		\$ 7.52
A4233	Replacement battery alkaline (other than j cell) for use with medically necessar		\$ 0.38
A4234	Replacement battery alkaline j cell for use with medically necessary home blood		\$ 1.77
A4235	Replacement battery lithium for use with medically necessary home blood glucose		\$ 0.75
A4236	Replacement battery silver oxide for use with medically necessary home blood glu		\$ 0.87
A4244	Alcohol or peroxide per pint		\$ 1.55
A4245	Alcohol wipes per box		\$ 2.82
A4246	Betadine or phisoex solution per pint		\$ 4.23
A4247	Betadine or iodine swabs/wipes per box		\$ 7.71
A4250	Urine test or reagent strips or tablets (100 tablets or strips)		\$ 30.36
A4253	Blood glucose test or reagent strips for home blood glucose monitor per 50 strip		\$ 6.24
A4255	Platforms for home blood glucose monitor 50 per box		\$ 3.49
A4256	Normal low and high calibrator solution / chips		\$ 2.54
A4258	Spring-powered device for lancet each		\$ 1.59
A4259	Lancets per box of 100		\$ 1.07
A4265	Paraffin per pound		\$ 2.88
A4267	Contraceptive supply condom male each		\$ 0.48
A4268	Contraceptive supply condom female each		\$ 2.77
A4269	Contraceptive supply spermicide (e.g. foam gel) each		\$ 8.09
A4280	Adhesive skin support attachment for use with external breast prosthesis each		\$ 4.65
A4305	Disposable drug delivery system flow rate of 50 ml or greater per hour		\$ 8.27
A4310	Insertion tray without drainage bag and without catheter (accessories only)		\$ 6.52
A4311	Insertion tray without drainage bag with indwelling catheter foley type two-way		\$ 11.75
A4312	Insertion tray without drainage bag with indwelling catheter foley type two-way		\$ 12.95
A4313	Insertion tray without drainage bag with indwelling catheter foley type three-wa		\$ 15.64
A4314	Insertion tray with drainage bag with indwelling catheter foley type two-way lat		\$ 21.35
A4315	Insertion tray with drainage bag with indwelling catheter foley type two-way all		\$ 18.93
A4316	Insertion tray with drainage bag with indwelling catheter foley type three-way f		\$ 20.38
A4320	Irrigation tray with bulb or piston syringe any purpose		\$ 4.51
A4322	Irrigation syringe bulb or piston each		\$ 2.57
A4326	Male external catheter with integral collection chamber any type each		\$ 8.75
A4327	Female external urinary collection device; meatal cup each		\$ 35.68
A4328	Female external urinary collection device; pouch each		\$ 7.49
A4330	Perianal fecal collection pouch with adhesive each		\$ 6.05
A4331	Extension drainage tubing any type any length with connector/adaptor for use wit		\$ 2.69
A4333	Urinary catheter anchoring device adhesive skin attachment each		\$ 1.87
A4334	Urinary catheter anchoring device leg strap each		\$ 4.16
A4338	Indwelling catheter; foley type two-way latex with coating (teflon silicone sili		\$ 9.97
A4340	Indwelling catheter; specialty type eg; coude mushroom wing etc.) each		\$ 26.81
A4344	Indwelling catheter foley type two-way all silicone each		\$ 11.49
A4346	Indwelling catheter; foley type three way for continuous irrigation each		\$ 16.53
A4349	Male external catheter with or without adhesive disposable each		\$ 1.70
A4351	Intermittent urinary catheter; straight tip with or without coating (teflon sili		\$ 1.53
A4352	Intermittent urinary catheter; coude (curved) tip with or without coating (teflo		\$ 5.42

Medical Equipment Devices and Supplies (MEDS) Reimbursement Rates Effective April 1, 2018

Procedure Code	Description	Modifier	New Medicaid Rates
A4353	Intermittent urinary catheter with insertion supplies		\$ 5.90
A4354	Insertion tray with drainage bag but without catheter		\$ 9.96
A4355	Irrigation tubing set for continuous bladder irrigation through a three-way indw		\$ 7.53
A4356	External urethral clamp or compression device (not to be used for catheter clamp		\$ 38.51
A4357	Bedside drainage bag day or night with or without anti-reflux device with or wit		\$ 7.88
A4358	Urinary drainage bag leg or abdomen vinyl with or without tube with straps each		\$ 5.60
A4360	Disposable external urethral clamp or compression device with pad and/or pouch e		\$ 0.41
A4361	Ostomy faceplate each		\$ 13.18
A4362	Skin barrier; solid 4 x 4 or equivalent; each		\$ 2.93
A4363	Ostomy clamp any type replacement only each		\$ 1.92
A4364	Adhesive liquid or equal any type per oz		\$ 2.48
A4366	Ostomy vent any type each		\$ 1.10
A4367	Ostomy belt each		\$ 6.21
A4368	Ostomy filter any type each		\$ 0.21
A4369	Ostomy skin barrier liquid (spray brush etc) per oz		\$ 2.05
A4371	Ostomy skin barrier powder per oz		\$ 3.08
A4372	Ostomy skin barrier solid 4x4 or equivalent standard wear with built-in convexi		\$ 3.54
A4373	Ostomy skin barrier with flange (solid flexible or accordion) with built-in con		\$ 5.30
A4375	Ostomy pouch drainable with faceplate attached plastic each		\$ 14.50
A4376	Ostomy pouch drainable with faceplate attached rubber each		\$ 40.17
A4377	Ostomy pouch drainable for use on faceplate plastic each		\$ 3.62
A4378	Ostomy pouch drainable for use on faceplate rubber each		\$ 25.95
A4379	Ostomy pouch urinary with faceplate attached plastic each		\$ 12.68
A4380	Ostomy pouch urinary with faceplate attached rubber each		\$ 31.51
A4381	Ostomy pouch urinary for use on faceplate plastic each		\$ 3.91
A4382	Ostomy pouch urinary for use on faceplate heavy plastic each		\$ 20.78
A4383	Ostomy pouch urinary for use on faceplate rubber each		\$ 23.80
A4384	Ostomy faceplate equivalent silicone ring each		\$ 8.12
A4385	Ostomy skin barrier solid 4x4 or equivalent extended wear without built-in conve		\$ 4.31
A4387	Ostomy pouch closed with barrier attached with built-in convexity (1 piece) each		\$ 1.90
A4388	Ostomy pouch drainable with extended wear barrier attached (1 piece) each		\$ 3.68
A4389	Ostomy pouch drainable with barrier attached with built-in convexity (1 piece) e		\$ 5.25
A4390	Ostomy pouch drainable with extended wear barrier attached with built-in convexi		\$ 8.11
A4391	Ostomy pouch urinary with extended wear barrier attached (1 piece) each		\$ 5.97
A4392	Ostomy pouch urinary with standard wear barrier attached with built-in convexity		\$ 6.90
A4393	Ostomy pouch urinary with extended wear barrier attached with built-in convexity		\$ 7.64
A4394	Ostomy deodorant with or without lubricant for use in ostomy pouch per fluid ou		\$ 2.18
A4395	Ostomy deodorant for use in ostomy pouch solid per tablet		\$ 0.04
A4396	Ostomy belt with peristomal hernia support		\$ 34.17
A4397	Irrigation supply; sleeve each		\$ 3.44
A4398	Ostomy irrigation supply; bag each		\$ 11.67
A4399	Ostomy irrigation supply; cone/catheter with or without brush		\$ 10.35
A4400	Ostomy irrigation set		\$ 41.25
A4402	Lubricant per ounce		\$ 1.15
A4404	Ostomy ring each		\$ 1.42
A4405	Ostomy skin barrier non-pectin based paste per ounce		\$ 2.88
A4406	Ostomy skin barrier pectin-based paste per ounce		\$ 4.83
A4407	Ostomy skin barrier with flange (solid flexible or accordion) extended wear with		\$ 7.40
A4408	Ostomy skin barrier with flange (solid flexible or accordion) extended wear with		\$ 8.33
A4409	Ostomy skin barrier with flange (solid flexible or accordion) extended wear with		\$ 5.25
A4410	Ostomy skin barrier with flange (solid flexible or accordion) extended wear with		\$ 7.64
A4411	Ostomy skin barrier solid 4x4 or equivalent extended wear with built-in convexit		\$ 4.31

Medical Equipment Devices and Supplies (MEDS) Reimbursement Rates Effective April 1, 2018

Procedure Code	Description	Modifier	New Medicaid Rates
A4412	Ostomy pouch drainable high output for use on a barrier with flange (2 piece sys		\$ 2.30
A4413	Ostomy pouch drainable high output for use on a barrier with flange (2 piece sys		\$ 4.68
A4414	Ostomy skin barrier with flange (solid flexible or accordion) without built-in c		\$ 4.19
A4415	Ostomy skin barrier with flange (solid flexible or accordion) without built-in c		\$ 5.10
A4416	Ostomy pouch closed with barrier attached with filter (1 piece) each		\$ 2.34
A4417	Ostomy pouch closed with barrier attached with built-in convexity with filter (1		\$ 3.16
A4418	Ostomy pouch closed; without barrier attached with filter (1 piece) each		\$ 1.54
A4419	Ostomy pouch closed; for use on barrier with non-locking flange with filter (2 p		\$ 1.48
A4420	Ostomy pouch closed; for use on barrier with locking flange (2 piece) each		\$ 1.39
A4422	Ostomy absorbent material (sheet/pad/crystal packet) for use in ostomy pouch to		\$ 0.11
A4423	Ostomy pouch closed; for use on barrier with locking flange with filter (2 piece		\$ 1.58
A4424	Ostomy pouch drainable with barrier attached with filter (1 piece) each		\$ 4.04
A4425	Ostomy pouch drainable; for use on barrier with non-locking flange with filter (		\$ 3.04
A4426	Ostomy pouch drainable; for use on barrier with locking flange (2 piece system)		\$ 2.32
A4427	Ostomy pouch drainable; for use on barrier with locking flange with filter (2 pi		\$ 2.36
A4428	Ostomy pouch urinary with extended wear barrier attached with faucet-type tap wi		\$ 5.53
A4429	Ostomy pouch urinary with barrier attached with built-in convexity with faucet-t		\$ 7.01
A4430	Ostomy pouch urinary with extended wear barrier attached with built-in convexity		\$ 7.24
A4431	Ostomy pouch urinary; with barrier attached with faucet-type tap with valve (1 p		\$ 5.29
A4432	Ostomy pouch urinary; for use on barrier with non-locking flange with faucet-ty		\$ 3.05
A4433	Ostomy pouch urinary; for use on barrier with locking flange (2 piece) each		\$ 2.84
A4434	Ostomy pouch urinary; for use on barrier with locking flange with faucet-type ta		\$ 3.20
A4435	Ostomy pouch drainable high output with extended wear barrier (one-piece system		\$ 5.32
A4450	Tape non-waterproof per 18 square inches		\$ 0.08
A4452	Tape waterproof per 18 square inches		\$ 0.32
A4455	Adhesive remover or solvent (for tape cement or other adhesive) per ounce		\$ 1.22
A4456	Adhesive remover wipes any type each		\$ 0.20
A4461	Surgical dressing holder non-reusable each		\$ 2.78
A4463	Surgical dressing holder reusable each		\$ 11.31
A4481	Tracheostoma filter any type any size each		\$ 0.30
A4556	Electrodes (e.g. apnea monitor) per pair		\$ 9.70
A4557	Lead wires (e.g. apnea monitor) per pair		\$ 8.65
A4558	Conductive gel or paste for use with electrical device (e.g. tens nmes) per oz		\$ 4.35
A4559	Coupling gel or paste for use with ultrasound device per oz		\$ 0.08
A4561	Pessary rubber any type		\$ 17.80
A4562	Pessary non rubber any type		\$ 41.62
A4565	Slings		\$ 4.00
A4604	Tubing with integrated heating element for use with positive airway pressure dev		\$ 29.93
A4605	Tracheal suction catheter closed system each		\$ 13.94
A4606	Oxygen probe for use with oximeter device replacement		\$ 28.20
A4608	Transtracheal oxygen catheter each		\$ 42.06
A4611	Battery heavy duty; replacement for patient owned ventilator		\$ 156.96
A4612	Battery cables; replacement for patient-owned ventilator		\$ 63.86
A4613	Battery charger; replacement for patient-owned ventilator		\$ 115.23
A4614	Peak expiratory flow rate meter hand held		\$ 21.22
A4615	Cannula nasal		\$ 0.71
A4616	Tubing (oxygen) per foot		\$ 0.07
A4617	Mouth piece		\$ 3.05
A4618	Breathing circuits		\$ 7.56
A4619	Face tent		\$ 1.03
A4620	Variable concentration mask		\$ 0.53
A4623	Tracheostomy inner cannula		\$ 5.57

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Procedure Code	Description	Modifier	New Medicaid Rates
A4624	Tracheal suction catheter any type other than closed system each		\$ 2.24
A4625	Tracheostomy care kit for new tracheostomy		\$ 5.89
A4626	Tracheostomy cleaning brush each		\$ 2.71
A4628	Oropharyngeal suction catheter each		\$ 3.18
A4629	Tracheostomy care kit for established tracheostomy		\$ 3.94
A4630	Replacement batteries medically necessary transcutaneous electrical stimulator		\$ 2.50
A4633	Replacement bulb/lamp for ultraviolet light therapy system each		\$ 34.88
A4634	Replacement bulb for therapeutic light box tabletop model		\$ 34.72
A4635	Underarm pad crutch replacement each		\$ 4.35
A4636	Replacement handgrip cane crutch or walker each		\$ 2.26
A4637	Replacement tip cane crutch walker each.		\$ 1.25
A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSUR		\$ 53.82
A4660	Sphygmomanometer/blood pressure apparatus with cuff and stethoscope		\$ 40.19
A4660	Sphygmomanometer/blood pressure apparatus with cuff and stethoscope	RB	\$ 24.11
A4663	Blood pressure cuff only		\$ 26.82
A4670	Automatic blood pressure monitor		\$ 61.10
A4670	Automatic blood pressure monitor	RB	\$ 32.90
A4927	Gloves non-sterile per 100		\$ 4.39
A4930	Gloves sterile per pair		\$ 0.60
A5051	Ostomy pouch closed; with barrier attached (1 piece) each		\$ 1.76
A5052	Ostomy pouch closed; without barrier attached (1 piece) each		\$ 1.27
A5053	Ostomy pouch closed; for use on faceplate each		\$ 1.48
A5054	Ostomy pouch closed; for use on barrier with flange (2 piece) each		\$ 1.52
A5055	Stoma cap		\$ 1.22
A5056	Ostomy pouch drainable with extended wear barrier attached with filter (1 piece)		\$ 4.26
A5057	Ostomy pouch drainable with extended wear barrier attached with built in convexi		\$ 8.77
A5061	Ostomy pouch drainable; with barrier attached (1 piece) each		\$ 2.99
A5062	Ostomy pouch drainable; without barrier attached (1 piece) each		\$ 1.89
A5063	Ostomy pouch drainable; for use on barrier with flange (2 piece system) each		\$ 2.30
A5071	Ostomy pouch urinary; with barrier attached (1 piece) each		\$ 5.11
A5072	Ostomy pouch urinary; without barrier attached (1 piece) each		\$ 2.99
A5073	Ostomy pouch urinary; for use on barrier with flange (2 piece) each		\$ 2.70
A5081	Stoma plug or seal any type		\$ 2.81
A5082	Continent device; catheter for continent stoma		\$ 2.70
A5083	Continent device stoma absorptive cover for continent stoma		\$ 0.56
A5093	Ostomy accessory; convex insert		\$ 1.66
A5102	Bedside drainage bottle with or without tubing rigid or expandable each		\$ 19.19
A5105	Urinary suspensory with leg bag with or without tube each		\$ 34.65
A5112	Urinary drainage bag leg or abdomen latex with or without tube with straps each		\$ 29.43
A5113	Leg strap; latex replacement only per set		\$ 4.00
A5114	Leg strap; foam or fabric replacement only per set		\$ 7.60
A5120	Skin barrier wipes or swabs each		\$ 0.22
A5121	Skin barrier; solid 6 x 6 or equivalent each		\$ 6.34
A5122	Skin barrier; solid 8 x 8 or equivalent each		\$ 10.92
A5126	Adhesive or non-adhesive; disk or foam pad		\$ 1.12
A5131	Appliance cleaner incontinence and ostomy appliances per 16 oz.		\$ 13.48
A5200	Percutaneous catheter/tube anchoring device adhesive skin attachment		\$ 10.09
A5500	For diabetics only fitting (including follow-up) custom preparation and supply o		\$ 52.93
A5501	For diabetics only fitting (including follow-up) custom preparation and supply o		\$ 167.13
A5503	For diabetics only modification (including fitting) of off-the-shelf depth-inlay		\$ 24.79
A5504	For diabetics only modification (including fitting) of off-the-shelf depth-inlay		\$ 24.79
A5505	For diabetics only modification (including fitting) of off-the-shelf depth-inlay		\$ 24.79

Medical Equipment Devices and Supplies (MEDS) Reimbursement Rates Effective April 1, 2018

Procedure Code	Description	Modifier	New Medicaid Rates
A5506	For diabetics only modification (including fitting) of off-the-shelf depth-inlay		\$ 24.79
A5507	For diabetics only not otherwise specified modification (including fitting) of o		\$ 24.79
A5510	For diabetics only direct formed compression molded to patient's foot without ex		\$ 26.76
A5512	For diabetics only multiple density insert direct formed molded to foot after ex		\$ 22.73
A5513	For diabetics only multiple density insert custom molded from model of patient's		\$ 33.92
A6010	Collagen based wound filler dry form sterile per gram of collagen		\$ 26.32
A6011	Collagen based wound filler gel/paste per gram of collagen		\$ 1.94
A6021	Collagen dressing sterile size 16 sq. in. or less each		\$ 17.87
A6022	Collagen dressing sterile size more than 16 sq. in. but less than or equal to 48		\$ 17.87
A6023	Collagen dressing sterile size more than 48 sq. in. each		\$ 161.76
A6024	Collagen dressing wound filler sterile per 6 inches		\$ 5.26
A6154	Wound pouch each		\$ 12.22
A6196	Alginate or other fiber gelling dressing wound cover sterile pad size 16 sq. in.		\$ 6.25
A6197	Alginate or other fiber gelling dressing wound cover sterile pad size more than		\$ 13.97
A6198	Alginate or other fiber gelling dressing wound cover sterile pad size more than		\$ 105.75
A6199	Alginate or other fiber gelling dressing wound filler sterile per 6 inches		\$ 4.50
A6203	Composite dressing sterile pad size 16 sq. in. or less with any size adhesive bo		\$ 2.85
A6204	Composite dressing sterile pad size more than 16 sq. in. but less than or equal		\$ 5.30
A6205	Composite dressing sterile pad size more than 48 sq. in. with any size adhesive		\$ 23.49
A6206	Contact layer sterile 16 sq. in. or less each dressing		\$ 0.91
A6207	Contact layer sterile more than 16 sq. in. but less than or equal to 48 sq. in.		\$ 6.24
A6208	Contact layer sterile more than 48 sq. in. each dressing		\$ 37.59
A6209	Foam dressing wound cover sterile pad size 16 sq. in. or less without adhesive b		\$ 6.36
A6210	Foam dressing wound cover sterile pad size more than 16 sq. in. but less than or		\$ 16.93
A6211	Foam dressing wound cover sterile pad size more than 48 sq. in. without adhesive		\$ 24.96
A6212	Foam dressing wound cover sterile pad size 16 sq. in. or less with any size adhe		\$ 8.25
A6213	Foam dressing wound cover sterile pad size more than 16 sq. in. but less than or		\$ 8.45
A6214	Foam dressing wound cover sterile pad size more than 48 sq. in. with any size ad		\$ 8.75
A6215	Foam dressing wound filler sterile per gram		\$ 2.19
A6216	Gauze non-impregnated non-sterile pad size 16 sq. in. or less without adhesive b		\$ 0.04
A6217	Gauze non-impregnated non-sterile pad size more than 16 sq. in. but less than or		\$ 0.37
A6218	Gauze non-impregnated non-sterile pad size more than 48 sq. in. without adhesive		\$ 0.55
A6219	Gauze non-impregnated sterile pad size 16 sq. in. or less with any size adhesive		\$ 0.81
A6220	Gauze non-impregnated sterile pad size more than 16 sq. in. but less than or equ		\$ 24.43
A6221	Gauze non-impregnated sterile pad size more than 48 sq. in. with any size adhesi		\$ 25.99
A6222	Gauze impregnated with other than water normal saline or hydrogel sterile pad si		\$ 1.81
A6223	Gauze impregnated with other than water normal saline or hydrogel sterile pad si		\$ 2.06
A6224	Gauze impregnated with other than water normal saline or hydrogel sterile pad si		\$ 3.07
A6229	Gauze impregnated water or normal saline sterile pad size more than 16 sq. in. b		\$ 3.07
A6231	Gauze impregnated hydrogel for direct wound contact sterile pad size 16 sq. in.		\$ 3.98
A6232	Gauze impregnated hydrogel for direct wound contact sterile pad size greater tha		\$ 5.85
A6233	Gauze impregnated hydrogel for direct wound contact sterile pad size more than 4		\$ 16.31
A6234	Hydrocolloid dressing wound cover sterile pad size 16 sq. in. or less without ad		\$ 5.56
A6235	Hydrocolloid dressing wound cover sterile pad size more than 16 sq. in. but less		\$ 14.30
A6236	Hydrocolloid dressing wound cover sterile pad size more than 48 sq. in. without		\$ 23.16
A6237	Hydrocolloid dressing wound cover sterile pad size 16 sq. in. or less with any s		\$ 6.72
A6238	Hydrocolloid dressing wound cover sterile pad size more than 16 sq. in. but less		\$ 19.37
A6239	Hydrocolloid dressing wound cover sterile pad size more than 48 sq. in. with any		\$ 75.19
A6240	Hydrocolloid dressing wound filler paste sterile per ounce		\$ 10.40
A6241	Hydrocolloid dressing wound filler dry form sterile per gram		\$ 2.18
A6242	Hydrogel dressing wound cover sterile pad size 16 sq. in. or less without adhesi		\$ 5.16
A6243	Hydrogel dressing wound cover sterile pad size more than 16 sq. in. but less tha		\$ 10.46



Medical Equipment Devices and Supplies (MEDS) Reimbursement Rates Effective April 1, 2018

Procedure Code	Description	Modifier	New Medicaid Rates
A6244	Hydrogel dressing wound cover sterile pad size more than 48 sq. in. without adhe		\$ 33.39
A6245	Hydrogel dressing wound cover sterile pad size 16 sq. in. or less with any size		\$ 6.18
A6246	Hydrogel dressing wound cover sterile pad size more than 16 sq. in. but less tha		\$ 8.43
A6247	Hydrogel dressing wound cover sterile pad size more than 48 sq. in. with any siz		\$ 20.21
A6248	Hydrogel dressing wound filler gel per fluid ounce		\$ 13.80
A6251	Specialty absorptive dressing wound cover sterile pad size 16 sq. in. or less wi		\$ 1.69
A6252	Specialty absorptive dressing wound cover sterile pad size more than 16 sq. in.		\$ 2.76
A6253	Specialty absorptive dressing wound cover sterile pad size more than 48 sq. in.		\$ 5.39
A6254	Specialty absorptive dressing wound cover sterile pad size 16 sq. in. or less wi		\$ 1.03
A6255	Specialty absorptive dressing wound cover sterile pad size more than 16 sq. in.		\$ 2.58
A6256	Specialty absorptive dressing wound cover sterile pad size more than 48 sq. in.		\$ 14.09
A6257	Transparent film sterile 16 sq. in. or less each dressing		\$ 1.30
A6258	Transparent film sterile more than 16 sq. in. but less than or equal to 48 sq. i		\$ 3.66
A6259	Transparent film sterile more than 48 sq. in. each dressing		\$ 9.30
A6261	Wound filler gel/paste per fluid ounce not otherwise specified		\$ 5.17
A6262	Wound filler dry form per gram not otherwise specified		\$ 0.93
A6266	Gauze impregnated other than water normal saline or zinc paste sterile any width		\$ 1.63
A6402	Gauze non-impregnated sterile pad size 16 sq. in. or less without adhesive borde		\$ 0.10
A6403	Gauze non-impregnated sterile pad size more than 16 sq. in. less than or equal t		\$ 0.37
A6404	Gauze non-impregnated sterile pad size more than 48 sq. in. without adhesive bor		\$ 3.75
A6407	Packing strips non-impregnated sterile up to 2 inches in width per linear yard		\$ 1.60
A6410	Eye pad sterile each		\$ 0.35
A6412	Eye patch occlusive each		\$ 0.71
A6441	Padding bandage non-elastic non-woven/non-knitted width greater than or equal to		\$ 0.57
A6442	Conforming bandage non-elastic knitted/woven non-sterile width less than three i		\$ 0.14
A6443	Conforming bandage non-elastic knitted/woven non-sterile width greater than or e		\$ 0.25
A6444	Conforming bandage non-elastic knitted/woven non-sterile width greater than or e		\$ 0.48
A6445	Conforming bandage non-elastic knitted/woven sterile width less than three inche		\$ 0.27
A6446	Conforming bandage non-elastic knitted/woven sterile width greater than or equal		\$ 0.35
A6447	Conforming bandage non-elastic knitted/woven sterile width greater than or equal		\$ 0.57
A6448	Light compression bandage elastic knitted/woven width less than three inches per		\$ 0.99
A6449	Light compression bandage elastic knitted/woven width greater than or equal to t		\$ 1.49
A6450	Light compression bandage elastic knitted/woven width greater than or equal to f		\$ 1.34
A6451	Moderate compression bandage elastic knitted/woven load resistance of 1.25 to 1.		\$ 1.66
A6452	High compression bandage elastic knitted/woven load resistance greater than or e		\$ 5.02
A6453	Self-adherent bandage elastic non-knitted/non-woven width less than three inches		\$ 0.52
A6454	Self-adherent bandage elastic non-knitted/non-woven width greater than or equal		\$ 0.65
A6455	Self-adherent bandage elastic non-knitted/non-woven width greater than or equal		\$ 1.18
A6456	Zinc paste impregnated bandage non-elastic knitted/woven width greater than or e		\$ 1.09
A6457	Tubular dressing with or without elastic any width per linear yard		\$ 0.97
A6530	Gradient compression stocking below knee 18-30 mmhg each		\$ 26.79
A6531	Gradient compression stocking below knee 30-40 mmhg each		\$ 34.94
A6532	Gradient compression stocking below knee 40-50 mmhg each		\$ 49.23
A6533	Gradient compression stocking thigh length 18-30 mmhg each		\$ 40.19
A6534	Gradient compression stocking thigh length 30-40 mmhg each		\$ 53.58
A6535	Gradient compression stocking thigh length 40-50 mmhg each		\$ 60.72
A6536	Gradient compression stocking full length/chap style 18-30 mmhg each		\$ 89.30
A6537	Gradient compression stocking full length/chap style 30-40 mmhg each		\$ 107.16
A6538	Gradient compression stocking full length/chap style 40-50 mmhg each		\$ 125.02
A6539	Gradient compression stocking waist length 18-30 mmhg each		\$ 142.88
A6540	Gradient compression stocking waist length 30-40 mmhg each		\$ 160.74
A6541	Gradient compression stocking waist length 40-50 mmhg each		\$ 178.60

Medical Equipment Devices and Supplies (MEDS) Reimbursement Rates Effective April 1, 2018

Procedure Code	Description	Modifier	New Medicaid Rates
A6544	Gradient compression stocking garter belt		\$ 18.40
A6545	Gradient compression wrap non-elastic below knee 30-50 mm hg each		\$ 67.83
A6550	Wound care set for negative pressure wound therapy electrical pump includes all		\$ 23.31
A7000	Canister disposable used with suction pump each		\$ 5.91
A7001	Canister non-disposable used with suction pump each		\$ 28.12
A7002	Tubing used with suction pump each		\$ 3.26
A7003	Administration set with small volume nonfiltered pneumatic nebulizer disposable		\$ 1.10
A7004	Small volume nonfiltered pneumatic nebulizer disposable		\$ 0.91
A7005	Administration set with small volume nonfiltered pneumatic nebulizer non-disposa		\$ 8.36
A7006	Administration set with small volume filtered pneumatic nebulizer		\$ 5.31
A7007	Large volume nebulizer disposable unfilled used with aerosol compressor		\$ 2.35
A7008	Large volume nebulizer disposable prefilled used with aerosol compressor		\$ 9.35
A7009	Reservoir bottle non-disposable used with large volume ultrasonic nebulizer		\$ 35.73
A7010	Corrugated tubing disposable used with large volume nebulizer 100 feet		\$ 10.97
A7012	Water collection device used with large volume nebulizer		\$ 2.05
A7013	Filter disposable used with aerosol compressor or ultrasonic generator		\$ 0.40
A7014	Filter nondisposable used with aerosol compressor or ultrasonic generator		\$ 2.39
A7015	Aerosol mask used with dme nebulizer		\$ 0.91
A7016	Dome and mouthpiece used with small volume ultrasonic nebulizer		\$ 6.16
A7017	Nebulizer durable glass or autoclavable plastic bottle type not used with oxygen		\$ 83.00
A7018	Water distilled used with large volume nebulizer 1000 ml		\$ 0.32
A7020	Interface for cough stimulating device includes all components replacement only		\$ 13.22
A7025	High frequency chest wall oscillation system vest replacement for use with patie		\$ 347.58
A7026	High frequency chest wall oscillation system hose replacement for use with patie		\$ 24.44
A7027	Combination oral/nasal mask used with continuous positive airway pressure device		\$ 84.41
A7028	Oral cushion for combination oral/nasal mask replacement only each		\$ 24.36
A7029	Nasal pillows for combination oral/nasal mask replacement only pair		\$ 11.93
A7030	Full face mask used with positive airway pressure device each		\$ 69.20
A7031	Face mask interface replacement for full face mask each		\$ 25.52
A7032	Cushion for use on nasal mask interface replacement only each		\$ 14.50
A7033	Pillow for use on nasal cannula type interface replacement only pair		\$ 11.75
A7034	Nasal interface (mask or cannula type) used with positive airway pressure device		\$ 41.22
A7035	Headgear used with positive airway pressure device		\$ 14.31
A7036	Chinstrap used with positive airway pressure device		\$ 8.09
A7037	Tubing used with positive airway pressure device		\$ 9.05
A7038	Filter disposable used with positive airway pressure device		\$ 1.67
A7039	Filter non disposable used with positive airway pressure device		\$ 4.49
A7040	One way chest drain valve		\$ 35.20
A7041	Water seal drainage container and tubing for use with implanted chest tube		\$ 66.14
A7044	Oral interface used with positive airway pressure device each		\$ 60.62
A7045	Exhalation port with or without swivel used with accessories for positive airway		\$ 9.77
A7046	Water chamber for humidifier used with positive airway pressure device replaceme		\$ 9.76
A7047	Oral interface used with respiratory suction pump each		\$ 112.39
A7501	Tracheostoma valve including diaphragm each		\$ 89.28
A7502	Replacement diaphragm/faceplate for tracheostoma valve each		\$ 42.42
A7503	Filter holder or filter cap reusable for use in a tracheostoma heat and moisture		\$ 9.63
A7504	Filter for use in a tracheostoma heat and moisture exchange system each		\$ 0.57
A7505	Housing reusable without adhesive for use in a heat and moisture exchange system		\$ 3.99
A7506	Adhesive disc for use in a heat and moisture exchange system and/or with tracheo		\$ 0.28
A7507	Filter holder and integrated filter without adhesive for use in a tracheostoma h		\$ 2.12
A7508	Housing and integrated adhesive for use in a tracheostoma heat and moisture exch		\$ 2.44
A7509	Filter holder and integrated filter housing and adhesive for use as a tracheosto		\$ 1.20

Medical Equipment Devices and Supplies (MEDS) Reimbursement Rates Effective April 1, 2018

Procedure Code	Description	Modifier	New Medicaid Rates
A7520	Tracheostomy/laryngectomy tube non-cuffed polyvinylchloride (pvc) silicone or eq		\$ 52.86
A7521	Tracheostomy/laryngectomy tube cuffed polyvinylchloride (pvc) silicone or equal		\$ 52.36
A7522	Tracheostomy/laryngectomy tube stainless steel or equal (sterilizable and reusab		\$ 50.28
A7523	Tracheostomy shower protector each		\$ 1.75
A7524	Tracheostoma stent/stud/button each		\$ 65.79
A7525	Tracheostomy mask each		\$ 1.76
A7526	Tracheostomy tube collar/holder each		\$ 2.86
A7527	Tracheostomy/laryngectomy tube plug/stop each		\$ 3.04
A8000	Helmet protective soft prefabricated includes all components and accessories		\$ 130.35
A8000	Helmet protective soft prefabricated includes all components and accessories	RB	\$ 78.00
A8001	Helmet protective hard prefabricated includes all components and accessories		\$ 130.35
A8001	Helmet protective hard prefabricated includes all components and accessories	RB	\$ 78.00
A8002	Helmet protective soft custom fabricated includes all components and accessories		\$ 329.00
A8002	Helmet protective soft custom fabricated includes all components and accessories	RB	\$ 197.40
A8003	Helmet protective hard custom fabricated includes all components and accessories		\$ 400.44
A8003	Helmet protective hard custom fabricated includes all components and accessories	RB	\$ 240.64
A9273	Hot water bottle ice cap or collar heat and/or cold wrap any type		\$ 21.60
A9273	Hot water bottle ice cap or collar heat and/or cold wrap any type	RR	\$ 2.17
A9275	Home glucose disposable monitor includes test strips		\$ 23.50
A9281	Reaching/grabbing device any type any length each		\$ 56.40
A9282	Wig any type each		\$ 235.00
A9284	Spirometer non-electronic includes all accessories		\$ 14.10
B4034	Enteral feeding supply kit; syringe fed per day includes but not limited to feed		\$ 3.54
B4035	Enteral feeding supply kit; pump fed per day includes but not limited to feedin		\$ 6.68
B4036	Enteral feeding supply kit; gravity fed per day includes but not limited to feed		\$ 4.71
B4081	Nasogastric tubing with stylet		\$ 13.77
B4082	Nasogastric tubing without stylet		\$ 10.14
B4083	Stomach tube - levine type		\$ 1.57
B4087	Gastrostomy/jejunostomy tube standard any material any type each		\$ 29.40
B4088	Gastrostomy/jejunostomy tube low-profile any material any type each		\$ 29.40
B4220	Parenteral nutrition supply kit; premix per day		\$ 6.88
B4222	Parenteral nutrition supply kit; home mix per day		\$ 8.48
B4224	Parenteral nutrition administration kit per day		\$ 21.50
B9002	Enteral nutrition infusion pump any type		\$ 707.37
B9002	Enteral nutrition infusion pump any type	RR	\$ 69.26
B9004	Parenteral nutrition infusion pump portable		\$ 2,168.54
B9004	Parenteral nutrition infusion pump portable	RR	\$ 343.30
B9006	Parenteral nutrition infusion pump stationary		\$ 2,168.54
B9006	Parenteral nutrition infusion pump stationary	RR	\$ 343.30
E0100	Cane includes canes of all materials adjustable or fixed with tip		\$ 17.91
E0100	Cane includes canes of all materials adjustable or fixed with tip	RR	\$ 1.79
E0105	Cane quad or three prong includes canes of all materials adjustable or fixed wit		\$ 41.74
E0105	Cane quad or three prong includes canes of all materials adjustable or fixed wit	RB	\$ 25.04
E0105	Cane quad or three prong includes canes of all materials adjustable or fixed wit	RR	\$ 4.17
E0110	Crutches forearm includes crutches of various materials adjustable or fixed pair		\$ 62.65
E0110	Crutches forearm includes crutches of various materials adjustable or fixed pair	RB	\$ 37.59
E0110	Crutches forearm includes crutches of various materials adjustable or fixed pair	RR	\$ 6.26
E0111	Crutch forearm includes crutches of various materials adjustable or fixed each w		\$ 43.01
E0111	Crutch forearm includes crutches of various materials adjustable or fixed each w	RB	\$ 25.81
E0111	Crutch forearm includes crutches of various materials adjustable or fixed each w	RR	\$ 4.30
E0112	Crutches underarm wood adjustable or fixed pair with pads tips and handgrips		\$ 29.88
E0112	Crutches underarm wood adjustable or fixed pair with pads tips and handgrips	RB	\$ 17.93

Medical Equipment Devices and Supplies (MEDS) Reimbursement Rates Effective April 1, 2018

Procedure Code	Description	Modifier	New Medicaid Rates
E0112	Crutches underarm wood adjustable or fixed pair with pads tips and handgrips	RR	\$ 2.99
E0113	Crutch underarm wood adjustable or fixed each with pad tip and handgrip		\$ 17.06
E0113	Crutch underarm wood adjustable or fixed each with pad tip and handgrip	RR	\$ 1.71
E0114	Crutches underarm other than wood adjustable or fixed pair with pads tips and ha		\$ 38.10
E0114	Crutches underarm other than wood adjustable or fixed pair with pads tips and ha	RR	\$ 3.81
E0116	Crutch underarm other than wood adjustable or fixed with pad tip handgrip with o		\$ 22.40
E0116	Crutch underarm other than wood adjustable or fixed with pad tip handgrip with o	RR	\$ 2.24
E0118	Crutch substitute lower leg platform with or without wheels each		\$ 53.42
E0118	Crutch substitute lower leg platform with or without wheels each	RR	\$ 5.34
E0130	Walker rigid (pickup) adjustable or fixed height		\$ 32.24
E0130	Walker rigid (pickup) adjustable or fixed height	RB	\$ 24.50
E0130	Walker rigid (pickup) adjustable or fixed height	RR	\$ 3.23
E0135	Walker folding (pickup) adjustable or fixed height		\$ 30.44
E0135	Walker folding (pickup) adjustable or fixed height	RB	\$ 22.83
E0135	Walker folding (pickup) adjustable or fixed height	RR	\$ 3.05
E0140	Walker with trunk support adjustable or fixed height any type		\$ 188.63
E0140	Walker with trunk support adjustable or fixed height any type	RB	\$ 143.36
E0140	Walker with trunk support adjustable or fixed height any type	RR	\$ 18.86
E0141	Walker rigid wheeled adjustable or fixed height		\$ 32.54
E0141	Walker rigid wheeled adjustable or fixed height	RB	\$ 24.73
E0141	Walker rigid wheeled adjustable or fixed height	RR	\$ 3.26
E0143	Walker folding wheeled adjustable or fixed height		\$ 31.92
E0143	Walker folding wheeled adjustable or fixed height	RB	\$ 24.26
E0143	Walker folding wheeled adjustable or fixed height	RR	\$ 3.20
E0144	Walker enclosed four sided framed rigid or folding wheeled with posterior seat		\$ 257.15
E0144	Walker enclosed four sided framed rigid or folding wheeled with posterior seat	RB	\$ 154.29
E0144	Walker enclosed four sided framed rigid or folding wheeled with posterior seat	RR	\$ 25.72
E0147	Walker heavy duty multiple braking system variable wheel resistance		\$ 292.10
E0147	Walker heavy duty multiple braking system variable wheel resistance	RB	\$ 221.99
E0147	Walker heavy duty multiple braking system variable wheel resistance	RR	\$ 29.21
E0148	Walker heavy duty without wheels rigid or folding any type each		\$ 57.90
E0148	Walker heavy duty without wheels rigid or folding any type each	RB	\$ 44.00
E0148	Walker heavy duty without wheels rigid or folding any type each	RR	\$ 5.79
E0149	Walker heavy duty wheeled rigid or folding any type		\$ 67.50
E0149	Walker heavy duty wheeled rigid or folding any type	RB	\$ 51.30
E0149	Walker heavy duty wheeled rigid or folding any type	RR	\$ 6.75
E0153	Platform attachment forearm crutch each		\$ 58.58
E0153	Platform attachment forearm crutch each	RB	\$ 43.92
E0153	Platform attachment forearm crutch each	RR	\$ 6.50
E0154	Platform attachment walker each		\$ 36.81
E0154	Platform attachment walker each	RB	\$ 27.61
E0154	Platform attachment walker each	RR	\$ 3.68
E0155	Wheel attachment rigid pick-up walker per pair		\$ 15.55
E0155	Wheel attachment rigid pick-up walker per pair	RR	\$ 1.55
E0156	Seat attachment walker		\$ 11.41
E0156	Seat attachment walker	RR	\$ 1.14
E0157	Crutch attachment walker each		\$ 40.01
E0157	Crutch attachment walker each	RB	\$ 30.01
E0158	Leg extensions for walker per set of four (4)		\$ 16.23
E0158	Leg extensions for walker per set of four (4)	RB	\$ 12.17
E0158	Leg extensions for walker per set of four (4)	RR	\$ 1.62
E0159	Brake attachment for wheeled walker replacement each		\$ 10.55

Medical Equipment Devices and Supplies (MEDS) Reimbursement Rates Effective April 1, 2018

Procedure Code	Description	Modifier	New Medicaid Rates
E0159	Brake attachment for wheeled walker replacement each	RR	\$ 1.06
E0160	Sitz type bath or equipment portable used with or without commode		\$ 19.98
E0160	Sitz type bath or equipment portable used with or without commode	RR	\$ 2.00
E0161	Sitz type bath or equipment portable used with or without commode with faucet at		\$ 21.19
E0161	Sitz type bath or equipment portable used with or without commode with faucet at	RR	\$ 2.12
E0162	Sitz bath chair		\$ 117.66
E0162	Sitz bath chair	RB	\$ 70.60
E0162	Sitz bath chair	RR	\$ 11.77
E0163	Commode chair mobile or stationary with fixed arms		\$ 35.23
E0163	Commode chair mobile or stationary with fixed arms	RB	\$ 26.42
E0163	Commode chair mobile or stationary with fixed arms	RR	\$ 3.53
E0165	Commode chair mobile or stationary with detachable arms		\$ 80.63
E0165	Commode chair mobile or stationary with detachable arms	RB	\$ 61.28
E0165	Commode chair mobile or stationary with detachable arms	RR	\$ 8.06
E0167	Pail or pan for use with commode chair replacement only		\$ 9.69
E0167	Pail or pan for use with commode chair replacement only	RR	\$ 0.97
E0168	Commode chair extra wide and/or heavy duty stationary or mobile with or without		\$ 80.16
E0168	Commode chair extra wide and/or heavy duty stationary or mobile with or without	RB	\$ 60.12
E0168	Commode chair extra wide and/or heavy duty stationary or mobile with or without	RR	\$ 8.02
E0170	Commode chair with integrated seat lift mechanism electric any type		\$ 1,212.83
E0170	Commode chair with integrated seat lift mechanism electric any type	RB	\$ 921.75
E0170	Commode chair with integrated seat lift mechanism electric any type	RR	\$ 121.28
E0171	Commode chair with integrated seat lift mechanism non-electric any type		\$ 228.68
E0171	Commode chair with integrated seat lift mechanism non-electric any type	RB	\$ 173.79
E0171	Commode chair with integrated seat lift mechanism non-electric any type	RR	\$ 22.87
E0175	Foot rest for use with commode chair each		\$ 53.49
E0175	Foot rest for use with commode chair each	RR	\$ 5.35
E0181	Powered pressure reducing mattress overlay/pad alternating with pump includes he		\$ 101.63
E0181	Powered pressure reducing mattress overlay/pad alternating with pump includes he	RB	\$ 77.24
E0181	Powered pressure reducing mattress overlay/pad alternating with pump includes he	RR	\$ 10.16
E0182	Pump for alternating pressure pad for replacement only		\$ 149.40
E0182	Pump for alternating pressure pad for replacement only	RB	\$ 113.54
E0182	Pump for alternating pressure pad for replacement only	RR	\$ 14.94
E0184	Dry pressure mattress		\$ 112.50
E0184	Dry pressure mattress	RB	\$ 84.38
E0184	Dry pressure mattress	RR	\$ 11.25
E0185	Gel or gel-like pressure pad for mattress standard mattress length and width		\$ 116.25
E0185	Gel or gel-like pressure pad for mattress standard mattress length and width	RB	\$ 87.19
E0185	Gel or gel-like pressure pad for mattress standard mattress length and width	RR	\$ 11.63
E0186	Air pressure mattress		\$ 140.93
E0186	Air pressure mattress	RB	\$ 107.10
E0186	Air pressure mattress	RR	\$ 14.09
E0187	Water pressure mattress		\$ 160.58
E0187	Water pressure mattress	RB	\$ 122.04
E0187	Water pressure mattress	RR	\$ 16.06
E0188	Synthetic sheepskin pad		\$ 21.35
E0188	Synthetic sheepskin pad	RR	\$ 2.13
E0189	Lambswool sheepskin pad any size		\$ 41.96
E0189	Lambswool sheepskin pad any size	RR	\$ 4.20
E0191	Heel or elbow protector each		\$ 8.49
E0191	Heel or elbow protector each	RR	\$ 0.87
E0193	Powered air flotation bed (low air loss therap		\$ 4,620.00

Medical Equipment Devices and Supplies (MEDS) Reimbursement Rates Effective April 1, 2018

Procedure Code	Description	Modifier	New Medicaid Rates
E0193	Powered air flotation bed (low air loss therap	RB	\$ 3,511.20
E0193	Powered air flotation bed (low air loss therap	RR	\$ 462.00
E0194	Air fluidized bed		\$ 27,470.48
E0194	Air fluidized bed	RB	\$ 20,877.56
E0194	Air fluidized bed	RR	\$ 2,747.05
E0196	Gel pressure mattress		\$ 236.55
E0196	Gel pressure mattress	RB	\$ 179.78
E0196	Gel pressure mattress	RR	\$ 23.66
E0197	Air pressure pad for mattress standard mattress length and width		\$ 125.40
E0197	Air pressure pad for mattress standard mattress length and width	RB	\$ 95.30
E0197	Air pressure pad for mattress standard mattress length and width	RR	\$ 12.54
E0198	Water pressure pad for mattress standard mattress length and width		\$ 159.00
E0198	Water pressure pad for mattress standard mattress length and width	RB	\$ 120.84
E0198	Water pressure pad for mattress standard mattress length and width	RR	\$ 15.90
E0199	Dry pressure pad for mattress standard mattress length and width		\$ 25.88
E0199	Dry pressure pad for mattress standard mattress length and width	RR	\$ 2.59
E0200	Heat lamp without stand (table model) includes bulb or infrared element		\$ 64.02
E0200	Heat lamp without stand (table model) includes bulb or infrared element	RB	\$ 38.41
E0200	Heat lamp without stand (table model) includes bulb or infrared element	RR	\$ 6.40
E0202	Phototherapy (bilirubin) light with photometer	RR	\$ 50.56
E0203	Therapeutic lightbox minimum 10000 lux table top model		\$ 357.20
E0203	Therapeutic lightbox minimum 10000 lux table top model	RB	\$ 35.72
E0203	Therapeutic lightbox minimum 10000 lux table top model	RR	\$ 214.32
E0205	Heat lamp with stand includes bulb or infrared element		\$ 156.70
E0205	Heat lamp with stand includes bulb or infrared element	RB	\$ 94.02
E0205	Heat lamp with stand includes bulb or infrared element	RR	\$ 15.67
E0210	Electric heat pad standard		\$ 26.35
E0210	Electric heat pad standard	RR	\$ 2.61
E0215	Electric heat pad moist	RR	\$ 5.72
E0215	Electric heat pad moist		\$ 57.20
E0217	Water circulating heat pad with pump		\$ 400.90
E0217	Water circulating heat pad with pump	RB	\$ 240.54
E0217	Water circulating heat pad with pump	RR	\$ 40.09
E0225	Hydrocollator unit includes pads		\$ 313.83
E0225	Hydrocollator unit includes pads	RB	\$ 188.30
E0225	Hydrocollator unit includes pads	RR	\$ 32.56
E0235	Paraffin bath unit portable (see medical supply code a4265 for paraffin)		\$ 145.58
E0235	Paraffin bath unit portable (see medical supply code a4265 for paraffin)	RB	\$ 110.64
E0235	Paraffin bath unit portable (see medical supply code a4265 for paraffin)	RR	\$ 14.56
E0236	Pump for water circulating pad		\$ 331.13
E0236	Pump for water circulating pad	RB	\$ 251.66
E0236	Pump for water circulating pad	RR	\$ 33.11
E0240	Bath/shower chair with or without wheels any size		\$ 669.75
E0240	Bath/shower chair with or without wheels any size	RB	\$ 401.85
E0240	Bath/shower chair with or without wheels any size	RR	\$ 66.98
E0241	Bath tub wall rail each	RR	\$ 4.32
E0241	Bath tub wall rail each		\$ 43.24
E0242	Bath tub rail floor base	RR	\$ 7.99
E0242	Bath tub rail floor base		\$ 79.90
E0243	Toilet rail each	RR	\$ 4.89
E0243	Toilet rail each		\$ 48.88
E0244	Raised toilet seat	RR	\$ 4.89

Medical Equipment Devices and Supplies (MEDS) Reimbursement Rates Effective April 1, 2018

Procedure Code	Description	Modifier	New Medicaid Rates
E0244	Raised toilet seat		\$ 48.88
E0245	Tub stool or bench	RB	\$ 42.30
E0245	Tub stool or bench	RR	\$ 7.05
E0245	Tub stool or bench		\$ 70.50
E0247	Transfer bench for tub or toilet with or without commode opening		\$ 133.95
E0247	Transfer bench for tub or toilet with or without commode opening	RB	\$ 80.37
E0247	Transfer bench for tub or toilet with or without commode opening	RR	\$ 13.40
E0248	Transfer bench heavy duty for tub or toilet with or without commode opening		\$ 195.52
E0248	Transfer bench heavy duty for tub or toilet with or without commode opening	RB	\$ 117.31
E0248	Transfer bench heavy duty for tub or toilet with or without commode opening	RR	\$ 19.55
E0249	Pad for water circulating heat unit for replacement only		\$ 80.43
E0249	Pad for water circulating heat unit for replacement only	RR	\$ 8.04
E0250	Hospital bed fixed height with any type side rails with mattress		\$ 426.38
E0250	Hospital bed fixed height with any type side rails with mattress	RB	\$ 324.05
E0250	Hospital bed fixed height with any type side rails with mattress	RR	\$ 42.64
E0251	Hospital bed fixed height with any type side rails without mattress		\$ 375.00
E0251	Hospital bed fixed height with any type side rails without mattress	RB	\$ 285.00
E0251	Hospital bed fixed height with any type side rails without mattress	RR	\$ 37.50
E0255	Hospital bed variable height hi-lo with any type side rails with mattress		\$ 426.38
E0255	Hospital bed variable height hi-lo with any type side rails with mattress	RB	\$ 324.05
E0255	Hospital bed variable height hi-lo with any type side rails with mattress	RR	\$ 42.64
E0256	Hospital bed variable height hi-lo with any type side rails without mattress		\$ 407.55
E0256	Hospital bed variable height hi-lo with any type side rails without mattress	RB	\$ 309.74
E0256	Hospital bed variable height hi-lo with any type side rails without mattress	RR	\$ 40.76
E0260	Hospital bed semi-electric (head and foot adjustment) with any type side rails w		\$ 425.63
E0260	Hospital bed semi-electric (head and foot adjustment) with any type side rails w	RB	\$ 323.48
E0260	Hospital bed semi-electric (head and foot adjustment) with any type side rails w	RR	\$ 42.56
E0261	Hospital bed semi-electric (head and foot adjustment) with any type side rails w		\$ 396.00
E0261	Hospital bed semi-electric (head and foot adjustment) with any type side rails w	RB	\$ 300.96
E0261	Hospital bed semi-electric (head and foot adjustment) with any type side rails w	RR	\$ 39.60
E0265	Hospital bed total electric (head foot and height adjustments) with any type sid		\$ 1,047.30
E0265	Hospital bed total electric (head foot and height adjustments) with any type sid	RB	\$ 795.95
E0265	Hospital bed total electric (head foot and height adjustments) with any type sid	RR	\$ 104.73
E0266	Hospital bed total electric (head foot and height adjustments) with any type sid		\$ 911.33
E0266	Hospital bed total electric (head foot and height adjustments) with any type sid	RB	\$ 692.61
E0266	Hospital bed total electric (head foot and height adjustments) with any type sid	RR	\$ 91.13
E0271	MATTRESS, INNERSPRING		\$ 134.46
E0271	MATTRESS, INNERSPRING	RB	\$ 134.47
E0271	MATTRESS, INNERSPRING	RR	\$ 13.45
E0272	MATTRESS, FOAM RUBBER		\$ 104.84
E0272	MATTRESS, FOAM RUBBER	RB	\$ 78.63
E0272	MATTRESS, FOAM RUBBER	RR	\$ 10.49
E0275	BED PAN, STANDARD, METAL OR PLASTIC		\$ 12.36
E0275	BED PAN, STANDARD, METAL OR PLASTIC	RB	\$ -
E0275	BED PAN, STANDARD, METAL OR PLASTIC	RR	\$ 1.24
E0276	Bed pan fracture metal or plastic		\$ 11.31
E0276	Bed pan fracture metal or plastic	RB	\$ -
E0276	Bed pan fracture metal or plastic	RR	\$ 1.33
E0277	Powered pressure-reducing air mattress		\$ 1,373.63
E0277	Powered pressure-reducing air mattress	RB	\$ 1,043.96
E0277	Powered pressure-reducing air mattress	RR	\$ 137.36
E0280	Bed cradle any type		\$ 22.58

Medical Equipment Devices and Supplies (MEDS) Reimbursement Rates Effective April 1, 2018

Procedure Code	Description	Modifier	New Medicaid Rates
E0280	Bed cradle any type	RB	\$ -
E0280	Bed cradle any type	RR	\$ 2.26
E0290	Hospital bed fixed height without side rails with mattress		\$ 388.05
E0290	Hospital bed fixed height without side rails with mattress	RB	\$ 294.92
E0290	Hospital bed fixed height without side rails with mattress	RR	\$ 38.81
E0291	Hospital bed fixed height without side rails without mattress		\$ 300.00
E0291	Hospital bed fixed height without side rails without mattress	RB	\$ 228.00
E0291	Hospital bed fixed height without side rails without mattress	RR	\$ 30.00
E0292	Hospital bed variable height hi-lo without side rails with mattress		\$ 426.38
E0292	Hospital bed variable height hi-lo without side rails with mattress	RB	\$ 324.05
E0292	Hospital bed variable height hi-lo without side rails with mattress	RR	\$ 42.64
E0293	Hospital bed variable height hi-lo without side rails without mattress		\$ 370.05
E0293	Hospital bed variable height hi-lo without side rails without mattress	RB	\$ 281.24
E0293	Hospital bed variable height hi-lo without side rails without mattress	RR	\$ 37.01
E0294	Hospital bed semi-electric (head and foot adjustment) without side rails with ma		\$ 426.38
E0294	Hospital bed semi-electric (head and foot adjustment) without side rails with ma	RB	\$ 324.05
E0294	Hospital bed semi-electric (head and foot adjustment) without side rails with ma	RR	\$ 42.64
E0295	Hospital bed semi-electric (head and foot adjustment) without side rails without		\$ 426.38
E0295	Hospital bed semi-electric (head and foot adjustment) without side rails without	RB	\$ 324.05
E0295	Hospital bed semi-electric (head and foot adjustment) without side rails without	RR	\$ 42.64
E0296	Hospital bed total electric (head foot and height adjustments). without side rai		\$ 817.13
E0296	Hospital bed total electric (head foot and height adjustments). without side rai	RB	\$ 621.02
E0296	Hospital bed total electric (head foot and height adjustments). without side rai	RR	\$ 81.71
E0297	Hospital bed total electric (head foot and height adjustments) without side rail		\$ 721.13
E0297	Hospital bed total electric (head foot and height adjustments) without side rail	RB	\$ 548.06
E0297	Hospital bed total electric (head foot and height adjustments) without side rail	RR	\$ 72.11
E0300	Pediatric crib hospital grade fully enclosed with or without top enclosure		\$ 1,820.85
E0300	Pediatric crib hospital grade fully enclosed with or without top enclosure	RB	\$ 1,383.85
E0300	Pediatric crib hospital grade fully enclosed with or without top enclosure	RR	\$ 182.09
E0301	Hospital bed heavy duty extra wide with weight capacity greater than 350 pounds		\$ 1,096.88
E0301	Hospital bed heavy duty extra wide with weight capacity greater than 350 pounds	RB	\$ 833.63
E0301	Hospital bed heavy duty extra wide with weight capacity greater than 350 pounds	RR	\$ 109.69
E0302	Hospital bed extra heavy duty extra wide with weight capacity greater than 600 p		\$ 3,431.18
E0302	Hospital bed extra heavy duty extra wide with weight capacity greater than 600 p	RB	\$ 2,607.69
E0302	Hospital bed extra heavy duty extra wide with weight capacity greater than 600 p	RR	\$ 343.12
E0303	Hospital bed heavy duty extra wide with weight capacity greater than 350 pounds		\$ 1,090.58
E0303	Hospital bed heavy duty extra wide with weight capacity greater than 350 pounds	RB	\$ 828.84
E0303	Hospital bed heavy duty extra wide with weight capacity greater than 350 pounds	RR	\$ 109.06
E0304	Hospital bed extra heavy duty extra wide with weight capacity greater than 600 p		\$ 3,486.75
E0304	Hospital bed extra heavy duty extra wide with weight capacity greater than 600 p	RB	\$ 2,649.93
E0304	Hospital bed extra heavy duty extra wide with weight capacity greater than 600 p	RR	\$ 348.68
E0305	BED SIDE RAILS, HALF LENGTH		\$ 108.01
E0305	BED SIDE RAILS, HALF LENGTH	RB	\$ 63.92
E0305	BED SIDE RAILS, HALF LENGTH	RR	\$ 10.80
E0310	BED SIDE RAILS, FULL LENGTH		\$ 83.25
E0310	BED SIDE RAILS, FULL LENGTH	RB	\$ 63.27
E0310	BED SIDE RAILS, FULL LENGTH	RR	\$ 8.33
E0316	Safety enclosure frame/canopy for use with hospital bed any type		\$ 1,319.78
E0316	Safety enclosure frame/canopy for use with hospital bed any type	RB	\$ 1,003.03
E0316	Safety enclosure frame/canopy for use with hospital bed any type	RR	\$ 131.98
E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL		\$ 8.59
E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	RR	\$ 1.28



Medical Equipment Devices and Supplies (MEDS) Reimbursement Rates Effective April 1, 2018

Procedure Code	Description	Modifier	New Medicaid Rates
E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL		\$ 8.93
E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	RR	\$ 1.01
E0371	Nonpowered advanced pressure reducing overlay for mattress standard mattress le		\$ 1,373.63
E0371	Nonpowered advanced pressure reducing overlay for mattress standard mattress le	RB	\$ 1,043.96
E0371	Nonpowered advanced pressure reducing overlay for mattress standard mattress le	RR	\$ 137.36
E0372	Powered air overlay for mattress standard mattress length and width		\$ 1,373.63
E0372	Powered air overlay for mattress standard mattress length and width	RB	\$ 1,043.96
E0372	Powered air overlay for mattress standard mattress length and width	RR	\$ 137.36
E0373	Nonpowered advanced pressure reducing mattress		\$ 1,373.63
E0373	Nonpowered advanced pressure reducing mattress	RB	\$ 1,043.96
E0373	Nonpowered advanced pressure reducing mattress	RR	\$ 137.36
E0424	Stationary compressed gaseous oxygen system rental; includes container contents	RR	\$ 52.22
E0431	Portable gaseous oxygen system rental; includes portable container regulator flo	RR	\$ 12.59
E0433	Portable liquid oxygen system rental; home liquefier used to fill portable liqui		\$ 12.59
E0434	Portable liquid oxygen system rental; includes portable container supply reservo	RR	\$ 12.59
E0439	Stationary liquid oxygen system rental; includes container contents regulator fl	RR	\$ 52.22
E0441	Stationary oxygen contents gaseous 1 month's supply = 1 unit		\$ 65.52
E0442	Stationary oxygen contents liquid 1 month's supply = 1 unit		\$ 65.52
E0443	Portable oxygen contents gaseous 1 month's supply = 1 unit		\$ 65.52
E0444	Portable oxygen contents liquid 1 month's supply = 1 unit		\$ 65.52
E0445	Oximeter device for measuring blood oxygen levels non-invasively	RB	\$ 47.00
E0455	Oxygen tent excluding croup or pediatric tents	RR	\$ 13.40
E0457	Chest shell (cuirass)	RB	\$ 293.86
E0457	Chest shell (cuirass)	RR	\$ 48.97
E0457	Chest shell (cuirass)		\$ 489.77
E0459	Chest wrap		\$ 426.91
E0465	Home ventilator any type used with invasive interface (e.g. tracheostomy tube)	RR	\$ 896.95
E0466	Home ventilator any type used with non-invasive interface (e.g. mask chest shell	RR	\$ 896.95
E0470	Respiratory assist device bi-level pressure capability without backup rate featu		\$ 758.93
E0470	Respiratory assist device bi-level pressure capability without backup rate featu	RB	\$ 576.78
E0470	Respiratory assist device bi-level pressure capability without backup rate featu	RR	\$ 75.89
E0471	Respiratory assist device bi-level pressure capability with back-up rate feature		\$ 1,876.20
E0471	Respiratory assist device bi-level pressure capability with back-up rate feature	RB	\$ 1,425.91
E0471	Respiratory assist device bi-level pressure capability with back-up rate feature	RR	\$ 187.62
E0472	Respiratory assist device bi-level pressure capability with backup rate feature		\$ 2,467.73
E0472	Respiratory assist device bi-level pressure capability with backup rate feature	RB	\$ 1,875.47
E0472	Respiratory assist device bi-level pressure capability with backup rate feature	RR	\$ 246.77
E0480	Percussor electric or pneumatic home model		\$ 354.83
E0480	Percussor electric or pneumatic home model	RB	\$ 212.90
E0480	Percussor electric or pneumatic home model	RR	\$ 35.48
E0481	Intrapulmonary percussive ventilation system and related accessories		\$ 6,721.00
E0481	Intrapulmonary percussive ventilation system and related accessories	RB	\$ 4,032.60
E0481	Intrapulmonary percussive ventilation system and related accessories	RR	\$ 672.10
E0482	Cough stimulating device alternating positive and negative airway pressure		\$ 3,472.44
E0482	Cough stimulating device alternating positive and negative airway pressure	RB	\$ 2,083.46
E0482	Cough stimulating device alternating positive and negative airway pressure	RR	\$ 347.24
E0483	High frequency chest wall oscillation air-pulse generator system (includes hoses		\$ 8,584.77
E0483	High frequency chest wall oscillation air-pulse generator system (includes hoses	RB	\$ 5,150.86
E0483	High frequency chest wall oscillation air-pulse generator system (includes hoses	RR	\$ 858.48
E0484	Oscillatory positive expiratory pressure device non-electric any type each		\$ 31.30
E0484	Oscillatory positive expiratory pressure device non-electric any type each	RB	\$ 18.78
E0484	Oscillatory positive expiratory pressure device non-electric any type each	RR	\$ 3.29

Medical Equipment Devices and Supplies (MEDS) Reimbursement Rates Effective April 1, 2018

Procedure Code	Description	Modifier	New Medicaid Rates
E0500	Ippb machine all types with built-in nebulization; manual or automatic valves;	RR	\$ 88.64
E0550	Humidifier durable for extensive supplemental humidification during ippb treatme		\$ 359.70
E0550	Humidifier durable for extensive supplemental humidification during ippb treatme	RB	\$ 273.37
E0550	Humidifier durable for extensive supplemental humidification during ippb treatme	RR	\$ 35.97
E0560	Humidifier durable for supplemental humidification during ippb treatment or oxyg		\$ 138.50
E0560	Humidifier durable for supplemental humidification during ippb treatment or oxyg	RB	\$ 83.10
E0560	Humidifier durable for supplemental humidification during ippb treatment or oxyg	RR	\$ 13.80
E0561	Humidifier non-heated used with positive airway pressure device		\$ 54.15
E0561	Humidifier non-heated used with positive airway pressure device	RB	\$ 40.64
E0561	Humidifier non-heated used with positive airway pressure device	RR	\$ 5.42
E0562	Humidifier heated used with positive airway pressure device		\$ 103.36
E0562	Humidifier heated used with positive airway pressure device	RB	\$ 77.52
E0562	Humidifier heated used with positive airway pressure device	RR	\$ 10.34
E0565	Compressor air power source for equipment which is not self- contained or cylind		\$ 317.33
E0565	Compressor air power source for equipment which is not self- contained or cylind	RB	\$ 241.17
E0565	Compressor air power source for equipment which is not self- contained or cylind	RR	\$ 31.73
E0570	Nebulizer with compressor		\$ 43.80
E0570	Nebulizer with compressor	RB	\$ 33.29
E0570	Nebulizer with compressor	RR	\$ 4.38
E0572	Aerosol compressor adjustable pressure light duty for intermittent use		\$ 196.88
E0572	Aerosol compressor adjustable pressure light duty for intermittent use	RB	\$ 149.63
E0572	Aerosol compressor adjustable pressure light duty for intermittent use	RR	\$ 19.69
E0574	Ultrasonic/electronic aerosol generator with small volume nebulizer		\$ 341.34
E0574	Ultrasonic/electronic aerosol generator with small volume nebulizer	RB	\$ 204.80
E0574	Ultrasonic/electronic aerosol generator with small volume nebulizer	RR	\$ 34.13
E0575	Nebulizer ultrasonic large volume		\$ 780.12
E0575	Nebulizer ultrasonic large volume	RR	\$ 78.01
E0580	Nebulizer durable glass or autoclavable plastic bottle type for use with regulat		\$ 97.95
E0580	Nebulizer durable glass or autoclavable plastic bottle type for use with regulat	RB	\$ 58.77
E0580	Nebulizer durable glass or autoclavable plastic bottle type for use with regulat	RR	\$ 9.80
E0585	Nebulizer with compressor and heater		\$ 207.30
E0585	Nebulizer with compressor and heater	RB	\$ 157.55
E0585	Nebulizer with compressor and heater	RR	\$ 20.73
E0600	Respiratory suction pump home model portable or stationary electric		\$ 369.74
E0600	Respiratory suction pump home model portable or stationary electric	RB	\$ 221.84
E0600	Respiratory suction pump home model portable or stationary electric	RR	\$ 36.97
E0601	Continuous positive airway pressure (cpap) device		\$ 286.13
E0601	Continuous positive airway pressure (cpap) device	RB	\$ 217.46
E0601	Continuous positive airway pressure (cpap) device	RR	\$ 28.61
E0602	Breast pump manual any type		\$ 25.09
E0602	Breast pump manual any type	RB	\$ 15.05
E0603	Breast pump electric (ac and/or dc) any type		\$ 111.63
E0603	Breast pump electric (ac and/or dc) any type	RB	\$ 66.98
E0603	Breast pump electric (ac and/or dc) any type	RR	\$ 11.17
E0604	Breast pump hospital grade electric (ac and / or dc) any type	RR	\$ 84.60
E0605	Vaporizer room type		\$ 22.47
E0606	Postural drainage board		\$ 193.80
E0606	Postural drainage board	RB	\$ 147.29
E0606	Postural drainage board	RR	\$ 18.53
E0607	Home blood glucose monitor		\$ 53.96
E0607	Home blood glucose monitor	RR	\$ 5.40
E0610	Pacemaker monitor self-contained (checks battery depletion includes audible and		\$ 192.07

Medical Equipment Devices and Supplies (MEDS) Reimbursement Rates Effective April 1, 2018

Procedure Code	Description	Modifier	New Medicaid Rates
E0610	Pacemaker monitor self-contained (checks battery depletion includes audible and	RB	\$ 115.24
E0610	Pacemaker monitor self-contained (checks battery depletion includes audible and	RR	\$ 19.21
E0615	Pacemaker monitor self contained checks battery depletion and other pacemaker c		\$ 386.65
E0615	Pacemaker monitor self contained checks battery depletion and other pacemaker c	RB	\$ 231.99
E0615	Pacemaker monitor self contained checks battery depletion and other pacemaker c	RR	\$ 38.67
E0617	External defibrillator with integrated electrocardiogram analysis	RR	\$ 271.36
E0618	Apnea monitor without recording feature		\$ 2,263.85
E0618	Apnea monitor without recording feature	RB	\$ 1,358.31
E0618	Apnea monitor without recording feature	RR	\$ 226.39
E0619	Apnea monitor with recording feature		\$ 2,253.17
E0619	Apnea monitor with recording feature	RB	\$ 1,351.90
E0619	Apnea monitor with recording feature	RR	\$ 225.32
E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON		\$ 77.51
E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	RR	\$ 7.86
E0627	Seat lift mechanism electric any type		\$ 178.07
E0627	Seat lift mechanism electric any type	RB	\$ 133.55
E0627	Seat lift mechanism electric any type	RR	\$ 17.81
E0629	Seat lift mechanism non-electric any type		\$ 183.22
E0629	Seat lift mechanism non-electric any type	RB	\$ 137.42
E0629	Seat lift mechanism non-electric any type	RR	\$ 18.32
E0630	Patient lift hydraulic or mechanical includes any seat sling strap(s) or pad(s)		\$ 424.28
E0630	Patient lift hydraulic or mechanical includes any seat sling strap(s) or pad(s)	RB	\$ 322.45
E0630	Patient lift hydraulic or mechanical includes any seat sling strap(s) or pad(s)	RR	\$ 42.43
E0635	Patient lift electric with seat or sling		\$ 1,040.10
E0635	Patient lift electric with seat or sling	RB	\$ 624.06
E0635	Patient lift electric with seat or sling	RR	\$ 104.01
E0636	Multipositional patient support system with integrated lift patient accessible c		\$ 7,023.08
E0636	Multipositional patient support system with integrated lift patient accessible c	RB	\$ 5,337.54
E0636	Multipositional patient support system with integrated lift patient accessible c	RR	\$ 702.31
E0637	Combination sit to stand frame/table system any size including pediatric with se		\$ 1,879.74
E0637	Combination sit to stand frame/table system any size including pediatric with se	RB	\$ 1,127.84
E0637	Combination sit to stand frame/table system any size including pediatric with se	RR	\$ 187.97
E0638	Standing frame/table system one position (e.g. upright supine or prone stander)		\$ 762.24
E0638	Standing frame/table system one position (e.g. upright supine or prone stander)	RB	\$ 457.34
E0638	Standing frame/table system one position (e.g. upright supine or prone stander)	RR	\$ 76.22
E0639	Patient lift moveable from room to room with disassembly and reassembly includes		\$ 808.13
E0639	Patient lift moveable from room to room with disassembly and reassembly includes	RB	\$ 614.18
E0639	Patient lift moveable from room to room with disassembly and reassembly includes	RR	\$ 80.81
E0640	Patient lift fixed system includes all components/accessories		\$ 808.13
E0640	Patient lift fixed system includes all components/accessories	RB	\$ 614.18
E0640	Patient lift fixed system includes all components/accessories	RR	\$ 80.81
E0641	Standing frame/table system multi-position (e.g. three-way stander) any size inc	RB	\$ 940.00
E0642	Standing frame/table system mobile (dynamic stander) any size including pediatri	RB	\$ 940.00
E0650	Pneumatic compressor non-segmental home model		\$ 581.58
E0650	Pneumatic compressor non-segmental home model	RB	\$ 348.95
E0650	Pneumatic compressor non-segmental home model	RR	\$ 58.16
E0651	Pneumatic compressor segmental home model without calibrated gradient pressure		\$ 741.63
E0651	Pneumatic compressor segmental home model without calibrated gradient pressure	RB	\$ 444.98
E0651	Pneumatic compressor segmental home model without calibrated gradient pressure	RR	\$ 74.16
E0652	Pneumatic compressor segmental home model with calibrated gradient pressure		\$ 4,280.92
E0652	Pneumatic compressor segmental home model with calibrated gradient pressure	RB	\$ 2,568.55
E0652	Pneumatic compressor segmental home model with calibrated gradient pressure	RR	\$ 445.36

Medical Equipment Devices and Supplies (MEDS) Reimbursement Rates Effective April 1, 2018

Procedure Code	Description	Modifier	New Medicaid Rates
E0655	Non-segmental pneumatic appliance for use with pneumatic compressor half arm		\$ 81.91
E0655	Non-segmental pneumatic appliance for use with pneumatic compressor half arm	RB	\$ 49.14
E0655	Non-segmental pneumatic appliance for use with pneumatic compressor half arm	RR	\$ 10.13
E0656	Segmental pneumatic appliance for use with pneumatic compressor trunk		\$ 487.80
E0656	Segmental pneumatic appliance for use with pneumatic compressor trunk	RB	\$ 293.60
E0656	Segmental pneumatic appliance for use with pneumatic compressor trunk	RR	\$ 48.78
E0657	Segmental pneumatic appliance for use with pneumatic compressor chest		\$ 459.71
E0657	Segmental pneumatic appliance for use with pneumatic compressor chest	RB	\$ 275.83
E0657	Segmental pneumatic appliance for use with pneumatic compressor chest	RR	\$ 48.31
E0660	Non-segmental pneumatic appliance for use with pneumatic compressor full leg		\$ 129.00
E0660	Non-segmental pneumatic appliance for use with pneumatic compressor full leg	RB	\$ 77.40
E0660	Non-segmental pneumatic appliance for use with pneumatic compressor full leg	RR	\$ 12.90
E0665	Non-segmental pneumatic appliance for use with pneumatic compressor full arm		\$ 110.62
E0665	Non-segmental pneumatic appliance for use with pneumatic compressor full arm	RB	\$ 66.37
E0665	Non-segmental pneumatic appliance for use with pneumatic compressor full arm	RR	\$ 11.60
E0666	Non-segmental pneumatic appliance for use with pneumatic compressor half leg		\$ 111.50
E0666	Non-segmental pneumatic appliance for use with pneumatic compressor half leg	RB	\$ 66.90
E0666	Non-segmental pneumatic appliance for use with pneumatic compressor half leg	RR	\$ 11.15
E0667	Segmental pneumatic appliance for use with pneumatic compressor full leg		\$ 261.44
E0667	Segmental pneumatic appliance for use with pneumatic compressor full leg	RB	\$ 156.86
E0667	Segmental pneumatic appliance for use with pneumatic compressor full leg	RR	\$ 26.14
E0668	Segmental pneumatic appliance for use with pneumatic compressor full arm		\$ 356.82
E0668	Segmental pneumatic appliance for use with pneumatic compressor full arm	RB	\$ 214.09
E0668	Segmental pneumatic appliance for use with pneumatic compressor full arm	RR	\$ 37.07
E0669	Segmental pneumatic appliance for use with pneumatic compressor half leg		\$ 148.02
E0669	Segmental pneumatic appliance for use with pneumatic compressor half leg	RB	\$ 88.81
E0669	Segmental pneumatic appliance for use with pneumatic compressor half leg	RR	\$ 14.80
E0670	Segmental pneumatic appliance for use with pneumatic compressor integrated 2 ful		\$ 1,156.88
E0670	Segmental pneumatic appliance for use with pneumatic compressor integrated 2 ful	RB	\$ 694.00
E0670	Segmental pneumatic appliance for use with pneumatic compressor integrated 2 ful	RR	\$ 123.85
E0671	Segmental gradient pressure pneumatic appliance full leg		\$ 335.40
E0671	Segmental gradient pressure pneumatic appliance full leg	RB	\$ 201.24
E0671	Segmental gradient pressure pneumatic appliance full leg	RR	\$ 33.54
E0672	Segmental gradient pressure pneumatic appliance full arm		\$ 260.60
E0672	Segmental gradient pressure pneumatic appliance full arm	RB	\$ 156.36
E0672	Segmental gradient pressure pneumatic appliance full arm	RR	\$ 26.06
E0673	Segmental gradient pressure pneumatic appliance half leg		\$ 216.54
E0673	Segmental gradient pressure pneumatic appliance half leg	RB	\$ 129.92
E0673	Segmental gradient pressure pneumatic appliance half leg	RR	\$ 21.65
E0675	Pneumatic compression device high pressure rapid inflation/deflation cycle for a		\$ 3,105.27
E0675	Pneumatic compression device high pressure rapid inflation/deflation cycle for a	RB	\$ 1,863.16
E0675	Pneumatic compression device high pressure rapid inflation/deflation cycle for a	RR	\$ 310.53
E0691	Ultraviolet light therapy system includes bulbs/lamps timer and eye protection;		\$ 725.61
E0691	Ultraviolet light therapy system includes bulbs/lamps timer and eye protection;	RB	\$ 435.37
E0691	Ultraviolet light therapy system includes bulbs/lamps timer and eye protection;	RR	\$ 72.56
E0692	Ultraviolet light therapy system panel includes bulbs/lamps timer and eye protec		\$ 911.15
E0692	Ultraviolet light therapy system panel includes bulbs/lamps timer and eye protec	RB	\$ 546.69
E0692	Ultraviolet light therapy system panel includes bulbs/lamps timer and eye protec	RR	\$ 91.12
E0693	Ultraviolet light therapy system panel includes bulbs/lamps timer and eye protec		\$ 1,123.21
E0693	Ultraviolet light therapy system panel includes bulbs/lamps timer and eye protec	RB	\$ 673.93
E0693	Ultraviolet light therapy system panel includes bulbs/lamps timer and eye protec	RR	\$ 112.32
E0694	Ultraviolet multidirectional light therapy system in 6 foot cabinet includes bul		\$ 3,575.08

Medical Equipment Devices and Supplies (MEDS) Reimbursement Rates Effective April 1, 2018

Procedure Code	Description	Modifier	New Medicaid Rates
E0694	Ultraviolet multidirectional light therapy system in 6 foot cabinet includes bul	RB	\$ 2,145.05
E0694	Ultraviolet multidirectional light therapy system in 6 foot cabinet includes bul	RR	\$ 357.51
E0700	Safety equipment device or accessory any type		\$ 11.17
E0700	Safety equipment device or accessory any type	RR	\$ 1.12
E0705	Transfer device any type each		\$ 32.15
E0705	Transfer device any type each	RB	\$ 24.11
E0705	Transfer device any type each	RR	\$ 3.22
E0720	Transcutaneous electrical nerve stimulation (tens) device two lead localized sti		\$ 48.35
E0720	Transcutaneous electrical nerve stimulation (tens) device two lead localized sti	RR	\$ 4.84
E0730	Transcutaneous electrical nerve stimulation (tens) device four or more leads for		\$ 48.11
E0730	Transcutaneous electrical nerve stimulation (tens) device four or more leads for	RR	\$ 4.81
E0731	Form fitting conductive garment for delivery of tens or nmes (with conductive fi		\$ 58.02
E0731	Form fitting conductive garment for delivery of tens or nmes (with conductive fi	RR	\$ 5.80
E0740	Non-implanted pelvic floor electrical stimulator complete system		\$ 441.45
E0740	Non-implanted pelvic floor electrical stimulator complete system	RB	\$ 266.00
E0740	Non-implanted pelvic floor electrical stimulator complete system	RR	\$ 44.15
E0744	Neuromuscular stimulator for scoliosis		\$ 719.55
E0744	Neuromuscular stimulator for scoliosis	RB	\$ 546.86
E0744	Neuromuscular stimulator for scoliosis	RR	\$ 71.96
E0745	Neuromuscular stimulator electronic shock unit		\$ 666.53
E0745	Neuromuscular stimulator electronic shock unit	RB	\$ 506.56
E0745	Neuromuscular stimulator electronic shock unit	RR	\$ 66.65
E0747	Osteogenesis stimulator electrical non-invasive other than spinal applications		\$ 2,898.72
E0747	Osteogenesis stimulator electrical non-invasive other than spinal applications	RR	\$ 322.08
E0748	Osteogenesis stimulator electrical non-invasive spinal applications		\$ 2,753.19
E0748	Osteogenesis stimulator electrical non-invasive spinal applications	RR	\$ 305.91
E0760	Osteogenesis stimulator low intensity ultrasound non-invasive		\$ 2,287.89
E0760	Osteogenesis stimulator low intensity ultrasound non-invasive	RR	\$ 228.79
E0762	Transcutaneous electrical joint stimulation device system includes all accessori		\$ 788.93
E0762	Transcutaneous electrical joint stimulation device system includes all accessori	RB	\$ 599.58
E0762	Transcutaneous electrical joint stimulation device system includes all accessori	RR	\$ 78.89
E0764	Functional neuromuscularstim	RR	\$ 1,593.05
E0769	Electrical stimulation or electromagnetic wound treatment device not otherwise c	RB	\$ 188.00
E0770	Functional electrical stimulator transcutaneous stimulation of nerve and/or musc		\$ 6,442.76
E0776	Iv pole		\$ 115.61
E0776	Iv pole	RB	\$ 69.37
E0776	Iv pole	RR	\$ 11.56
E0779	Ambulatory infusion pump mechanical reusable for infusion 8 hours or greater		\$ 136.20
E0779	Ambulatory infusion pump mechanical reusable for infusion 8 hours or greater	RB	\$ 103.51
E0779	Ambulatory infusion pump mechanical reusable for infusion 8 hours or greater	RR	\$ 13.62
E0780	Ambulatory infusion pump mechanical reusable for infusion less than 8 hours		\$ 9.55
E0781	Ambulatory infusion pump single or multiple channels electric or battery operate		\$ 2,138.83
E0781	Ambulatory infusion pump single or multiple channels electric or battery operate	RB	\$ 1,283.30
E0781	Ambulatory infusion pump single or multiple channels electric or battery operate	RR	\$ 213.88
E0782	Infusion pump implantable non-programmable (includes all components e.g. pump		\$ 3,951.27
E0782	Infusion pump implantable non-programmable (includes all components e.g. pump	RB	\$ 2,370.70
E0782	Infusion pump implantable non-programmable (includes all components e.g. pump	RR	\$ 395.15
E0783	Infusion pump system implantable programmable (includes all components e.g. pum		\$ 7,534.49
E0783	Infusion pump system implantable programmable (includes all components e.g. pum	RB	\$ 4,520.00
E0783	Infusion pump system implantable programmable (includes all components e.g. pum	RR	\$ 753.47
E0784	External ambulatory infusion pump insulin		\$ 3,966.92
E0784	External ambulatory infusion pump insulin	RB	\$ 2,380.15

Medical Equipment Devices and Supplies (MEDS) Reimbursement Rates Effective April 1, 2018

Procedure Code	Description	Modifier	New Medicaid Rates
E0784	External ambulatory infusion pump insulin	RR	\$ 396.69
E0791	Parenteral infusion pump stationary single or multi-channel		\$ 2,553.32
E0791	Parenteral infusion pump stationary single or multi-channel	RB	\$ 1,531.99
E0791	Parenteral infusion pump stationary single or multi-channel	RR	\$ 255.33
E0840	Traction frame attached to headboard cervical traction		\$ 59.18
E0840	Traction frame attached to headboard cervical traction	RB	\$ 35.51
E0840	Traction frame attached to headboard cervical traction	RR	\$ 13.87
E0849	Traction equipment cervical free-standing stand/frame pneumatic applying tractio		\$ 474.25
E0849	Traction equipment cervical free-standing stand/frame pneumatic applying tractio	RB	\$ 284.00
E0849	Traction equipment cervical free-standing stand/frame pneumatic applying tractio	RR	\$ 47.43
E0850	Traction stand free standing cervical traction		\$ 84.84
E0850	Traction stand free standing cervical traction	RB	\$ 50.90
E0850	Traction stand free standing cervical traction	RR	\$ 12.27
E0855	Cervical traction equipment not requiring additional stand or frame		\$ 405.88
E0855	Cervical traction equipment not requiring additional stand or frame	RB	\$ 243.53
E0855	Cervical traction equipment not requiring additional stand or frame	RR	\$ 40.59
E0856	Cervical traction device with inflatable air bladder(s)		\$ 129.90
E0856	Cervical traction device with inflatable air bladder(s)	RB	\$ 98.72
E0856	Cervical traction device with inflatable air bladder(s)	RR	\$ 12.99
E0860	Traction equipment overdoor cervical		\$ 31.11
E0860	Traction equipment overdoor cervical	RR	\$ 5.53
E0870	Traction frame attached to footboard extremity traction (e.g. buck's)		\$ 93.92
E0870	Traction frame attached to footboard extremity traction (e.g. buck's)	RB	\$ 56.35
E0870	Traction frame attached to footboard extremity traction (e.g. buck's)	RR	\$ 11.39
E0880	Traction stand free standing extremity traction (e.g. buck's)		\$ 101.37
E0880	Traction stand free standing extremity traction (e.g. buck's)	RB	\$ 60.82
E0880	Traction stand free standing extremity traction (e.g. buck's)	RR	\$ 16.75
E0890	Traction frame attached to footboard pelvic traction		\$ 97.23
E0890	Traction frame attached to footboard pelvic traction	RB	\$ 58.34
E0890	Traction frame attached to footboard pelvic traction	RR	\$ 27.91
E0900	Traction stand free standing pelvic traction (e.g. buck's)		\$ 103.46
E0900	Traction stand free standing pelvic traction (e.g. buck's)	RB	\$ 62.08
E0900	Traction stand free standing pelvic traction (e.g. buck's)	RR	\$ 23.48
E0910	Trapeze bars a/k/a patient helper attached to bed with grab bar		\$ 78.15
E0910	Trapeze bars a/k/a patient helper attached to bed with grab bar	RB	\$ 59.39
E0910	Trapeze bars a/k/a patient helper attached to bed with grab bar	RR	\$ 7.82
E0911	Trapeze bar heavy duty for patient weight capacity greater than 250 pounds attac		\$ 286.05
E0911	Trapeze bar heavy duty for patient weight capacity greater than 250 pounds attac	RB	\$ 217.40
E0911	Trapeze bar heavy duty for patient weight capacity greater than 250 pounds attac	RR	\$ 28.61
E0912	Trapeze bar heavy duty for patient weight capacity greater than 250 pounds free		\$ 543.75
E0912	Trapeze bar heavy duty for patient weight capacity greater than 250 pounds free	RB	\$ 413.25
E0912	Trapeze bar heavy duty for patient weight capacity greater than 250 pounds free	RR	\$ 54.38
E0920	Fracture frame attached to bed includes weights		\$ 389.63
E0920	Fracture frame attached to bed includes weights	RB	\$ 296.12
E0920	Fracture frame attached to bed includes weights	RR	\$ 38.96
E0930	Fracture frame free standing includes weights		\$ 385.58
E0930	Fracture frame free standing includes weights	RB	\$ 293.04
E0930	Fracture frame free standing includes weights	RR	\$ 38.56
E0935	Continuous passive motion exercise device for use on knee only	RR	\$ 18.35
E0936	Continuous passive motion exercise device for use other than knee	RR	\$ 17.25
E0940	Trapeze bar free standing complete with grab bar		\$ 149.10
E0940	Trapeze bar free standing complete with grab bar	RB	\$ 113.32

Medical Equipment Devices and Supplies (MEDS) Reimbursement Rates Effective April 1, 2018

Procedure Code	Description	Modifier	New Medicaid Rates
E0940	Trapeze bar free standing complete with grab bar	RR	\$ 14.91
E0941	Gravity assisted traction device any type		\$ 350.55
E0941	Gravity assisted traction device any type	RB	\$ 210.33
E0941	Gravity assisted traction device any type	RR	\$ 35.06
E0942	Cervical head harness/halter		\$ 16.03
E0942	Cervical head harness/halter	RR	\$ 1.99
E0944	Pelvic belt/harness/boot		\$ 37.05
E0944	Pelvic belt/harness/boot	RR	\$ 3.71
E0945	Extremity belt/harness	RR	\$ 3.58
E0945	Extremity belt/harness		\$ 35.79
E0946	Fracture frame dual with cross bars attached to bed (e.g. balken 4 poster)		\$ 501.62
E0946	Fracture frame dual with cross bars attached to bed (e.g. balken 4 poster)	RB	\$ 300.97
E0946	Fracture frame dual with cross bars attached to bed (e.g. balken 4 poster)	RR	\$ 50.16
E0947	Fracture frame attachments for complex pelvic traction		\$ 489.72
E0947	Fracture frame attachments for complex pelvic traction	RB	\$ 293.83
E0947	Fracture frame attachments for complex pelvic traction	RR	\$ 48.97
E0948	Fracture frame attachments for complex cervical traction		\$ 473.67
E0948	Fracture frame attachments for complex cervical traction	RB	\$ 284.20
E0948	Fracture frame attachments for complex cervical traction	RR	\$ 47.37
E0950	Wheelchair accessory tray each		\$ 51.99
E0950	Wheelchair accessory tray each	KA	\$ 38.99
E0950	Wheelchair accessory tray each	RB	\$ 38.99
E0950	Wheelchair accessory tray each	RR	\$ 5.20
E0951	Heel loop/holder any type with or without ankle strap each		\$ 8.81
E0951	Heel loop/holder any type with or without ankle strap each	KA	\$ 6.61
E0951	Heel loop/holder any type with or without ankle strap each	RB	\$ 6.61
E0951	Heel loop/holder any type with or without ankle strap each	RR	\$ 0.88
E0952	Toe loop/holder any type each		\$ 15.21
E0952	Toe loop/holder any type each	KA	\$ 11.41
E0952	Toe loop/holder any type each	RB	\$ 11.41
E0952	Toe loop/holder any type each	RR	\$ 1.52
E0953	Wheelchair accessory, lateral thigh or knee support, any type including fixed mounti		\$ 75.50
E0954	Wheelchair accessory, foot box, any type, includes attachment and mounting hardw		\$ 79.90
E0955	Wheelchair accessory headrest cushioned any type including fixed mounting hardw		\$ 105.83
E0955	Wheelchair accessory headrest cushioned any type including fixed mounting hardw	KA	\$ 80.43
E0955	Wheelchair accessory headrest cushioned any type including fixed mounting hardw	RB	\$ 80.43
E0955	Wheelchair accessory headrest cushioned any type including fixed mounting hardw	RR	\$ 10.58
E0956	Wheelchair accessory lateral trunk or hip support any type including fixed mount		\$ 53.42
E0956	Wheelchair accessory lateral trunk or hip support any type including fixed mount	KA	\$ 40.07
E0956	Wheelchair accessory lateral trunk or hip support any type including fixed mount	RB	\$ 40.07
E0956	Wheelchair accessory lateral trunk or hip support any type including fixed mount	RR	\$ 5.34
E0957	Wheelchair accessory medial thigh support any type including fixed mounting hard		\$ 86.21
E0957	Wheelchair accessory medial thigh support any type including fixed mounting hard	KA	\$ 64.65
E0957	Wheelchair accessory medial thigh support any type including fixed mounting hard	RB	\$ 64.65
E0957	Wheelchair accessory medial thigh support any type including fixed mounting hard	RR	\$ 8.62
E0958	Manual wheelchair accessory one-arm drive attachment each		\$ 288.45
E0958	Manual wheelchair accessory one-arm drive attachment each	KA	\$ 219.22
E0958	Manual wheelchair accessory one-arm drive attachment each	RB	\$ 219.22
E0958	Manual wheelchair accessory one-arm drive attachment each	RR	\$ 28.85
E0959	Manual wheelchair accessory adapter for amputee each		\$ 35.70
E0959	Manual wheelchair accessory adapter for amputee each	KA	\$ 26.78
E0959	Manual wheelchair accessory adapter for amputee each	RB	\$ 26.78

Medical Equipment Devices and Supplies (MEDS) Reimbursement Rates Effective April 1, 2018

Procedure Code	Description	Modifier	New Medicaid Rates
E0959	Manual wheelchair accessory adapter for amputee each	RR	\$ 3.57
E0960	Wheelchair accessory shoulder harness/straps or chest strap including any type m		\$ 47.31
E0960	Wheelchair accessory shoulder harness/straps or chest strap including any type m	KA	\$ 35.78
E0960	Wheelchair accessory shoulder harness/straps or chest strap including any type m	RB	\$ 35.48
E0960	Wheelchair accessory shoulder harness/straps or chest strap including any type m	RR	\$ 4.73
E0961	Manual wheelchair accessory wheel lock brake extension (handle) each		\$ 15.35
E0961	Manual wheelchair accessory wheel lock brake extension (handle) each	KA	\$ 10.87
E0961	Manual wheelchair accessory wheel lock brake extension (handle) each	RB	\$ 10.87
E0961	Manual wheelchair accessory wheel lock brake extension (handle) each	RR	\$ 1.54
E0966	Manual wheelchair accessory headrest extension each		\$ 57.63
E0966	Manual wheelchair accessory headrest extension each	KA	\$ 43.80
E0966	Manual wheelchair accessory headrest extension each	RB	\$ 43.80
E0966	Manual wheelchair accessory headrest extension each	RR	\$ 5.98
E0967	Manual wheelchair accessory hand rim with projections any type replacement only		\$ 53.05
E0967	Manual wheelchair accessory hand rim with projections any type replacement only	KA	\$ 39.79
E0967	Manual wheelchair accessory hand rim with projections any type replacement only	RB	\$ 39.79
E0967	Manual wheelchair accessory hand rim with projections any type replacement only	RR	\$ 5.58
E0968	Commode seat wheelchair		\$ 144.78
E0968	Commode seat wheelchair	RB	\$ 108.59
E0968	Commode seat wheelchair	RR	\$ 14.48
E0969	Narrowing device wheelchair		\$ 133.14
E0969	Narrowing device wheelchair	RB	\$ 99.86
E0971	Manual wheelchair accessory anti-tipping device each		\$ 21.62
E0971	Manual wheelchair accessory anti-tipping device each	KA	\$ 16.22
E0971	Manual wheelchair accessory anti-tipping device each	RB	\$ 16.22
E0971	Manual wheelchair accessory anti-tipping device each	RR	\$ 2.16
E0973	Wheelchair accessory adjustable height detachable armrest complete assembly eac		\$ 36.05
E0973	Wheelchair accessory adjustable height detachable armrest complete assembly eac	KA	\$ 27.04
E0973	Wheelchair accessory adjustable height detachable armrest complete assembly eac	RB	\$ 27.04
E0973	Wheelchair accessory adjustable height detachable armrest complete assembly eac	RR	\$ 3.61
E0974	Manual wheelchair accessory anti-rollback device each		\$ 50.99
E0974	Manual wheelchair accessory anti-rollback device each	KA	\$ 38.24
E0974	Manual wheelchair accessory anti-rollback device each	RB	\$ 38.24
E0974	Manual wheelchair accessory anti-rollback device each	RR	\$ 5.10
E0978	Wheelchair accessory positioning belt/safety belt/pelvic strap each		\$ 17.39
E0978	Wheelchair accessory positioning belt/safety belt/pelvic strap each	KA	\$ 13.04
E0978	Wheelchair accessory positioning belt/safety belt/pelvic strap each	RB	\$ 13.04
E0978	Wheelchair accessory positioning belt/safety belt/pelvic strap each	RR	\$ 1.74
E0980	Safety vest wheelchair		\$ 26.70
E0980	Safety vest wheelchair	KA	\$ 20.03
E0980	Safety vest wheelchair	RB	\$ 20.03
E0980	Safety vest wheelchair	RR	\$ 2.67
E0981	Wheelchair accessory seat upholstery replacement only each		\$ 29.58
E0981	Wheelchair accessory seat upholstery replacement only each	RB	\$ 22.19
E0981	Wheelchair accessory seat upholstery replacement only each	RR	\$ 2.96
E0982	Wheelchair accessory back upholstery replacement only each		\$ 32.75
E0982	Wheelchair accessory back upholstery replacement only each	RB	\$ 24.57
E0982	Wheelchair accessory back upholstery replacement only each	RR	\$ 3.28
E0983	Manual wheelchair accessory power add-on to convert manual wheelchair to motor		\$ 2,109.75
E0983	Manual wheelchair accessory power add-on to convert manual wheelchair to motor	KA	\$ 1,603.41
E0983	Manual wheelchair accessory power add-on to convert manual wheelchair to motor	RB	\$ 1,603.41
E0983	Manual wheelchair accessory power add-on to convert manual wheelchair to motor	RR	\$ 210.98



Medical Equipment Devices and Supplies (MEDS) Reimbursement Rates Effective April 1, 2018

Procedure Code	Description	Modifier	New Medicaid Rates
E0984	Manual wheelchair accessory power add-on to convert manual wheelchair to motor		\$ 1,612.65
E0984	Manual wheelchair accessory power add-on to convert manual wheelchair to motor	KA	\$ 1,225.61
E0984	Manual wheelchair accessory power add-on to convert manual wheelchair to motor	RB	\$ 1,225.61
E0984	Manual wheelchair accessory power add-on to convert manual wheelchair to motor	RR	\$ 161.27
E0985	Wheelchair accessory seat lift mechanism		\$ 156.98
E0985	Wheelchair accessory seat lift mechanism	KA	\$ 119.30
E0985	Wheelchair accessory seat lift mechanism	RB	\$ 119.30
E0985	Wheelchair accessory seat lift mechanism	RR	\$ 15.70
E0986	Manual wheelchair accessory push-rim activated power assist system		\$ 4,106.10
E0986	Manual wheelchair accessory push-rim activated power assist system	KA	\$ 3,120.64
E0986	Manual wheelchair accessory push-rim activated power assist system	RB	\$ 3,120.64
E0986	Manual wheelchair accessory push-rim activated power assist system	RR	\$ 410.61
E0988	Manual wheelchair accessory lever-activated wheel drive pair		\$ 2,429.63
E0988	Manual wheelchair accessory lever-activated wheel drive pair	KA	\$ 1,846.52
E0988	Manual wheelchair accessory lever-activated wheel drive pair	RB	\$ 1,846.52
E0988	Manual wheelchair accessory lever-activated wheel drive pair	RR	\$ 242.96
E0990	Wheelchair accessory elevating leg rest complete assembly each		\$ 46.48
E0990	Wheelchair accessory elevating leg rest complete assembly each	KA	\$ 34.86
E0990	Wheelchair accessory elevating leg rest complete assembly each	RB	\$ 34.86
E0990	Wheelchair accessory elevating leg rest complete assembly each	RR	\$ 4.65
E0992	Manual wheelchair accessory solid seat insert		\$ 52.70
E0992	Manual wheelchair accessory solid seat insert	KA	\$ 39.53
E0992	Manual wheelchair accessory solid seat insert	RB	\$ 39.53
E0992	Manual wheelchair accessory solid seat insert	RR	\$ 5.27
E0994	Arm rest each		\$ 14.24
E0994	Arm rest each	RB	\$ 10.68
E0994	Arm rest each	RR	\$ 1.42
E0995	Wheelchair accessory calf rest/pad replacement only each		\$ 22.19
E0995	Wheelchair accessory calf rest/pad replacement only each	KA	\$ 16.64
E0995	Wheelchair accessory calf rest/pad replacement only each	RB	\$ 16.64
E0995	Wheelchair accessory calf rest/pad replacement only each	RR	\$ 2.22
E1002	Wheelchair accessory power seating system tilt only		\$ 2,637.75
E1002	Wheelchair accessory power seating system tilt only	RB	\$ 2,004.69
E1002	Wheelchair accessory power seating system tilt only	RR	\$ 263.78
E1003	Wheelchair accessory power seating system recline only without shear reduction		\$ 3,087.45
E1003	Wheelchair accessory power seating system recline only without shear reduction	KA	\$ 2,346.46
E1003	Wheelchair accessory power seating system recline only without shear reduction	RB	\$ 2,346.46
E1003	Wheelchair accessory power seating system recline only without shear reduction	RR	\$ 308.75
E1004	Wheelchair accessory power seating system recline only with mechanical shear red		\$ 3,393.53
E1004	Wheelchair accessory power seating system recline only with mechanical shear red	KA	\$ 2,579.08
E1004	Wheelchair accessory power seating system recline only with mechanical shear red	RB	\$ 2,579.08
E1004	Wheelchair accessory power seating system recline only with mechanical shear red	RR	\$ 339.35
E1005	Wheelchair accessory power seating system recline only with power shear reduction		\$ 3,712.28
E1005	Wheelchair accessory power seating system recline only with power shear reduction	KA	\$ 2,821.33
E1005	Wheelchair accessory power seating system recline only with power shear reduction	RB	\$ 2,821.33
E1005	Wheelchair accessory power seating system recline only with power shear reduction	RR	\$ 371.23
E1006	Wheelchair accessory power seating system combination tilt and recline without s		\$ 4,577.10
E1006	Wheelchair accessory power seating system combination tilt and recline without s	KA	\$ 3,478.60
E1006	Wheelchair accessory power seating system combination tilt and recline without s	RB	\$ 3,478.60
E1006	Wheelchair accessory power seating system combination tilt and recline without s	RR	\$ 457.71
E1007	Wheelchair accessory power seating system combination tilt and recline with mech		\$ 5,681.55
E1007	Wheelchair accessory power seating system combination tilt and recline with mech	KA	\$ 4,317.98

Medical Equipment Devices and Supplies (MEDS) Reimbursement Rates Effective April 1, 2018

Procedure Code	Description	Modifier	New Medicaid Rates
E1007	Wheelchair accessory power seating system combination tilt and recline with mech	RB	\$ 4,317.98
E1007	Wheelchair accessory power seating system combination tilt and recline with mech	RR	\$ 568.16
E1008	Wheelchair accessory power seating system combination tilt and recline with powe		\$ 5,827.65
E1008	Wheelchair accessory power seating system combination tilt and recline with powe	KA	\$ 4,429.01
E1008	Wheelchair accessory power seating system combination tilt and recline with powe	RB	\$ 4,429.01
E1008	Wheelchair accessory power seating system combination tilt and recline with powe	RR	\$ 582.77
E1010	Wheelchair accessory addition to power seating system power leg elevation system		\$ 791.93
E1010	Wheelchair accessory addition to power seating system power leg elevation system	KA	\$ 601.86
E1010	Wheelchair accessory addition to power seating system power leg elevation system	RB	\$ 601.86
E1010	Wheelchair accessory addition to power seating system power leg elevation system	RR	\$ 79.19
E1012	Wheelchair accessory addition to power seating system center mount power elevati		\$ 791.93
E1012	Wheelchair accessory addition to power seating system center mount power elevati	KA	\$ 601.86
E1012	Wheelchair accessory addition to power seating system center mount power elevati	RB	\$ 601.86
E1012	Wheelchair accessory addition to power seating system center mount power elevati	RR	\$ 79.19
E1014	Reclining back addition to pediatric size wheelchair		\$ 308.33
E1014	Reclining back addition to pediatric size wheelchair	KA	\$ 234.33
E1014	Reclining back addition to pediatric size wheelchair	RB	\$ 234.33
E1014	Reclining back addition to pediatric size wheelchair	RR	\$ 30.83
E1015	Shock absorber for manual wheelchair each		\$ 92.63
E1015	Shock absorber for manual wheelchair each	RR	\$ 9.74
E1016	Shock absorber for power wheelchair each		\$ 106.03
E1016	Shock absorber for power wheelchair each	RR	\$ 10.60
E1020	Residual limb support system for wheelchair any type		\$ 124.43
E1020	Residual limb support system for wheelchair any type	RR	\$ 12.44
E1028	Wheelchair accessory manual swingaway retractable or removable mounting hardw		\$ 97.13
E1028	Wheelchair accessory manual swingaway retractable or removable mounting hardw	KA	\$ 73.82
E1028	Wheelchair accessory manual swingaway retractable or removable mounting hardw	RB	\$ 73.82
E1028	Wheelchair accessory manual swingaway retractable or removable mounting hardw	RR	\$ 9.71
E1029	Wheelchair accessory ventilator tray fixed		\$ 266.85
E1029	Wheelchair accessory ventilator tray fixed	KA	\$ 202.81
E1029	Wheelchair accessory ventilator tray fixed	RB	\$ 202.81
E1029	Wheelchair accessory ventilator tray fixed	RR	\$ 26.68
E1030	Wheelchair accessory ventilator tray gimbaled		\$ 833.40
E1030	Wheelchair accessory ventilator tray gimbaled	KA	\$ 633.38
E1030	Wheelchair accessory ventilator tray gimbaled	RB	\$ 633.38
E1030	Wheelchair accessory ventilator tray gimbaled	RR	\$ 83.34
E1031	Rollabout chair any and all types with castors 5" or greater		\$ 290.25
E1031	Rollabout chair any and all types with castors 5" or greater	RB	\$ 220.59
E1031	Rollabout chair any and all types with castors 5" or greater	RR	\$ 29.03
E1035	Multi-positional patient transfer system with integrated seat operated by care g		\$ 3,937.50
E1035	Multi-positional patient transfer system with integrated seat operated by care g	RB	\$ 2,992.50
E1035	Multi-positional patient transfer system with integrated seat operated by care g	RR	\$ 393.75
E1036	Multi-positional patient transfer system extra-wide with integrated seat operate		\$ 6,089.48
E1036	Multi-positional patient transfer system extra-wide with integrated seat operate	RB	\$ 4,628.00
E1036	Multi-positional patient transfer system extra-wide with integrated seat operate	RR	\$ 608.95
E1037	Transport chair pediatric size		\$ 876.09
E1037	Transport chair pediatric size	RB	\$ 525.65
E1037	Transport chair pediatric size	RR	\$ 87.61
E1038	Transport chair adult size patient weight capacity up to and including 300 pound		\$ 94.05
E1038	Transport chair adult size patient weight capacity up to and including 300 pound	RB	\$ 71.48
E1038	Transport chair adult size patient weight capacity up to and including 300 pound	RR	\$ 9.41
E1039	Transport chair adult size heavy duty patient weight capacity greater than 300 p		\$ 276.17

Medical Equipment Devices and Supplies (MEDS) Reimbursement Rates Effective April 1, 2018

Procedure Code	Description	Modifier	New Medicaid Rates
E1039	Transport chair adult size heavy duty patient weight capacity greater than 300 p	RB	\$ 165.70
E1039	Transport chair adult size heavy duty patient weight capacity greater than 300 p	RR	\$ 27.62
E1050	Fully-reclining wheelchair fixed full length arms swing away detachable elevatin		\$ 859.65
E1050	Fully-reclining wheelchair fixed full length arms swing away detachable elevatin	RR	\$ 85.94
E1060	Fully-reclining wheelchair detachable arms desk or full length swing away detach		\$ 965.40
E1060	Fully-reclining wheelchair detachable arms desk or full length swing away detach	RR	\$ 96.54
E1070	Fully-reclining wheelchair detachable arms (desk or full length) swing away deta		\$ 924.60
E1070	Fully-reclining wheelchair detachable arms (desk or full length) swing away deta	RR	\$ 92.46
E1083	Hemi-wheelchair fixed full length arms swing away detachable elevating leg rest		\$ 664.65
E1083	Hemi-wheelchair fixed full length arms swing away detachable elevating leg rest	RR	\$ 66.47
E1084	Hemi-wheelchair, detachable arms desk or full length arms		\$ 828.08
E1084	Hemi-wheelchair, detachable arms desk or full length arms	RR	\$ 82.81
E1085	Hemi-wheelchair fixed full length arms swing away detachable foot rests		\$ 553.04
E1085	Hemi-wheelchair fixed full length arms swing away detachable foot rests	RR	\$ 55.30
E1086	Hemi-wheelchair detachable arms desk or full length swing away detachable footre		\$ 700.03
E1086	Hemi-wheelchair detachable arms desk or full length swing away detachable footre	RR	\$ 70.00
E1087	High strength lightweight wheelchair fixed full length arms swing away detachabl		\$ 1,021.54
E1087	High strength lightweight wheelchair fixed full length arms swing away detachabl	RR	\$ 102.15
E1088	High strength lightweight wheelchair detachable arms desk or full length swing a		\$ 1,217.43
E1088	High strength lightweight wheelchair detachable arms desk or full length swing a	RR	\$ 121.74
E1089	High strength lightweight wheelchair fixed length arms swing away detachable foo		\$ 870.95
E1089	High strength lightweight wheelchair fixed length arms swing away detachable foo	RR	\$ 87.09
E1090	High strength lightweight wheelchair detachable arms desk or full length swing a		\$ 1,055.08
E1090	High strength lightweight wheelchair detachable arms desk or full length swing a	RR	\$ 105.51
E1130	Standard wheelchair fixed full length arms fixed or swing away detachable footre		\$ 444.67
E1130	Standard wheelchair fixed full length arms fixed or swing away detachable footre	RR	\$ 44.47
E1161	Manual adult size wheelchair includes tilt in space		\$ 2,023.01
E1161	Manual adult size wheelchair includes tilt in space	RR	\$ 202.30
E1170	Amputee wheelchair fixed full length arms swing away detachable elevating legres		\$ 721.15
E1170	Amputee wheelchair fixed full length arms swing away detachable elevating legres	RR	\$ 72.12
E1171	Amputee wheelchair fixed full length arms without footrests or legrest		\$ 647.24
E1171	Amputee wheelchair fixed full length arms without footrests or legrest	RR	\$ 64.72
E1172	Amputee wheelchair detachable arms (desk or full length) without footrests or le		\$ 790.97
E1172	Amputee wheelchair detachable arms (desk or full length) without footrests or le	RR	\$ 79.10
E1180	Amputee wheelchair detachable arms (desk or full length) swing away detachable f		\$ 818.33
E1180	Amputee wheelchair detachable arms (desk or full length) swing away detachable f	RR	\$ 81.83
E1190	Amputee wheelchair detachable arms (desk or full length) swing away detachable e		\$ 945.35
E1190	Amputee wheelchair detachable arms (desk or full length) swing away detachable e	RR	\$ 94.54
E1195	Heavy duty wheelchair fixed full length arms swing away detachable elevating leg		\$ 1,014.51
E1195	Heavy duty wheelchair fixed full length arms swing away detachable elevating leg	RR	\$ 101.45
E1200	Amputee wheelchair fixed full length arms swing away detachable footrest		\$ 702.62
E1200	Amputee wheelchair fixed full length arms swing away detachable footrest	RR	\$ 70.26
E1225	Wheelchair accessory manual semi-reclining back (recline greater than 15 degrees		\$ 252.75
E1225	Wheelchair accessory manual semi-reclining back (recline greater than 15 degrees	KA	\$ 192.09
E1225	Wheelchair accessory manual semi-reclining back (recline greater than 15 degrees	RB	\$ 192.09
E1225	Wheelchair accessory manual semi-reclining back (recline greater than 15 degrees	RR	\$ 25.28
E1226	Wheelchair accessory manual fully reclining back (recline greater than 80 degree		\$ 256.03
E1226	Wheelchair accessory manual fully reclining back (recline greater than 80 degree	KA	\$ 192.02
E1226	Wheelchair accessory manual fully reclining back (recline greater than 80 degree	RB	\$ 192.02
E1226	Wheelchair accessory manual fully reclining back (recline greater than 80 degree	RR	\$ 25.61
E1232	Wheelchair pediatric size tilt-in-space folding adjustable with seating system		\$ 1,828.34
E1232	Wheelchair pediatric size tilt-in-space folding adjustable with seating system	RR	\$ 182.83

Medical Equipment Devices and Supplies (MEDS) Reimbursement Rates Effective April 1, 2018

Procedure Code	Description	Modifier	New Medicaid Rates
E1233	Wheelchair pediatric size tilt-in-space rigid adjustable without seating system		\$ 1,894.45
E1233	Wheelchair pediatric size tilt-in-space rigid adjustable without seating system	RR	\$ 189.45
E1234	Wheelchair pediatric size tilt-in-space folding adjustable without seating syste		\$ 1,649.26
E1234	Wheelchair pediatric size tilt-in-space folding adjustable without seating syste	RR	\$ 164.93
E1235	Wheelchair pediatric size rigid adjustable with seating system		\$ 1,588.11
E1235	Wheelchair pediatric size rigid adjustable with seating system	RR	\$ 158.81
E1236	Wheelchair pediatric size folding adjustable with seating system		\$ 1,401.12
E1236	Wheelchair pediatric size folding adjustable with seating system	RR	\$ 140.11
E1237	Wheelchair pediatric size rigid adjustable without seating system		\$ 1,413.36
E1237	Wheelchair pediatric size rigid adjustable without seating system	RR	\$ 141.34
E1238	Wheelchair pediatric size folding adjustable without seating system		\$ 1,401.12
E1238	Wheelchair pediatric size folding adjustable without seating system	RR	\$ 140.11
E1260	Lightweight wheelchair detachable arms (desk or full length) swing away detachab		\$ 737.35
E1260	Lightweight wheelchair detachable arms (desk or full length) swing away detachab	RR	\$ 73.73
E1300	Whirlpool portable (overtub type)		\$ 340.23
E1300	Whirlpool portable (overtub type)	RB	\$ 204.14
E1300	Whirlpool portable (overtub type)	RR	\$ 34.03
E1353	Regulator		\$ 26.07
E1355	Stand/rack		\$ 19.64
E1372	Immersion external heater for nebulizer		\$ 90.99
E1372	Immersion external heater for nebulizer	RB	\$ 68.24
E1372	Immersion external heater for nebulizer	RR	\$ 9.01
E1390	Oxygen concentrator single delivery port capable of delivering 85 percent or gre	RR	\$ 52.22
E1391	Oxygen concentrator dual delivery port capable of delivering 85 percent or great	RR	\$ 52.22
E1392	Portable oxygen concentrator rental	RR	\$ 29.76
E1700	Jaw motion rehabilitation system		\$ 292.38
E1700	Jaw motion rehabilitation system	RB	\$ 175.43
E1700	Jaw motion rehabilitation system	RR	\$ 30.18
E1701	Replacement cushions for jaw motion rehabilitation system pkg. of 6		\$ 8.05
E1702	Replacement measuring scales for jaw motion rehabilitation system pkg. of 200		\$ 17.13
E1800	Dynamic adjustable elbow extension/flexion device includes soft interface materi		\$ 879.00
E1800	Dynamic adjustable elbow extension/flexion device includes soft interface materi	RB	\$ 668.04
E1800	Dynamic adjustable elbow extension/flexion device includes soft interface materi	RR	\$ 87.90
E1801	Static progressive stretch elbow device extension and/or flexion with or withou		\$ 1,089.00
E1801	Static progressive stretch elbow device extension and/or flexion with or withou	RB	\$ 827.64
E1801	Static progressive stretch elbow device extension and/or flexion with or withou	RR	\$ 108.90
E1802	Dynamic adjustable forearm pronation/supination device includes soft interface m		\$ 2,758.65
E1802	Dynamic adjustable forearm pronation/supination device includes soft interface m	RB	\$ 2,096.57
E1802	Dynamic adjustable forearm pronation/supination device includes soft interface m	RR	\$ 275.87
E1805	Dynamic adjustable wrist extension / flexion device includes soft interface mate		\$ 1,020.21
E1805	Dynamic adjustable wrist extension / flexion device includes soft interface mate	RB	\$ 612.13
E1805	Dynamic adjustable wrist extension / flexion device includes soft interface mate	RR	\$ 102.02
E1806	Static progressive stretch wrist device flexion and/or extension with or without		\$ 974.80
E1806	Static progressive stretch wrist device flexion and/or extension with or without	RB	\$ 584.00
E1806	Static progressive stretch wrist device flexion and/or extension with or without	RR	\$ 97.48
E1810	Dynamic adjustable knee extension / flexion device includes soft interface mater		\$ 1,005.96
E1810	Dynamic adjustable knee extension / flexion device includes soft interface mater	RB	\$ 603.58
E1810	Dynamic adjustable knee extension / flexion device includes soft interface mater	RR	\$ 100.60
E1811	Static progressive stretch knee device extension and/or flexion with or without		\$ 1,234.40
E1811	Static progressive stretch knee device extension and/or flexion with or without	RB	\$ 740.64
E1811	Static progressive stretch knee device extension and/or flexion with or without	RR	\$ 123.44
E1812	Dynamic knee extension/flexion device with active resistance control		\$ 791.40

Medical Equipment Devices and Supplies (MEDS) Reimbursement Rates Effective April 1, 2018

Procedure Code	Description	Modifier	New Medicaid Rates
E1812	Dynamic knee extension/flexion device with active resistance control	RB	\$ 474.00
E1812	Dynamic knee extension/flexion device with active resistance control	RR	\$ 79.14
E1815	Dynamic adjustable ankle extension/flexion device includes soft interface materi		\$ 1,020.21
E1815	Dynamic adjustable ankle extension/flexion device includes soft interface materi	RB	\$ 612.13
E1815	Dynamic adjustable ankle extension/flexion device includes soft interface materi	RR	\$ 102.02
E1816	Static progressive stretch ankle device flexion and/or extension with or without		\$ 1,253.80
E1816	Static progressive stretch ankle device flexion and/or extension with or without	RB	\$ 752.28
E1816	Static progressive stretch ankle device flexion and/or extension with or without	RR	\$ 125.38
E1818	Static progressive stretch forearm pronation / supination device with or without		\$ 1,280.00
E1818	Static progressive stretch forearm pronation / supination device with or without	RB	\$ 768.00
E1818	Static progressive stretch forearm pronation / supination device with or without	RR	\$ 128.00
E1820	Replacement soft interface material dynamic adjustable extension/flexion device		\$ 66.01
E1820	Replacement soft interface material dynamic adjustable extension/flexion device	RB	\$ 39.61
E1820	Replacement soft interface material dynamic adjustable extension/flexion device	RR	\$ 6.94
E1825	Dynamic adjustable finger extension/flexion device includes soft interface mater		\$ 1,020.21
E1825	Dynamic adjustable finger extension/flexion device includes soft interface mater	RB	\$ 612.13
E1825	Dynamic adjustable finger extension/flexion device includes soft interface mater	RR	\$ 102.02
E1830	Dynamic adjustable toe extension/flexion device includes soft interface material		\$ 1,020.21
E1830	Dynamic adjustable toe extension/flexion device includes soft interface material	RB	\$ 612.13
E1830	Dynamic adjustable toe extension/flexion device includes soft interface material	RR	\$ 102.02
E1831	Static progressive stretch toe device extension and/or flexion with or without r		\$ 573.04
E1831	Static progressive stretch toe device extension and/or flexion with or without r	RB	\$ 343.82
E1831	Static progressive stretch toe device extension and/or flexion with or without r	RR	\$ 57.30
E1840	Dynamic adjustable shoulder flexion / abduction / rotation device includes soft		\$ 3,522.10
E1840	Dynamic adjustable shoulder flexion / abduction / rotation device includes soft	RB	\$ 2,113.00
E1840	Dynamic adjustable shoulder flexion / abduction / rotation device includes soft	RR	\$ 352.21
E1841	Static progressive stretch shoulder device with or without range of motion adjus		\$ 4,904.60
E1841	Static progressive stretch shoulder device with or without range of motion adjus	RB	\$ 2,942.00
E1841	Static progressive stretch shoulder device with or without range of motion adjus	RR	\$ 490.46
E2000	Gastric suction pump home model portable or stationary electric		\$ 418.57
E2000	Gastric suction pump home model portable or stationary electric	RB	\$ 251.14
E2000	Gastric suction pump home model portable or stationary electric	RR	\$ 41.86
E2100	Blood glucose monitor with integrated voice synthesizer		\$ 519.37
E2100	Blood glucose monitor with integrated voice synthesizer	RB	\$ 311.62
E2100	Blood glucose monitor with integrated voice synthesizer	RR	\$ 51.94
E2101	Blood glucose monitor with integrated lancing/blood sample		\$ 152.27
E2101	Blood glucose monitor with integrated lancing/blood sample	RB	\$ 91.36
E2101	Blood glucose monitor with integrated lancing/blood sample	RR	\$ 15.23
E2201	Manual wheelchair accessory nonstandard seat frame width greater than or equal t		\$ 206.23
E2201	Manual wheelchair accessory nonstandard seat frame width greater than or equal t	KA	\$ 154.67
E2201	Manual wheelchair accessory nonstandard seat frame width greater than or equal t	RB	\$ 154.67
E2201	Manual wheelchair accessory nonstandard seat frame width greater than or equal t	RR	\$ 20.63
E2202	Manual wheelchair accessory nonstandard seat frame width 24-27 inches		\$ 304.91
E2202	Manual wheelchair accessory nonstandard seat frame width 24-27 inches	KA	\$ 228.68
E2202	Manual wheelchair accessory nonstandard seat frame width 24-27 inches	RB	\$ 228.68
E2202	Manual wheelchair accessory nonstandard seat frame width 24-27 inches	RR	\$ 30.49
E2203	Manual wheelchair accessory nonstandard seat frame depth 20 to less than 22 inch		\$ 289.10
E2203	Manual wheelchair accessory nonstandard seat frame depth 20 to less than 22 inch	KA	\$ 216.83
E2203	Manual wheelchair accessory nonstandard seat frame depth 20 to less than 22 inch	RB	\$ 216.83
E2203	Manual wheelchair accessory nonstandard seat frame depth 20 to less than 22 inch	RR	\$ 28.91
E2204	Manual wheelchair accessory nonstandard seat frame depth 22 to 25 inches		\$ 504.85
E2204	Manual wheelchair accessory nonstandard seat frame depth 22 to 25 inches	KA	\$ 378.64

Medical Equipment Devices and Supplies (MEDS) Reimbursement Rates Effective April 1, 2018

Procedure Code	Description	Modifier	New Medicaid Rates
E2204	Manual wheelchair accessory nonstandard seat frame depth 22 to 25 inches	RB	\$ 378.64
E2204	Manual wheelchair accessory nonstandard seat frame depth 22 to 25 inches	RR	\$ 50.48
E2205	Manual wheelchair accessory handrim without projections (includes ergonomic or c		\$ 26.38
E2205	Manual wheelchair accessory handrim without projections (includes ergonomic or c	KA	\$ 19.79
E2205	Manual wheelchair accessory handrim without projections (includes ergonomic or c	RB	\$ 19.79
E2205	Manual wheelchair accessory handrim without projections (includes ergonomic or c	RR	\$ 2.76
E2206	Manual wheelchair accessory wheel lock assembly complete replacement only each		\$ 32.85
E2206	Manual wheelchair accessory wheel lock assembly complete replacement only each	KA	\$ 24.64
E2206	Manual wheelchair accessory wheel lock assembly complete replacement only each	RB	\$ 24.64
E2206	Manual wheelchair accessory wheel lock assembly complete replacement only each	RR	\$ 3.45
E2207	Wheelchair accessory crutch and cane holder each		\$ 35.01
E2207	Wheelchair accessory crutch and cane holder each	KA	\$ 26.26
E2207	Wheelchair accessory crutch and cane holder each	RB	\$ 26.26
E2207	Wheelchair accessory crutch and cane holder each	RR	\$ 3.50
E2208	Wheelchair accessory cylinder tank carrier each		\$ 49.04
E2208	Wheelchair accessory cylinder tank carrier each	KA	\$ 36.78
E2208	Wheelchair accessory cylinder tank carrier each	RB	\$ 36.78
E2208	Wheelchair accessory cylinder tank carrier each	RR	\$ 4.91
E2209	Accessory arm trough with or without hand support each		\$ 62.75
E2209	Accessory arm trough with or without hand support each	KA	\$ 47.07
E2209	Accessory arm trough with or without hand support each	RB	\$ 47.07
E2209	Accessory arm trough with or without hand support each	RR	\$ 6.28
E2210	Wheelchair accessory bearings any type replacement only each		\$ 3.42
E2210	Wheelchair accessory bearings any type replacement only each	RB	\$ 2.57
E2210	Wheelchair accessory bearings any type replacement only each	RR	\$ 0.35
E2211	Manual wheelchair accessory pneumatic propulsion tire any size each		\$ 33.03
E2211	Manual wheelchair accessory pneumatic propulsion tire any size each	RB	\$ 24.77
E2211	Manual wheelchair accessory pneumatic propulsion tire any size each	RR	\$ 3.41
E2212	Manual wheelchair accessory tube for pneumatic propulsion tire any size each		\$ 4.75
E2212	Manual wheelchair accessory tube for pneumatic propulsion tire any size each	RB	\$ 3.56
E2212	Manual wheelchair accessory tube for pneumatic propulsion tire any size each	RR	\$ 0.48
E2213	Manual wheelchair accessory insert for pneumatic propulsion tire (removable) any		\$ 24.56
E2213	Manual wheelchair accessory insert for pneumatic propulsion tire (removable) any	KA	\$ 18.42
E2213	Manual wheelchair accessory insert for pneumatic propulsion tire (removable) any	RB	\$ 18.42
E2213	Manual wheelchair accessory insert for pneumatic propulsion tire (removable) any	RR	\$ 2.46
E2214	Manual wheelchair accessory pneumatic caster tire any size each		\$ 29.07
E2214	Manual wheelchair accessory pneumatic caster tire any size each	RB	\$ 21.80
E2214	Manual wheelchair accessory pneumatic caster tire any size each	RR	\$ 3.37
E2215	Manual wheelchair accessory tube for pneumatic caster tire any size each		\$ 8.16
E2215	Manual wheelchair accessory tube for pneumatic caster tire any size each	RB	\$ 6.12
E2215	Manual wheelchair accessory tube for pneumatic caster tire any size each	RR	\$ 0.81
E2216	Manual wheelchair accessory foam filled propulsion tire any size each		\$ 35.72
E2216	Manual wheelchair accessory foam filled propulsion tire any size each	RB	\$ 35.72
E2216	Manual wheelchair accessory foam filled propulsion tire any size each	RR	\$ 3.57
E2217	Manual wheelchair accessory foam filled caster tire any size each		\$ 31.26
E2217	Manual wheelchair accessory foam filled caster tire any size each	RB	\$ 31.26
E2217	Manual wheelchair accessory foam filled caster tire any size each	RR	\$ 3.13
E2218	Manual wheelchair accessory foam propulsion tire any size each		\$ 35.72
E2218	Manual wheelchair accessory foam propulsion tire any size each	RB	\$ 35.72
E2218	Manual wheelchair accessory foam propulsion tire any size each	RR	\$ 3.57
E2219	Manual wheelchair accessory foam caster tire any size each		\$ 33.79
E2219	Manual wheelchair accessory foam caster tire any size each	RB	\$ 25.34

Medical Equipment Devices and Supplies (MEDS) Reimbursement Rates Effective April 1, 2018

Procedure Code	Description	Modifier	New Medicaid Rates
E2219	Manual wheelchair accessory foam caster tire any size each	RR	\$ 4.01
E2220	Manual wheelchair accessory solid (rubber/plastic) propulsion tire any size repl		\$ 23.03
E2220	Manual wheelchair accessory solid (rubber/plastic) propulsion tire any size repl	RB	\$ 17.27
E2220	Manual wheelchair accessory solid (rubber/plastic) propulsion tire any size repl	RR	\$ 2.34
E2221	Manual wheelchair accessory solid (rubber/plastic) caster tire (removable) any s		\$ 20.63
E2221	Manual wheelchair accessory solid (rubber/plastic) caster tire (removable) any s	RB	\$ 15.47
E2221	Manual wheelchair accessory solid (rubber/plastic) caster tire (removable) any s	RR	\$ 2.06
E2222	Manual wheelchair accessory solid (rubber/plastic) caster tire with integrated w		\$ 17.01
E2222	Manual wheelchair accessory solid (rubber/plastic) caster tire with integrated w	RB	\$ 12.76
E2222	Manual wheelchair accessory solid (rubber/plastic) caster tire with integrated w	RR	\$ 1.78
E2224	Manual wheelchair accessory propulsion wheel excludes tire any size replacement		\$ 79.18
E2224	Manual wheelchair accessory propulsion wheel excludes tire any size replacement	RB	\$ 59.39
E2224	Manual wheelchair accessory propulsion wheel excludes tire any size replacement	RR	\$ 7.92
E2225	Manual wheelchair accessory caster wheel excludes tire any size replacement only		\$ 14.05
E2225	Manual wheelchair accessory caster wheel excludes tire any size replacement only	RB	\$ 10.54
E2225	Manual wheelchair accessory caster wheel excludes tire any size replacement only	RR	\$ 1.41
E2226	Manual wheelchair accessory caster fork any size replacement only each		\$ 30.64
E2226	Manual wheelchair accessory caster fork any size replacement only each	RB	\$ 22.98
E2226	Manual wheelchair accessory caster fork any size replacement only each	RR	\$ 3.22
E2227	Manual wheelchair accessory gear reduction drive wheel each		\$ 1,330.41
E2227	Manual wheelchair accessory gear reduction drive wheel each	KA	\$ 997.81
E2227	Manual wheelchair accessory gear reduction drive wheel each	RB	\$ 997.81
E2227	Manual wheelchair accessory gear reduction drive wheel each	RR	\$ 133.04
E2228	Manual wheelchair accessory wheel braking system and lock complete each		\$ 688.13
E2228	Manual wheelchair accessory wheel braking system and lock complete each	KA	\$ 522.98
E2228	Manual wheelchair accessory wheel braking system and lock complete each	RB	\$ 522.98
E2228	Manual wheelchair accessory wheel braking system and lock complete each	RR	\$ 68.81
E2231	Manual wheelchair accessory solid seat support base (replaces sling seat) includ		\$ 95.19
E2231	Manual wheelchair accessory solid seat support base (replaces sling seat) includ	KA	\$ 9.52
E2231	Manual wheelchair accessory solid seat support base (replaces sling seat) includ	RB	\$ 9.52
E2291	Back planar for pediatric size wheelchair including fixed attaching hardware	KA	\$ 940.00
E2291	Back planar for pediatric size wheelchair including fixed attaching hardware	RB	\$ 940.00
E2292	Seat planar for pediatric size wheelchair including fixed attaching hardware	KA	\$ 940.00
E2292	Seat planar for pediatric size wheelchair including fixed attaching hardware	RB	\$ 940.00
E2293	Back contoured for pediatric size wheelchair including fixed attaching hardware	KA	\$ 1,410.00
E2293	Back contoured for pediatric size wheelchair including fixed attaching hardware	RB	\$ 1,410.00
E2294	Seat contoured for pediatric size wheelchair including fixed attaching hardware	KA	\$ 1,410.00
E2294	Seat contoured for pediatric size wheelchair including fixed attaching hardware	RB	\$ 1,410.00
E2300	Wheelchair accessory power seat elevation system any type	KA	\$ 940.00
E2300	Wheelchair accessory power seat elevation system any type	RB	\$ 940.00
E2301	Wheelchair accessory power standing system any type	RB	\$ 940.00
E2310	Power wheelchair accessory electronic connection between wheelchair controller a		\$ 772.35
E2310	Power wheelchair accessory electronic connection between wheelchair controller a	KA	\$ 586.99
E2310	Power wheelchair accessory electronic connection between wheelchair controller a	RB	\$ 586.99
E2310	Power wheelchair accessory electronic connection between wheelchair controller a	RR	\$ 77.24
E2311	Power wheelchair accessory electronic connection between wheelchair controller a		\$ 1,558.65
E2311	Power wheelchair accessory electronic connection between wheelchair controller a	KA	\$ 1,184.57
E2311	Power wheelchair accessory electronic connection between wheelchair controller a	RB	\$ 1,184.57
E2311	Power wheelchair accessory electronic connection between wheelchair controller a	RR	\$ 155.87
E2312	Power wheelchair accessory hand or chin control interface mini-proportional remo		\$ 1,626.88
E2312	Power wheelchair accessory hand or chin control interface mini-proportional remo	KA	\$ 1,626.88
E2312	Power wheelchair accessory hand or chin control interface mini-proportional remo	RB	\$ 1,626.88

Medical Equipment Devices and Supplies (MEDS) Reimbursement Rates Effective April 1, 2018

Procedure Code	Description	New Medicaid Rates	
		Modifier	Rates
E2313	Power wheelchair accessory harness for upgrade to expandable controller includin		\$ 258.34
E2313	Power wheelchair accessory harness for upgrade to expandable controller includin	KA	\$ 258.34
E2313	Power wheelchair accessory harness for upgrade to expandable controller includin	RB	\$ 258.34
E2321	Power wheelchair accessory hand control interface remote joystick nonproportiona		\$ 1,049.48
E2321	Power wheelchair accessory hand control interface remote joystick nonproportiona	KA	\$ 797.60
E2321	Power wheelchair accessory hand control interface remote joystick nonproportiona	RB	\$ 797.60
E2321	Power wheelchair accessory hand control interface remote joystick nonproportiona	RR	\$ 104.95
E2322	Power wheelchair accessory hand control interface multiple mechanical switches n		\$ 991.50
E2322	Power wheelchair accessory hand control interface multiple mechanical switches n	KA	\$ 753.54
E2322	Power wheelchair accessory hand control interface multiple mechanical switches n	RB	\$ 753.54
E2322	Power wheelchair accessory hand control interface multiple mechanical switches n	RR	\$ 99.15
E2323	Power wheelchair accessory specialty joystick handle for hand control interface		\$ 59.40
E2323	Power wheelchair accessory specialty joystick handle for hand control interface	RB	\$ 44.55
E2323	Power wheelchair accessory specialty joystick handle for hand control interface	RR	\$ 5.94
E2324	Power wheelchair accessory chin cup for chin control interface		\$ 31.73
E2324	Power wheelchair accessory chin cup for chin control interface	KA	\$ 24.11
E2324	Power wheelchair accessory chin cup for chin control interface	RB	\$ 24.11
E2324	Power wheelchair accessory chin cup for chin control interface	RR	\$ 3.17
E2325	Power wheelchair accessory sip and puff interface nonproportional including all		\$ 947.63
E2325	Power wheelchair accessory sip and puff interface nonproportional including all	KA	\$ 720.20
E2325	Power wheelchair accessory sip and puff interface nonproportional including all	RB	\$ 720.20
E2325	Power wheelchair accessory sip and puff interface nonproportional including all	RR	\$ 94.76
E2326	Power wheelchair accessory breath tube kit for sip and puff interface		\$ 248.55
E2326	Power wheelchair accessory breath tube kit for sip and puff interface	KA	\$ 188.90
E2326	Power wheelchair accessory breath tube kit for sip and puff interface	RB	\$ 188.90
E2326	Power wheelchair accessory breath tube kit for sip and puff interface	RR	\$ 24.86
E2327	Power wheelchair accessory head control interface mechanical proportional includ		\$ 1,853.70
E2327	Power wheelchair accessory head control interface mechanical proportional includ	KA	\$ 1,408.81
E2327	Power wheelchair accessory head control interface mechanical proportional includ	RB	\$ 1,408.81
E2327	Power wheelchair accessory head control interface mechanical proportional includ	RR	\$ 185.37
E2328	Power wheelchair accessory head control or extremity control interface electroni		\$ 3,498.75
E2328	Power wheelchair accessory head control or extremity control interface electroni	KA	\$ 2,659.05
E2328	Power wheelchair accessory head control or extremity control interface electroni	RB	\$ 2,659.05
E2328	Power wheelchair accessory head control or extremity control interface electroni	RR	\$ 349.88
E2329	Power wheelchair accessory head control interface contact switch mechanism nonp		\$ 1,263.45
E2329	Power wheelchair accessory head control interface contact switch mechanism nonp	KA	\$ 960.22
E2329	Power wheelchair accessory head control interface contact switch mechanism nonp	RB	\$ 960.22
E2329	Power wheelchair accessory head control interface contact switch mechanism nonp	RR	\$ 126.35
E2330	Power wheelchair accessory head control interface proximity switch mechanism non		\$ 2,425.80
E2330	Power wheelchair accessory head control interface proximity switch mechanism no	KA	\$ 1,843.61
E2330	Power wheelchair accessory head control interface proximity switch mechanism no	RB	\$ 1,843.61
E2330	Power wheelchair accessory head control interface proximity switch mechanism no	RR	\$ 242.58
E2331	Power wheelchair accessory attendant control proportional including all related	KA	\$ 940.00
E2331	Power wheelchair accessory attendant control proportional including all related	RB	\$ 940.00
E2340	Power wheelchair accessory nonstandard seat frame width 20-23 inches		\$ 340.44
E2340	Power wheelchair accessory nonstandard seat frame width 20-23 inches	KA	\$ 255.33
E2340	Power wheelchair accessory nonstandard seat frame width 20-23 inches	RB	\$ 255.33
E2340	Power wheelchair accessory nonstandard seat frame width 20-23 inches	RR	\$ 34.04
E2341	Power wheelchair accessory nonstandard seat frame width 24-27 inches		\$ 510.70
E2341	Power wheelchair accessory nonstandard seat frame width 24-27 inches	KA	\$ 383.03
E2341	Power wheelchair accessory nonstandard seat frame width 24-27 inches	RB	\$ 383.03
E2341	Power wheelchair accessory nonstandard seat frame width 24-27 inches	RR	\$ 51.07



Medical Equipment Devices and Supplies (MEDS) Reimbursement Rates Effective April 1, 2018

Procedure Code	Description	Modifier	New Medicaid Rates
E2342	Power wheelchair accessory nonstandard seat frame depth 20 or 21 inches		\$ 425.58
E2342	Power wheelchair accessory nonstandard seat frame depth 20 or 21 inches	KA	\$ 319.19
E2342	Power wheelchair accessory nonstandard seat frame depth 20 or 21 inches	RB	\$ 319.19
E2342	Power wheelchair accessory nonstandard seat frame depth 20 or 21 inches	RR	\$ 42.56
E2343	Power wheelchair accessory nonstandard seat frame depth 22-25 inches		\$ 680.94
E2343	Power wheelchair accessory nonstandard seat frame depth 22-25 inches	KA	\$ 510.71
E2343	Power wheelchair accessory nonstandard seat frame depth 22-25 inches	RB	\$ 510.71
E2343	Power wheelchair accessory nonstandard seat frame depth 22-25 inches	RR	\$ 68.09
E2351	Power wheelchair accessory electronic interface to operate speech generating dev		\$ 600.05
E2351	Power wheelchair accessory electronic interface to operate speech generating dev	KA	\$ 450.04
E2351	Power wheelchair accessory electronic interface to operate speech generating dev	RB	\$ 450.04
E2351	Power wheelchair accessory electronic interface to operate speech generating dev	RR	\$ 60.01
E2359	Power wheelchair accessory group 34 sealed lead acid battery each (e.g. gel cell		\$ 151.03
E2359	Power wheelchair accessory group 34 sealed lead acid battery each (e.g. gel cell	RB	\$ 113.27
E2359	Power wheelchair accessory group 34 sealed lead acid battery each (e.g. gel cell	RR	\$ 15.10
E2360	Power wheelchair accessory 22 nf non-sealed lead acid battery each		\$ 79.10
E2360	Power wheelchair accessory 22 nf non-sealed lead acid battery each	RB	\$ 59.33
E2360	Power wheelchair accessory 22 nf non-sealed lead acid battery each	RR	\$ 7.91
E2361	Power wheelchair accessory 22nf sealed lead acid battery each (e.g. gel cell abs		\$ 86.87
E2361	Power wheelchair accessory 22nf sealed lead acid battery each (e.g. gel cell abs	KA	\$ 65.16
E2361	Power wheelchair accessory 22nf sealed lead acid battery each (e.g. gel cell abs	RB	\$ 65.16
E2361	Power wheelchair accessory 22nf sealed lead acid battery each (e.g. gel cell abs	RR	\$ 8.69
E2362	Power wheelchair accessory group 24 non-sealed lead acid battery each		\$ 87.38
E2362	Power wheelchair accessory group 24 non-sealed lead acid battery each	RB	\$ 65.54
E2362	Power wheelchair accessory group 24 non-sealed lead acid battery each	RR	\$ 8.74
E2363	Power wheelchair accessory group 24 sealed lead acid battery each (e.g. gel cell		\$ 104.76
E2363	Power wheelchair accessory group 24 sealed lead acid battery each (e.g. gel cell	RB	\$ 78.57
E2363	Power wheelchair accessory group 24 sealed lead acid battery each (e.g. gel cell	RR	\$ 10.48
E2364	Power wheelchair accessory u-1 non-sealed lead acid battery each		\$ 69.78
E2364	Power wheelchair accessory u-1 non-sealed lead acid battery each	RB	\$ 52.34
E2364	Power wheelchair accessory u-1 non-sealed lead acid battery each	RR	\$ 6.98
E2365	Power wheelchair accessory u-1 sealed lead acid battery each (e.g. gel cell abso		\$ 55.88
E2365	Power wheelchair accessory u-1 sealed lead acid battery each (e.g. gel cell abso	RB	\$ 41.91
E2365	Power wheelchair accessory u-1 sealed lead acid battery each (e.g. gel cell abso	RR	\$ 5.59
E2366	Power wheelchair accessory battery charger single mode for use with only one bat		\$ 101.60
E2366	Power wheelchair accessory battery charger single mode for use with only one bat	RB	\$ 76.20
E2366	Power wheelchair accessory battery charger single mode for use with only one bat	RR	\$ 10.16
E2367	Power wheelchair accessory battery charger dual mode for use with either battery		\$ 228.47
E2367	Power wheelchair accessory battery charger dual mode for use with either battery	RB	\$ 171.36
E2367	Power wheelchair accessory battery charger dual mode for use with either battery	RR	\$ 22.85
E2368	Power wheelchair component drive wheel motor replacement only		\$ 292.20
E2368	Power wheelchair component drive wheel motor replacement only	RB	\$ 222.07
E2368	Power wheelchair component drive wheel motor replacement only	RR	\$ 29.22
E2369	Power wheelchair component drive wheel gear box replacement only		\$ 327.53
E2369	Power wheelchair component drive wheel gear box replacement only	RB	\$ 248.92
E2369	Power wheelchair component drive wheel gear box replacement only	RR	\$ 32.75
E2370	Power wheelchair component integrated drive wheel motor and gear box combinati		\$ 382.28
E2370	Power wheelchair component integrated drive wheel motor and gear box combinati	RB	\$ 290.53
E2370	Power wheelchair component integrated drive wheel motor and gear box combinati	RR	\$ 38.23
E2371	Power wheelchair accessory group 27 sealed lead acid battery (e.g. gel cell abso		\$ 128.13
E2373	Power wheelchair accessory hand or chin control interface compact remote joystic		\$ 567.06
E2373	Power wheelchair accessory hand or chin control interface compact remote joystic	KA	\$ 425.30

Medical Equipment Devices and Supplies (MEDS) Reimbursement Rates Effective April 1, 2018

Procedure Code	Description	Modifier	New Medicaid Rates
E2373	Power wheelchair accessory hand or chin control interface compact remote joystic	RB	\$ 425.30
E2374	Power wheelchair accessory hand or chin control interface standard remote joysti		\$ 355.88
E2374	Power wheelchair accessory hand or chin control interface standard remote joysti	KA	\$ 270.47
E2374	Power wheelchair accessory hand or chin control interface standard remote joysti	RB	\$ 270.47
E2374	Power wheelchair accessory hand or chin control interface standard remote joysti	RR	\$ 35.59
E2375	Power wheelchair accessory non-expandable controller including all related elect		\$ 489.68
E2375	Power wheelchair accessory non-expandable controller including all related elect	RB	\$ 372.15
E2375	Power wheelchair accessory non-expandable controller including all related elect	RR	\$ 48.97
E2376	Power wheelchair accessory expandable controller including all related electroni		\$ 884.18
E2376	Power wheelchair accessory expandable controller including all related electroni	RB	\$ 671.97
E2376	Power wheelchair accessory expandable controller including all related electroni	RR	\$ 88.42
E2377	Power wheelchair accessory expandable controller including all related electroni		\$ 327.53
E2377	Power wheelchair accessory expandable controller including all related electroni	RB	\$ 248.92
E2377	Power wheelchair accessory expandable controller including all related electroni	RR	\$ 4.45
E2378	Power wheelchair component actuator replacement only		\$ 439.50
E2378	Power wheelchair component actuator replacement only	RR	\$ 42.08
E2381	Power wheelchair accessory pneumatic drive wheel tire any size replacement only		\$ 43.95
E2381	Power wheelchair accessory pneumatic drive wheel tire any size replacement only	RB	\$ 32.96
E2381	Power wheelchair accessory pneumatic drive wheel tire any size replacement only	RR	\$ 4.40
E2382	Power wheelchair accessory tube for pneumatic drive wheel tire any size replacem		\$ 16.77
E2382	Power wheelchair accessory tube for pneumatic drive wheel tire any size replacem	RB	\$ 12.58
E2382	Power wheelchair accessory tube for pneumatic drive wheel tire any size replacem	RR	\$ 1.76
E2383	Power wheelchair accessory insert for pneumatic drive wheel tire (removable) any		\$ 122.65
E2383	Power wheelchair accessory insert for pneumatic drive wheel tire (removable) any	RB	\$ 91.99
E2383	Power wheelchair accessory insert for pneumatic drive wheel tire (removable) any	RR	\$ 12.27
E2384	Power wheelchair accessory pneumatic caster tire any size replacement only each		\$ 40.37
E2384	Power wheelchair accessory pneumatic caster tire any size replacement only each	RB	\$ 30.29
E2384	Power wheelchair accessory pneumatic caster tire any size replacement only each	RR	\$ 4.04
E2385	Power wheelchair accessory tube for pneumatic caster tire any size replacement o		\$ 39.98
E2385	Power wheelchair accessory tube for pneumatic caster tire any size replacement o	RB	\$ 29.99
E2385	Power wheelchair accessory tube for pneumatic caster tire any size replacement o	RR	\$ 4.00
E2386	Power wheelchair accessory foam filled drive wheel tire any size replacement onl		\$ 65.71
E2386	Power wheelchair accessory foam filled drive wheel tire any size replacement onl	RB	\$ 49.28
E2386	Power wheelchair accessory foam filled drive wheel tire any size replacement onl	RR	\$ 6.57
E2387	Power wheelchair accessory foam filled caster tire any size replacement only eac		\$ 32.58
E2387	Power wheelchair accessory foam filled caster tire any size replacement only eac	RB	\$ 24.44
E2387	Power wheelchair accessory foam filled caster tire any size replacement only eac	RR	\$ 3.26
E2388	Power wheelchair accessory foam drive wheel tire any size replacement only each		\$ 40.69
E2388	Power wheelchair accessory foam drive wheel tire any size replacement only each	RB	\$ 30.52
E2388	Power wheelchair accessory foam drive wheel tire any size replacement only each	RR	\$ 4.28
E2389	Power wheelchair accessory foam caster tire any size replacement only each		\$ 22.10
E2389	Power wheelchair accessory foam caster tire any size replacement only each	RB	\$ 16.58
E2389	Power wheelchair accessory foam caster tire any size replacement only each	RR	\$ 2.21
E2390	Power wheelchair accessory solid (rubber/plastic) drive wheel tire any size repl		\$ 34.55
E2390	Power wheelchair accessory solid (rubber/plastic) drive wheel tire any size repl	RB	\$ 25.91
E2390	Power wheelchair accessory solid (rubber/plastic) drive wheel tire any size repl	RR	\$ 3.46
E2391	Power wheelchair accessory solid (rubber/plastic) caster tire (removable) any si		\$ 16.56
E2391	Power wheelchair accessory solid (rubber/plastic) caster tire (removable) any si	RB	\$ 12.42
E2391	Power wheelchair accessory solid (rubber/plastic) caster tire (removable) any si	RR	\$ 1.74
E2392	Power wheelchair accessory solid (rubber/plastic) caster tire with integrated wh		\$ 28.49
E2392	Power wheelchair accessory solid (rubber/plastic) caster tire with integrated wh	RB	\$ 21.37
E2392	Power wheelchair accessory solid (rubber/plastic) caster tire with integrated wh	RR	\$ 2.85

Medical Equipment Devices and Supplies (MEDS) Reimbursement Rates Effective April 1, 2018

Procedure Code	Description	Modifier	New Medicaid Rates
E2394	Power wheelchair accessory drive wheel excludes tire any size replacement only e		\$ 42.04
E2394	Power wheelchair accessory drive wheel excludes tire any size replacement only e	RB	\$ 31.53
E2394	Power wheelchair accessory drive wheel excludes tire any size replacement only e	RR	\$ 4.21
E2395	Power wheelchair accessory caster wheel excludes tire any size replacement only		\$ 28.52
E2395	Power wheelchair accessory caster wheel excludes tire any size replacement only	RB	\$ 21.40
E2395	Power wheelchair accessory caster wheel excludes tire any size replacement only	RR	\$ 2.85
E2396	Power wheelchair accessory caster fork any size replacement only each		\$ 51.16
E2396	Power wheelchair accessory caster fork any size replacement only each	KA	\$ 38.37
E2396	Power wheelchair accessory caster fork any size replacement only each	RB	\$ 38.37
E2397	Power wheelchair accessory lithium-based battery each		\$ 369.61
E2397	Power wheelchair accessory lithium-based battery each	RB	\$ 277.21
E2402	Negative pressure wound therapy electrical pump stationary or portable		\$ 3,375.00
E2402	Negative pressure wound therapy electrical pump stationary or portable	RB	\$ 2,565.00
E2402	Negative pressure wound therapy electrical pump stationary or portable	RR	\$ 337.50
E2500	Speech generating device digitized speech using pre-recorded messages less than		\$ 332.40
E2500	Speech generating device digitized speech using pre-recorded messages less than	RB	\$ 199.44
E2500	Speech generating device digitized speech using pre-recorded messages less than	RR	\$ 33.24
E2502	Speech generating device digitized speech using pre-recorded messages greater th		\$ 1,016.43
E2502	Speech generating device digitized speech using pre-recorded messages greater th	RB	\$ 609.86
E2502	Speech generating device digitized speech using pre-recorded messages greater th	RR	\$ 101.65
E2504	Speech generating device digitized speech using pre-recorded messages greater th		\$ 1,577.42
E2504	Speech generating device digitized speech using pre-recorded messages greater th	RB	\$ 946.45
E2504	Speech generating device digitized speech using pre-recorded messages greater th	RR	\$ 157.76
E2506	Speech generating device digitized speech using pre-recorded messages greater th		\$ 2,312.96
E2506	Speech generating device digitized speech using pre-recorded messages greater th	RB	\$ 1,387.77
E2506	Speech generating device digitized speech using pre-recorded messages greater th	RR	\$ 231.29
E2508	Speech generating device synthesized speech requiring message formulation by spe		\$ 3,576.61
E2508	Speech generating device synthesized speech requiring message formulation by spe	RB	\$ 2,145.97
E2508	Speech generating device synthesized speech requiring message formulation by spe	RR	\$ 357.67
E2510	Speech generating device synthesized speech permitting multiple methods of messa		\$ 6,768.25
E2510	Speech generating device synthesized speech permitting multiple methods of messa	RB	\$ 4,060.95
E2510	Speech generating device synthesized speech permitting multiple methods of messa	RR	\$ 676.82
E2601	General use wheelchair seat cushion width less than 22 inches any depth		\$ 29.22
E2601	General use wheelchair seat cushion width less than 22 inches any depth	KA	\$ 21.92
E2601	General use wheelchair seat cushion width less than 22 inches any depth	RB	\$ 21.92
E2601	General use wheelchair seat cushion width less than 22 inches any depth	RR	\$ 2.93
E2602	General use wheelchair seat cushion width 22 inches or greater any depth		\$ 57.45
E2602	General use wheelchair seat cushion width 22 inches or greater any depth	KA	\$ 43.09
E2602	General use wheelchair seat cushion width 22 inches or greater any depth	RB	\$ 43.09
E2602	General use wheelchair seat cushion width 22 inches or greater any depth	RR	\$ 5.75
E2603	Skin protection wheelchair seat cushion width less than 22 inches any depth		\$ 67.63
E2603	Skin protection wheelchair seat cushion width less than 22 inches any depth	KA	\$ 50.72
E2603	Skin protection wheelchair seat cushion width less than 22 inches any depth	RB	\$ 50.72
E2603	Skin protection wheelchair seat cushion width less than 22 inches any depth	RR	\$ 6.77
E2604	Skin protection wheelchair seat cushion width 22 inches or greater any depth		\$ 95.87
E2604	Skin protection wheelchair seat cushion width 22 inches or greater any depth	KA	\$ 71.90
E2604	Skin protection wheelchair seat cushion width 22 inches or greater any depth	RB	\$ 71.90
E2604	Skin protection wheelchair seat cushion width 22 inches or greater any depth	RR	\$ 9.59
E2605	Positioning wheelchair seat cushion width less than 22 inches any depth		\$ 148.33
E2605	Positioning wheelchair seat cushion width less than 22 inches any depth	KA	\$ 111.25
E2605	Positioning wheelchair seat cushion width less than 22 inches any depth	RB	\$ 111.25
E2605	Positioning wheelchair seat cushion width less than 22 inches any depth	RR	\$ 14.84

Medical Equipment Devices and Supplies (MEDS) Reimbursement Rates Effective April 1, 2018

Procedure Code	Description	Modifier	New Medicaid Rates
E2606	Positioning wheelchair seat cushion width 22 inches or greater any depth		\$ 237.29
E2606	Positioning wheelchair seat cushion width 22 inches or greater any depth	KA	\$ 177.97
E2606	Positioning wheelchair seat cushion width 22 inches or greater any depth	RB	\$ 177.97
E2606	Positioning wheelchair seat cushion width 22 inches or greater any depth	RR	\$ 23.73
E2607	Skin protection and positioning wheelchair seat cushion width less than 22 inche		\$ 135.37
E2607	Skin protection and positioning wheelchair seat cushion width less than 22 inche	KA	\$ 101.53
E2607	Skin protection and positioning wheelchair seat cushion width less than 22 inche	RB	\$ 101.53
E2607	Skin protection and positioning wheelchair seat cushion width less than 22 inche	RR	\$ 13.54
E2608	Skin protection and positioning wheelchair seat cushion width 22 inches or great		\$ 174.83
E2608	Skin protection and positioning wheelchair seat cushion width 22 inches or great	KA	\$ 131.12
E2608	Skin protection and positioning wheelchair seat cushion width 22 inches or great	RB	\$ 131.12
E2608	Skin protection and positioning wheelchair seat cushion width 22 inches or great	RR	\$ 17.48
E2611	General use wheelchair back cushion width less than 22 inches any height includi		\$ 113.99
E2611	General use wheelchair back cushion width less than 22 inches any height includi	KA	\$ 85.50
E2611	General use wheelchair back cushion width less than 22 inches any height includi	RB	\$ 85.50
E2611	General use wheelchair back cushion width less than 22 inches any height includi	RR	\$ 11.40
E2612	General use wheelchair back cushion width 22 inches or greater any height includ		\$ 204.62
E2612	General use wheelchair back cushion width 22 inches or greater any height includ	KA	\$ 153.47
E2612	General use wheelchair back cushion width 22 inches or greater any height includ	RB	\$ 153.47
E2612	General use wheelchair back cushion width 22 inches or greater any height includ	RR	\$ 20.47
E2613	Positioning wheelchair back cushion posterior width less than 22 inches any heig		\$ 216.99
E2613	Positioning wheelchair back cushion posterior width less than 22 inches any heig	KA	\$ 162.74
E2613	Positioning wheelchair back cushion posterior width less than 22 inches any heig	RB	\$ 162.74
E2613	Positioning wheelchair back cushion posterior width less than 22 inches any heig	RR	\$ 21.70
E2614	Positioning wheelchair back cushion posterior width 22 inches or greater any hei		\$ 439.22
E2614	Positioning wheelchair back cushion posterior width 22 inches or greater any hei	RB	\$ 329.42
E2614	Positioning wheelchair back cushion posterior width 22 inches or greater any hei	RR	\$ 43.92
E2615	Positioning wheelchair back cushion posterior-lateral width less than 22 inches		\$ 253.72
E2615	Positioning wheelchair back cushion posterior-lateral width less than 22 inches	KA	\$ 190.29
E2615	Positioning wheelchair back cushion posterior-lateral width less than 22 inches	RB	\$ 190.29
E2615	Positioning wheelchair back cushion posterior-lateral width less than 22 inches	RR	\$ 25.37
E2616	Positioning wheelchair back cushion posterior-lateral width 22 inches or greater		\$ 332.00
E2616	Positioning wheelchair back cushion posterior-lateral width 22 inches or greater	KA	\$ 249.00
E2616	Positioning wheelchair back cushion posterior-lateral width 22 inches or greater	RB	\$ 249.00
E2616	Positioning wheelchair back cushion posterior-lateral width 22 inches or greater	RR	\$ 33.20
E2619	Replacement cover for wheelchair seat cushion or back cushion each		\$ 41.44
E2619	Replacement cover for wheelchair seat cushion or back cushion each	RB	\$ 41.44
E2619	Replacement cover for wheelchair seat cushion or back cushion each	RR	\$ 4.14
E2620	Positioning wheelchair back cushion planar back with lateral supports width less		\$ 251.02
E2620	Positioning wheelchair back cushion planar back with lateral supports width less	KA	\$ 188.27
E2620	Positioning wheelchair back cushion planar back with lateral supports width less	RB	\$ 188.27
E2620	Positioning wheelchair back cushion planar back with lateral supports width less	RR	\$ 25.10
E2621	Positioning wheelchair back cushion planar back with lateral supports width 22 i		\$ 314.70
E2621	Positioning wheelchair back cushion planar back with lateral supports width 22 i	KA	\$ 236.03
E2621	Positioning wheelchair back cushion planar back with lateral supports width 22 i	RB	\$ 236.03
E2621	Positioning wheelchair back cushion planar back with lateral supports width 22 i	RR	\$ 31.47
E2622	Skin protection wheelchair seat cushion adjustable width less than 22 inches any		\$ 241.99
E2622	Skin protection wheelchair seat cushion adjustable width less than 22 inches any	KA	\$ 181.49
E2622	Skin protection wheelchair seat cushion adjustable width less than 22 inches any	RB	\$ 181.49
E2622	Skin protection wheelchair seat cushion adjustable width less than 22 inches any	RR	\$ 24.20
E2623	Skin protection wheelchair seat cushion adjustable width 22 inches or greater an		\$ 307.92
E2623	Skin protection wheelchair seat cushion adjustable width 22 inches or greater an	KA	\$ 230.94

Medical Equipment Devices and Supplies (MEDS) Reimbursement Rates Effective April 1, 2018

Procedure Code	Description	Modifier	New Medicaid Rates
E2623	Skin protection wheelchair seat cushion adjustable width 22 inches or greater an	RB	\$ 230.94
E2623	Skin protection wheelchair seat cushion adjustable width 22 inches or greater an	RR	\$ 30.79
E2624	Skin protection and positioning wheelchair seat cushion adjustable width less th		\$ 243.98
E2624	Skin protection and positioning wheelchair seat cushion adjustable width less th	KA	\$ 182.99
E2624	Skin protection and positioning wheelchair seat cushion adjustable width less th	RB	\$ 182.99
E2624	Skin protection and positioning wheelchair seat cushion adjustable width less th	RR	\$ 24.40
E2625	Skin protection and positioning wheelchair seat cushion adjustable width 22 inch		\$ 308.86
E2625	Skin protection and positioning wheelchair seat cushion adjustable width 22 inch	KA	\$ 231.65
E2625	Skin protection and positioning wheelchair seat cushion adjustable width 22 inch	RB	\$ 231.65
E2625	Skin protection and positioning wheelchair seat cushion adjustable width 22 inch	RR	\$ 30.89
E2626	Wheelchair accessory shoulder elbow mobile arm support attached to wheelchair b		\$ 538.74
E2626	Wheelchair accessory shoulder elbow mobile arm support attached to wheelchair b	KA	\$ 404.06
E2626	Wheelchair accessory shoulder elbow mobile arm support attached to wheelchair b	RB	\$ 404.06
E2626	Wheelchair accessory shoulder elbow mobile arm support attached to wheelchair b	RR	\$ 53.87
E2627	Wheelchair accessory shoulder elbow mobile arm support attached to wheelchair b		\$ 859.65
E2627	Wheelchair accessory shoulder elbow mobile arm support attached to wheelchair b	KA	\$ 644.74
E2627	Wheelchair accessory shoulder elbow mobile arm support attached to wheelchair b	RB	\$ 644.74
E2627	Wheelchair accessory shoulder elbow mobile arm support attached to wheelchair b	RR	\$ 85.97
E2628	Wheelchair accessory shoulder elbow mobile arm support attached to wheelchair b		\$ 647.61
E2628	Wheelchair accessory shoulder elbow mobile arm support attached to wheelchair b	KA	\$ 482.71
E2628	Wheelchair accessory shoulder elbow mobile arm support attached to wheelchair b	RB	\$ 482.71
E2628	Wheelchair accessory shoulder elbow mobile arm support attached to wheelchair b	RR	\$ 64.76
E2629	Wheelchair accessory shoulder elbow mobile arm support attached to wheelchair b		\$ 819.54
E2629	Wheelchair accessory shoulder elbow mobile arm support attached to wheelchair b	KA	\$ 622.85
E2629	Wheelchair accessory shoulder elbow mobile arm support attached to wheelchair b	RB	\$ 622.85
E2629	Wheelchair accessory shoulder elbow mobile arm support attached to wheelchair b	RR	\$ 81.95
E2630	Wheelchair accessory shoulder elbow mobile arm support monosuspension arm an		\$ 573.10
E2630	Wheelchair accessory shoulder elbow mobile arm support monosuspension arm an	KA	\$ 429.83
E2630	Wheelchair accessory shoulder elbow mobile arm support monosuspension arm an	RB	\$ 429.83
E2630	Wheelchair accessory shoulder elbow mobile arm support monosuspension arm an	RR	\$ 57.31
E2631	Wheelchair accessory addition to mobile arm support elevating proximal arm		\$ 229.25
E2631	Wheelchair accessory addition to mobile arm support elevating proximal arm	KA	\$ 171.94
E2631	Wheelchair accessory addition to mobile arm support elevating proximal arm	RB	\$ 171.94
E2631	Wheelchair accessory addition to mobile arm support elevating proximal arm	RR	\$ 22.93
E2632	Wheelchair accessory addition to mobile arm support offset or lateral rocker arm		\$ 145.77
E2632	Wheelchair accessory addition to mobile arm support offset or lateral rocker arm	KA	\$ 109.33
E2632	Wheelchair accessory addition to mobile arm support offset or lateral rocker arm	RB	\$ 109.33
E2632	Wheelchair accessory addition to mobile arm support offset or lateral rocker arm	RR	\$ 14.58
E2633	Wheelchair accessory addition to mobile arm support supinator		\$ 123.64
E2633	Wheelchair accessory addition to mobile arm support supinator	KA	\$ 92.73
E2633	Wheelchair accessory addition to mobile arm support supinator	RB	\$ 92.73
E2633	Wheelchair accessory addition to mobile arm support supinator	RR	\$ 12.36
K0001	Standard wheelchair		\$ 140.33
K0001	Standard wheelchair	RR	\$ 14.03
K0002	Standard hemi (low seat) wheelchair		\$ 219.83
K0002	Standard hemi (low seat) wheelchair	RR	\$ 21.98
K0003	Lightweight wheelchair		\$ 206.10
K0003	Lightweight wheelchair	RR	\$ 20.61
K0004	High strength lightweight wheelchair		\$ 272.33
K0004	High strength lightweight wheelchair	RR	\$ 27.23
K0005	Ultralightweight wheelchair		\$ 1,492.88
K0005	Ultralightweight wheelchair	RR	\$ 149.29

Medical Equipment Devices and Supplies (MEDS) Reimbursement Rates Effective April 1, 2018

Procedure Code	Description	Modifier	New Medicaid Rates
K0006	Heavy duty wheelchair		\$ 397.28
K0006	Heavy duty wheelchair	RR	\$ 39.73
K0007	Extra heavy duty wheelchair		\$ 548.48
K0007	Extra heavy duty wheelchair	RR	\$ 54.85
K0010	Standard - weight frame motorized/power wheelchair		\$ 3,439.86
K0010	Standard - weight frame motorized/power wheelchair	RR	\$ 343.99
K0011	Standard - weight frame motorized/power wheelchair with programmable control p		\$ 4,136.68
K0011	Standard - weight frame motorized/power wheelchair with programmable control p	RR	\$ 413.67
K0012	Lightweight portable motorized/power wheelchair		\$ 2,623.71
K0012	Lightweight portable motorized/power wheelchair	RR	\$ 262.37
K0015	Detachable non-adjustable height armrest replacement only each		\$ 91.20
K0015	Detachable non-adjustable height armrest replacement only each	RB	\$ 91.20
K0015	Detachable non-adjustable height armrest replacement only each	RR	\$ 69.31
K0017	Detachable adjustable height armrest base replacement only each		\$ 41.27
K0017	Detachable adjustable height armrest base replacement only each	KA	\$ 30.95
K0017	Detachable adjustable height armrest base replacement only each	RB	\$ 30.95
K0017	Detachable adjustable height armrest base replacement only each	RR	\$ 4.34
K0018	Detachable adjustable height armrest upper portion replacement only each		\$ 23.06
K0018	Detachable adjustable height armrest upper portion replacement only each	KA	\$ 17.30
K0018	Detachable adjustable height armrest upper portion replacement only each	RB	\$ 17.30
K0018	Detachable adjustable height armrest upper portion replacement only each	RR	\$ 2.41
K0019	Arm pad replacement only each		\$ 9.84
K0019	Arm pad replacement only each	KA	\$ 7.38
K0019	Arm pad replacement only each	RB	\$ 7.38
K0019	Arm pad replacement only each	RR	\$ 0.98
K0020	Fixed adjustable height armrest pair		\$ 37.52
K0020	Fixed adjustable height armrest pair	KA	\$ 28.14
K0020	Fixed adjustable height armrest pair	RB	\$ 28.14
K0020	Fixed adjustable height armrest pair	RR	\$ 3.75
K0037	High mount flip-up footrest replacement only each		\$ 38.89
K0037	High mount flip-up footrest replacement only each	KA	\$ 29.17
K0037	High mount flip-up footrest replacement only each	RB	\$ 29.17
K0037	High mount flip-up footrest replacement only each	RR	\$ 3.66
K0038	Leg strap each		\$ 19.59
K0038	Leg strap each	RB	\$ 14.69
K0038	Leg strap each	RR	\$ 1.96
K0039	Leg strap h style each		\$ 43.51
K0039	Leg strap h style each	KA	\$ 32.63
K0039	Leg strap h style each	RB	\$ 32.63
K0039	Leg strap h style each	RR	\$ 4.35
K0040	Adjustable angle footplate each		\$ 35.45
K0040	Adjustable angle footplate each	KA	\$ 26.59
K0040	Adjustable angle footplate each	RB	\$ 26.59
K0040	Adjustable angle footplate each	RR	\$ 3.55
K0041	Large size footplate each		\$ 42.73
K0041	Large size footplate each	KA	\$ 32.05
K0041	Large size footplate each	RB	\$ 32.05
K0041	Large size footplate each	RR	\$ 4.27
K0042	Standard size footplate replacement only each		\$ 29.42
K0042	Standard size footplate replacement only each	KA	\$ 22.07
K0042	Standard size footplate replacement only each	RB	\$ 22.07
K0042	Standard size footplate replacement only each	RR	\$ 3.09

Medical Equipment Devices and Supplies (MEDS) Reimbursement Rates Effective April 1, 2018

Procedure Code	Description	Modifier	New Medicaid Rates
K0043	Footrest lower extension tube replacement only each		\$ 15.77
K0043	Footrest lower extension tube replacement only each	KA	\$ 11.83
K0043	Footrest lower extension tube replacement only each	RB	\$ 11.83
K0043	Footrest lower extension tube replacement only each	RR	\$ 1.58
K0044	Footrest upper hanger bracket replacement only each		\$ 13.43
K0044	Footrest upper hanger bracket replacement only each	KA	\$ 10.07
K0044	Footrest upper hanger bracket replacement only each	RB	\$ 10.07
K0044	Footrest upper hanger bracket replacement only each	RR	\$ 1.34
K0045	Footrest complete assembly replacement only each		\$ 45.72
K0045	Footrest complete assembly replacement only each	RB	\$ 34.29
K0045	Footrest complete assembly replacement only each	RR	\$ 4.57
K0046	Elevating legrest lower extension tube replacement only each		\$ 15.77
K0046	Elevating legrest lower extension tube replacement only each	RB	\$ 11.83
K0046	Elevating legrest lower extension tube replacement only each	RR	\$ 1.58
K0047	Elevating legrest upper hanger bracket replacement only each		\$ 61.76
K0047	Elevating legrest upper hanger bracket replacement only each	KA	\$ 46.32
K0047	Elevating legrest upper hanger bracket replacement only each	RB	\$ 46.32
K0047	Elevating legrest upper hanger bracket replacement only each	RR	\$ 6.18
K0050	Ratchet assembly replacement only		\$ 26.25
K0050	Ratchet assembly replacement only	RB	\$ 19.69
K0050	Ratchet assembly replacement only	RR	\$ 2.75
K0051	Cam release assembly footrest or legrest replacement only each		\$ 42.48
K0051	Cam release assembly footrest or legrest replacement only each	RB	\$ 31.86
K0051	Cam release assembly footrest or legrest replacement only each	RR	\$ 4.25
K0052	Swingaway detachable footrests replacement only each		\$ 45.94
K0052	Swingaway detachable footrests replacement only each	KA	\$ 34.46
K0052	Swingaway detachable footrests replacement only each	RB	\$ 34.46
K0052	Swingaway detachable footrests replacement only each	RR	\$ 4.60
K0053	Elevating footrests articulating (telescoping) each		\$ 82.37
K0053	Elevating footrests articulating (telescoping) each	KA	\$ 49.42
K0053	Elevating footrests articulating (telescoping) each	RB	\$ 49.42
K0053	Elevating footrests articulating (telescoping) each	RR	\$ 8.66
K0056	Seat height less than 17" or equal to or greater than 21" for a high strength		\$ 76.80
K0056	Seat height less than 17" or equal to or greater than 21" for a high strength	KA	\$ 46.08
K0056	Seat height less than 17" or equal to or greater than 21" for a high strength	RB	\$ 46.08
K0056	Seat height less than 17" or equal to or greater than 21" for a high strength	RR	\$ 7.68
K0065	Spoke protectors each		\$ 35.90
K0065	Spoke protectors each	KA	\$ 26.93
K0065	Spoke protectors each	RB	\$ 26.93
K0065	Spoke protectors each	RR	\$ 3.59
K0069	Rear wheel assembly complete with solid tire spokes or molded replacement only e		\$ 80.68
K0069	Rear wheel assembly complete with solid tire spokes or molded replacement only e	KA	\$ 48.41
K0069	Rear wheel assembly complete with solid tire spokes or molded replacement only e	RB	\$ 48.41
K0069	Rear wheel assembly complete with solid tire spokes or molded replacement only e	RR	\$ 8.07
K0070	Rear wheel assembly complete with pneumatic tire spokes or molded replacement		\$ 105.08
K0070	Rear wheel assembly complete with pneumatic tire spokes or molded replacement	KA	\$ 79.86
K0070	Rear wheel assembly complete with pneumatic tire spokes or molded replacement	RB	\$ 79.86
K0070	Rear wheel assembly complete with pneumatic tire spokes or molded replacement	RR	\$ 10.51
K0071	Front caster assembly complete with pneumatic tire replacement only each		\$ 88.22
K0071	Front caster assembly complete with pneumatic tire replacement only each	RB	\$ 66.17
K0071	Front caster assembly complete with pneumatic tire replacement only each	RR	\$ 8.82
K0072	Front caster assembly complete with semi-pneumatic tire replacement only each		\$ 53.11

Medical Equipment Devices and Supplies (MEDS) Reimbursement Rates Effective April 1, 2018

Procedure Code	Description	Modifier	New Medicaid Rates
K0072	Front caster assembly complete with semi-pneumatic tire replacement only each	RB	\$ 39.83
K0072	Front caster assembly complete with semi-pneumatic tire replacement only each	RR	\$ 5.58
K0073	Caster pin lockeach		\$ 28.10
K0073	Caster pin lockeach	RB	\$ 21.08
K0073	Caster pin lockeach	RR	\$ 2.81
K0077	Front caster assembly complete with solid tire replacement only each		\$ 35.21
K0077	Front caster assembly complete with solid tire replacement only each	KA	\$ 26.40
K0077	Front caster assembly complete with solid tire replacement only each	RB	\$ 26.40
K0077	Front caster assembly complete with solid tire replacement only each	RR	\$ 3.52
K0098	Drive belt for power wheelchair replacement only		\$ 21.97
K0098	Drive belt for power wheelchair replacement only	KA	\$ 16.48
K0098	Drive belt for power wheelchair replacement only	RB	\$ 16.48
K0098	Drive belt for power wheelchair replacement only	RR	\$ 2.31
K0105	Iv hanger each		\$ 80.29
K0105	Iv hanger each	KA	\$ 60.22
K0105	Iv hanger each	RB	\$ 60.22
K0105	Iv hanger each	RR	\$ 8.44
K0108	Wheelchair component or accessory not otherwise specified	KA	\$ 1,000.00
K0108	Wheelchair component or accessory not otherwise specified	RB	\$ 1,000.00
K0195	Elevating leg rests pair (for use with capped rental wheelchair base)		\$ 76.65
K0195	Elevating leg rests pair (for use with capped rental wheelchair base)	KA	\$ 58.25
K0195	Elevating leg rests pair (for use with capped rental wheelchair base)	RB	\$ 58.25
K0195	Elevating leg rests pair (for use with capped rental wheelchair base)	RR	\$ 7.67
K0552	Supplies for external non-insulin drug infusion pump syringe type cartridge ster		\$ 2.25
K0601	Replacement battery for external infusion pump owned by patient silver oxide 1.5		\$ 0.94
K0602	Replacement battery for external infusion pump owned by patient silver oxide 3 v		\$ 5.41
K0603	Replacement battery for external infusion pump owned by patient alkaline 1.5 vol		\$ 0.48
K0604	Replacement battery for external infusion pump owned by patient lithium 3.6 volt		\$ 5.18
K0605	Replacement battery for external infusion pump owned by patient lithium 4.5 volt		\$ 12.41
K0606	Automatic external defibrillator with integrated electrocardiogram analysis garm		\$ 17,216.78
K0606	Automatic external defibrillator with integrated electrocardiogram analysis garm	RB	\$ 10,330.06
K0606	Automatic external defibrillator with integrated electrocardiogram analysis garm	RR	\$ 1,721.68
K0607	Replacement battery for automated external defibrillator garment type only each		\$ 155.19
K0608	Replacement garment for use with automated external defibrillator each		\$ 103.03
K0609	Replacement electrodes for use with automated external defibrillator garment typ		\$ 685.18
K0672	Addition to lower extremity orthosis removable soft interface all components rep		\$ 63.68
K0730	Controlled dose inhalation drug delivery system		\$ 1,586.63
K0730	Controlled dose inhalation drug delivery system	RB	\$ 951.00
K0730	Controlled dose inhalation drug delivery system	RR	\$ 158.66
K0733	Power wheelchair accessory 12 to 24 amp hour sealed lead acid battery each (e.g.		\$ 24.40
K0733	Power wheelchair accessory 12 to 24 amp hour sealed lead acid battery each (e.g.	RB	\$ 15.88
K0733	Power wheelchair accessory 12 to 24 amp hour sealed lead acid battery each (e.g.	RR	\$ 2.44
K0738	Portable gaseous oxygen system rental; home compressor used to fill portable oxy	RR	\$ 29.76
K0739	Repair or nonroutine service for durable medical equipment other than oxygen equ		\$ 19.91
K0739	Repair or nonroutine service for durable medical equipment other than oxygen equ	KA	\$ 19.91
K0739	Repair or nonroutine service for durable medical equipment other than oxygen equ	RB	\$ 19.91
K0740	Repair or nonroutine service for oxygen equipment requiring the skill of a techn		\$ 19.91
K0740	Repair or nonroutine service for oxygen equipment requiring the skill of a techn	RB	\$ 19.91
K0800	Power operated vehicle group 1 standard patient weight capacity up to and includ		\$ 602.07
K0800	Power operated vehicle group 1 standard patient weight capacity up to and includ	RR	\$ 60.21
K0801	Power operated vehicle group 1 heavy duty patient weight capacity 301 to 450 pou		\$ 1,119.09
K0801	Power operated vehicle group 1 heavy duty patient weight capacity 301 to 450 pou	RR	\$ 111.91



Medical Equipment Devices and Supplies (MEDS) Reimbursement Rates Effective April 1, 2018

Procedure Code	Description	Modifier	New Medicaid Rates
K0802	Power operated vehicle group 1 very heavy duty patient weight capacity 451 to 60		\$ 1,511.59
K0802	Power operated vehicle group 1 very heavy duty patient weight capacity 451 to 60	RR	\$ 151.16
K0806	Power operated vehicle group 2 standard patient weight capacity up to and includ		\$ 995.39
K0806	Power operated vehicle group 2 standard patient weight capacity up to and includ	RR	\$ 99.54
K0807	Power operated vehicle group 2 heavy duty patient weight capacity 301 to 450 pou		\$ 2,028.96
K0807	Power operated vehicle group 2 heavy duty patient weight capacity 301 to 450 pou	RR	\$ 202.90
K0808	Power operated vehicle group 2 very heavy duty patient weight capacity 451 to 60		\$ 3,139.22
K0808	Power operated vehicle group 2 very heavy duty patient weight capacity 451 to 60	RR	\$ 313.92
K0813	Power wheelchair group 1 standard portable sling/solid seat and back patient wei		\$ 1,227.40
K0813	Power wheelchair group 1 standard portable sling/solid seat and back patient wei	RR	\$ 184.11
K0814	Power wheelchair group 1 standard portable captains chair patient weight capacit		\$ 1,252.95
K0814	Power wheelchair group 1 standard portable captains chair patient weight capacit	RR	\$ 187.94
K0815	Power wheelchair group 1 standard sling/solid seat and back patient weight capac		\$ 1,436.25
K0815	Power wheelchair group 1 standard sling/solid seat and back patient weight capac	KA	\$ 215.44
K0815	Power wheelchair group 1 standard sling/solid seat and back patient weight capac	RR	\$ 215.44
K0816	Power wheelchair group 1 standard captains chair patient weight capacity up to a		\$ 1,281.55
K0816	Power wheelchair group 1 standard captains chair patient weight capacity up to a	RR	\$ 192.23
K0820	Power wheelchair group 2 standard portable sling/solid seat/back patient weight		\$ 1,211.05
K0820	Power wheelchair group 2 standard portable sling/solid seat/back patient weight	RR	\$ 181.66
K0821	Power wheelchair group 2 standard portable captains chair patient weight capacit		\$ 1,281.55
K0821	Power wheelchair group 2 standard portable captains chair patient weight capacit	RR	\$ 192.23
K0822	Power wheelchair group 2 standard sling/solid seat/back patient weight capacity		\$ 1,425.95
K0822	Power wheelchair group 2 standard sling/solid seat/back patient weight capacity	RR	\$ 213.89
K0823	Power wheelchair group 2 standard captains chair patient weight capacity up to a		\$ 1,243.15
K0823	Power wheelchair group 2 standard captains chair patient weight capacity up to a	RR	\$ 186.47
K0824	Power wheelchair group 2 heavy duty sling/solid seat/back patient weight capacit		\$ 1,800.70
K0824	Power wheelchair group 2 heavy duty sling/solid seat/back patient weight capacit	RR	\$ 270.11
K0825	Power wheelchair group 2 heavy duty captains chair patient weight capacity 301 t		\$ 1,773.30
K0825	Power wheelchair group 2 heavy duty captains chair patient weight capacity 301 t	RR	\$ 266.00
K0826	Power wheelchair group 2 very heavy duty sling/solid seat/back patient weight ca		\$ 2,991.90
K0826	Power wheelchair group 2 very heavy duty sling/solid seat/back patient weight ca	RR	\$ 448.79
K0827	Power wheelchair group 2 very heavy duty captains chair patient weight capacity		\$ 2,747.50
K0827	Power wheelchair group 2 very heavy duty captains chair patient weight capacity	RR	\$ 412.13
K0828	Power wheelchair group 2 extra heavy duty sling/solid seat/back patient weight c		\$ 5,906.53
K0828	Power wheelchair group 2 extra heavy duty sling/solid seat/back patient weight c	RR	\$ 590.65
K0829	Power wheelchair group 2 extra heavy duty captains chair patient weight 601 poun		\$ 5,423.84
K0829	Power wheelchair group 2 extra heavy duty captains chair patient weight 601 poun	RR	\$ 542.38
K0830	Power wheelchair group 2 standard seat elevator sling/solid seat/back patient we		\$ 3,145.78
K0830	Power wheelchair group 2 standard seat elevator sling/solid seat/back patient we	RR	\$ 314.58
K0831	Power wheelchair group 2 standard seat elevator captains chair patient weight ca		\$ 3,145.78
K0831	Power wheelchair group 2 standard seat elevator captains chair patient weight ca	RR	\$ 314.58
K0835	Power wheelchair group 2 standard single power option sling/solid seat/back pati		\$ 1,705.05
K0835	Power wheelchair group 2 standard single power option sling/solid seat/back pati	RR	\$ 255.76
K0836	Power wheelchair group 2 standard single power option captains chair patient wei		\$ 1,768.50
K0836	Power wheelchair group 2 standard single power option captains chair patient wei	RR	\$ 265.28
K0837	Power wheelchair group 2 heavy duty single power option sling/solid seat/back pa		\$ 2,186.90
K0837	Power wheelchair group 2 heavy duty single power option sling/solid seat/back pa	RR	\$ 328.04
K0838	Power wheelchair group 2 heavy duty single power option captains chair patient w		\$ 1,938.35
K0838	Power wheelchair group 2 heavy duty single power option captains chair patient w	RR	\$ 290.75
K0839	Power wheelchair group 2 very heavy duty single power option sling/solid seat/ba		\$ 2,904.95
K0839	Power wheelchair group 2 very heavy duty single power option sling/solid seat/ba	RR	\$ 435.74
K0840	Power wheelchair group 2 extra heavy duty single power option sling/solid seat/b		\$ 4,460.10

Medical Equipment Devices and Supplies (MEDS) Reimbursement Rates Effective April 1, 2018

Procedure Code	Description	Modifier	New Medicaid Rates
K0840	Power wheelchair group 2 extra heavy duty single power option sling/solid seat/b	RR	\$ 669.02
K0841	Power wheelchair group 2 standard multiple power option sling/solid seat/back pa		\$ 1,921.45
K0841	Power wheelchair group 2 standard multiple power option sling/solid seat/back pa	RR	\$ 288.22
K0842	Power wheelchair group 2 standard multiple power option captains chair patient w		\$ 1,918.65
K0842	Power wheelchair group 2 standard multiple power option captains chair patient w	RR	\$ 287.80
K0843	Power wheelchair group 2 heavy duty multiple power option sling/solid seat/back		\$ 2,277.70
K0843	Power wheelchair group 2 heavy duty multiple power option sling/solid seat/back	RR	\$ 341.66
K0848	Power wheelchair group 3 standard sling/solid seat/back patient weight capacity		\$ 4,645.69
K0848	Power wheelchair group 3 standard sling/solid seat/back patient weight capacity	RR	\$ 464.57
K0849	Power wheelchair group 3 standard captains chair patient weight capacity up to a		\$ 4,343.97
K0849	Power wheelchair group 3 standard captains chair patient weight capacity up to a	RR	\$ 434.40
K0850	Power wheelchair group 3 heavy duty sling/solid seat/back patient weight capacit		\$ 5,249.61
K0850	Power wheelchair group 3 heavy duty sling/solid seat/back patient weight capacit	RR	\$ 524.96
K0851	Power wheelchair group 3 heavy duty captains chair patient weight capacity 301 t		\$ 4,908.94
K0851	Power wheelchair group 3 heavy duty captains chair patient weight capacity 301 t	RR	\$ 490.89
K0852	Power wheelchair group 3 very heavy duty sling/solid seat/back patient weight ca		\$ 6,055.59
K0852	Power wheelchair group 3 very heavy duty sling/solid seat/back patient weight ca	RR	\$ 605.56
K0853	Power wheelchair group 3 very heavy duty captains chair patient weight capacity		\$ 6,220.60
K0853	Power wheelchair group 3 very heavy duty captains chair patient weight capacity	RR	\$ 622.06
K0854	Power wheelchair group 3 extra heavy duty sling/solid seat/back patient weight c		\$ 8,240.97
K0854	Power wheelchair group 3 extra heavy duty sling/solid seat/back patient weight c	RR	\$ 824.10
K0855	Power wheelchair group 3 extra heavy duty captains chair patient weight capacity		\$ 7,784.87
K0855	Power wheelchair group 3 extra heavy duty captains chair patient weight capacity	RR	\$ 778.49
K0856	Power wheelchair group 3 standard single power option sling/solid seat/back pati		\$ 4,849.85
K0856	Power wheelchair group 3 standard single power option sling/solid seat/back pati	RR	\$ 484.99
K0857	Power wheelchair group 3 standard single power option captains chair patient wei		\$ 4,947.03
K0857	Power wheelchair group 3 standard single power option captains chair patient wei	RR	\$ 494.70
K0858	Power wheelchair group 3 heavy duty single power option sling/solid seat/back pa		\$ 6,017.11
K0858	Power wheelchair group 3 heavy duty single power option sling/solid seat/back pa	RR	\$ 601.71
K0859	Power wheelchair group 3 heavy duty single power option captains chair patient w		\$ 5,590.09
K0859	Power wheelchair group 3 heavy duty single power option captains chair patient w	RR	\$ 559.01
K0860	Power wheelchair group 3 very heavy duty single power option sling/solid seat/ba		\$ 8,596.27
K0860	Power wheelchair group 3 very heavy duty single power option sling/solid seat/ba	RR	\$ 859.63
K0861	Power wheelchair group 3 standard multiple power option sling/solid seat/back pa		\$ 4,857.64
K0861	Power wheelchair group 3 standard multiple power option sling/solid seat/back pa	RR	\$ 485.76
K0862	Power wheelchair group 3 heavy duty multiple power option sling/solid seat/back		\$ 6,017.11
K0862	Power wheelchair group 3 heavy duty multiple power option sling/solid seat/back	RR	\$ 601.71
K0863	Power wheelchair group 3 very heavy duty multiple power option sling/solid seat/		\$ 8,596.27
K0863	Power wheelchair group 3 very heavy duty multiple power option sling/solid seat/	RR	\$ 859.63
K0864	Power wheelchair group 3 extra heavy duty multiple power option sling/solid seat		\$ 10,229.70
K0864	Power wheelchair group 3 extra heavy duty multiple power option sling/solid seat	RR	\$ 1,022.97
L0112	Cranial cervical orthosis congenital torticollis type with or without soft inter		\$ 997.37
L0112	Cranial cervical orthosis congenital torticollis type with or without soft inter	RB	\$ 100.00
L0113	Cranial cervical orthosis torticollis type with or without joint with or without		\$ 219.65
L0113	Cranial cervical orthosis torticollis type with or without joint with or without	RB	\$ 100.00
L0120	Cervical flexible non-adjustable prefabricated off-the-shelf (foam collar)		\$ 19.79
L0130	Cervical flexible thermoplastic collar molded to patient		\$ 121.69
L0140	Cervical semi-rigid adjustable (plastic collar)		\$ 52.47
L0150	Cervical semi-rigid adjustable molded chin cup (plastic collar with mandibular/o		\$ 80.60
L0160	Cervical semi-rigid wire frame occipital/mandibular support prefabricated off-th		\$ 132.39
L0170	Cervical collar molded to patient model		\$ 521.38
L0172	Cervical collar semi-rigid thermoplastic foam two-piece prefabricated off-the-sh		\$ 94.70

Medical Equipment Devices and Supplies (MEDS) Reimbursement Rates Effective April 1, 2018

Procedure Code	Description	Modifier	New Medicaid Rates
L0174	Cervical collar semi-rigid thermoplastic foam two piece with thoracic extension		\$ 232.21
L0180	Cervical multiple post collar occipital/mandibular supports adjustable		\$ 313.22
L0180	Cervical multiple post collar occipital/mandibular supports adjustable	RB	\$ 100.00
L0190	Cervical multiple post collar occipital/mandibular supports adjustable cervical		\$ 379.57
L0190	Cervical multiple post collar occipital/mandibular supports adjustable cervical	RB	\$ 100.00
L0200	Cervical multiple post collar occipital/mandibular supports adjustable cervical		\$ 385.17
L0200	Cervical multiple post collar occipital/mandibular supports adjustable cervical	RB	\$ 100.00
L0220	Thoracic rib belt custom fabricated		\$ 91.35
L0450	Tlso flexible provides trunk support upper thoracic region produces intracavitar		\$ 146.92
L0452	Tlso flexible provides trunk support upper thoracic region produces intracavitar		\$ 280.57
L0452	Tlso flexible provides trunk support upper thoracic region produces intracavitar	RB	\$ 100.00
L0454	Tlso flexible provides trunk support extends from sacrococcygeal junction to abo		\$ 247.14
L0454	Tlso flexible provides trunk support extends from sacrococcygeal junction to abo	RB	\$ 100.00
L0456	Tlso flexible provides trunk support thoracic region rigid posterior panel and s		\$ 708.74
L0456	Tlso flexible provides trunk support thoracic region rigid posterior panel and s	RB	\$ 100.00
L0460	Tlso triplanar control modular segmented spinal system two rigid plastic shells		\$ 715.32
L0460	Tlso triplanar control modular segmented spinal system two rigid plastic shells	RB	\$ 100.00
L0466	Tlso sagittal control rigid posterior frame and flexible soft anterior apron wit		\$ 278.66
L0466	Tlso sagittal control rigid posterior frame and flexible soft anterior apron wit	RB	\$ 100.00
L0468	Tlso sagittal-coronal control rigid posterior frame and flexible soft anterior a		\$ 353.10
L0468	Tlso sagittal-coronal control rigid posterior frame and flexible soft anterior a	RB	\$ 100.00
L0470	Tlso triplanar control rigid posterior frame and flexible soft anterior apron wi		\$ 501.49
L0470	Tlso triplanar control rigid posterior frame and flexible soft anterior apron wi	RB	\$ 100.00
L0472	Tlso triplanar control hyperextension rigid anterior and lateral frame extends f		\$ 305.55
L0472	Tlso triplanar control hyperextension rigid anterior and lateral frame extends f	RB	\$ 100.00
L0480	Tlso triplanar control one piece rigid plastic shell without interface liner wit		\$ 1,062.07
L0480	Tlso triplanar control one piece rigid plastic shell without interface liner wit	RB	\$ 100.00
L0482	Tlso triplanar control one piece rigid plastic shell with interface liner multip		\$ 1,156.63
L0482	Tlso triplanar control one piece rigid plastic shell with interface liner multip	RB	\$ 100.00
L0484	Tlso triplanar control two piece rigid plastic shell without interface liner wit		\$ 1,502.24
L0484	Tlso triplanar control two piece rigid plastic shell without interface liner wit	RB	\$ 100.00
L0486	Tlso triplanar control two piece rigid plastic shell with interface liner multip		\$ 1,593.80
L0486	Tlso triplanar control two piece rigid plastic shell with interface liner multip	RB	\$ 100.00
L0488	Tlso triplanar control one piece rigid plastic shell with interface liner multip		\$ 715.32
L0488	Tlso triplanar control one piece rigid plastic shell with interface liner multip	RB	\$ 100.00
L0490	Tlso sagittal-coronal control one piece rigid plastic shell with overlapping rei		\$ 201.58
L0490	Tlso sagittal-coronal control one piece rigid plastic shell with overlapping rei	RB	\$ 100.00
L0491	Tlso sagittal-coronal control modular segmented spinal system two rigid plastic		\$ 547.28
L0491	Tlso sagittal-coronal control modular segmented spinal system two rigid plastic	RB	\$ 100.00
L0492	Tlso sagittal-coronal control modular segmented spinal system three rigid plasti		\$ 355.36
L0492	Tlso sagittal-coronal control modular segmented spinal system three rigid plasti	RB	\$ 100.00
L0621	Sacroiliac orthosis flexible provides pelvic-sacral support reduces motion about		\$ 68.78
L0622	Sacroiliac orthosis flexible provides pelvic-sacral support reduces motion about		\$ 218.38
L0622	Sacroiliac orthosis flexible provides pelvic-sacral support reduces motion about	RB	\$ 100.00
L0625	Lumbar orthosis flexible provides lumbar support posterior extends from l-1 to b		\$ 39.26
L0626	Lumbar orthosis sagittal control with rigid posterior panel(s) posterior extends		\$ 55.56
L0627	Lumbar orthosis sagittal control with rigid anterior and posterior panels poster		\$ 263.98
L0627	Lumbar orthosis sagittal control with rigid anterior and posterior panels poster	RB	\$ 100.00
L0628	Lumbar-sacral orthosis flexible provides lumbo-sacral support posterior extends		\$ 59.79
L0630	Lumbar-sacral orthosis sagittal control with rigid posterior panel(s) posterior		\$ 115.43
L0631	Lumbar-sacral orthosis sagittal control with rigid anterior and posterior panels		\$ 658.72
L0631	Lumbar-sacral orthosis sagittal control with rigid anterior and posterior panels	RB	\$ 100.00

Medical Equipment Devices and Supplies (MEDS) Reimbursement Rates Effective April 1, 2018

Procedure Code	Description	Modifier	New Medicaid Rates
L0633	Lumbar-sacral orthosis sagittal-coronal control with rigid posterior frame/panel		\$ 204.39
L0633	Lumbar-sacral orthosis sagittal-coronal control with rigid posterior frame/panel	RB	\$ 100.00
L0635	Lumbar-sacral orthosis sagittal-coronal control lumbar flexion rigid posterior f		\$ 642.04
L0635	Lumbar-sacral orthosis sagittal-coronal control lumbar flexion rigid posterior f	RB	\$ 100.00
L0636	Lumbar sacral orthosis sagittal-coronal control lumbar flexion rigid posterior f		\$ 950.89
L0636	Lumbar sacral orthosis sagittal-coronal control lumbar flexion rigid posterior f	RB	\$ 100.00
L0637	Lumbar-sacral orthosis sagittal-coronal control with rigid anterior and posterio		\$ 752.40
L0637	Lumbar-sacral orthosis sagittal-coronal control with rigid anterior and posterio	RB	\$ 100.00
L0638	Lumbar-sacral orthosis sagittal-coronal control with rigid anterior and posterio		\$ 845.85
L0638	Lumbar-sacral orthosis sagittal-coronal control with rigid anterior and posterio	RB	\$ 100.00
L0639	Lumbar-sacral orthosis sagittal-coronal control rigid shell(s)/panel(s) posterior		\$ 752.40
L0639	Lumbar-sacral orthosis sagittal-coronal control rigid shell(s)/panel(s) posterior	RB	\$ 100.00
L0640	Lumbar-sacral orthosis sagittal-coronal control rigid shell(s)/panel(s) posterior		\$ 670.00
L0640	Lumbar-sacral orthosis sagittal-coronal control rigid shell(s)/panel(s) posterior	RB	\$ 100.00
L0641	Lumbar orthosis sagittal control with rigid posterior panel(s) posterior extends		\$ 55.56
L0642	Lumbar orthosis sagittal control with rigid anterior and posterior panels poster		\$ 263.98
L0642	Lumbar orthosis sagittal control with rigid anterior and posterior panels poster	RB	\$ 100.00
L0643	Lumbar-sacral orthosis sagittal control with rigid posterior panel(s) posterior		\$ 115.43
L0649	Lumbar-sacral orthosis sagittal-coronal control with rigid posterior frame/panel		\$ 204.39
L0649	Lumbar-sacral orthosis sagittal-coronal control with rigid posterior frame/panel	RB	\$ 100.00
L0700	Cervical-thoracic-lumbar-sacral-orthoses (ctlso) anterior-posterior-lateral cont		\$ 1,507.92
L0700	Cervical-thoracic-lumbar-sacral-orthoses (ctlso) anterior-posterior-lateral cont	RB	\$ 100.00
L0710	Ctlso anterior-posterior-lateral-control molded to patient model with interface		\$ 1,557.75
L0710	Ctlso anterior-posterior-lateral-control molded to patient model with interface	RB	\$ 100.00
L0810	Halo procedure cervical halo incorporated into jacket vest		\$ 2,144.13
L0810	Halo procedure cervical halo incorporated into jacket vest	RB	\$ 100.00
L0820	Halo procedure cervical halo incorporated into plaster body jacket		\$ 1,825.95
L0820	Halo procedure cervical halo incorporated into plaster body jacket	RB	\$ 100.00
L0830	Halo procedure cervical halo incorporated into milwaukee type orthosis		\$ 2,374.72
L0830	Halo procedure cervical halo incorporated into milwaukee type orthosis	RB	\$ 100.00
L0859	Addition to halo procedure magnetic resonance image compatible systems rings an		\$ 908.64
L0859	Addition to halo procedure magnetic resonance image compatible systems rings an	RB	\$ 100.00
L0861	Addition to halo procedure replacement liner/interface material		\$ 153.60
L0970	Tlso corset front		\$ 85.24
L0972	Lso corset front		\$ 76.76
L0974	Tlso full corset		\$ 143.02
L0976	Lso full corset		\$ 119.26
L0978	Axillary crutch extension		\$ 143.57
L0980	Peroneal straps prefabricated off-the-shelf pair		\$ 14.76
L0982	Stocking supporter grips prefabricated off-the-shelf set of four (4)		\$ 13.76
L0984	Protective body sock prefabricated off-the-shelf each		\$ 44.65
L1000	Cervical-thoracic-lumbar-sacral orthosis (ctlso) (milwaukee) inclusive of furnis		\$ 1,624.13
L1000	Cervical-thoracic-lumbar-sacral orthosis (ctlso) (milwaukee) inclusive of furnis	RB	\$ 100.00
L1005	Tension based scoliosis orthosis and accessory pads includes fitting and adjustm		\$ 2,280.77
L1005	Tension based scoliosis orthosis and accessory pads includes fitting and adjustm	RB	\$ 100.00
L1010	Addition to cervical-thoracic-lumbar-sacral orthosis (ctlso) or scoliosis orthos		\$ 50.06
L1020	Addition to ctlso or scoliosis orthosis kyphosis pad		\$ 64.47
L1025	Addition to ctlso or scoliosis orthosis kyphosis pad floating		\$ 93.01
L1030	Addition to ctlso or scoliosis orthosis lumbar bolster pad		\$ 47.45
L1040	Addition to ctlso or scoliosis orthosis lumbar or lumbar rib pad		\$ 58.19
L1050	Addition to ctlso or scoliosis orthosis sternal pad		\$ 62.10
L1060	Addition to ctlso or scoliosis orthosis thoracic pad		\$ 71.34

Medical Equipment Devices and Supplies (MEDS) Reimbursement Rates Effective April 1, 2018

Procedure Code	Description	Modifier	New Medicaid Rates
L1070	Addition to ctlso or scoliosis orthosis trapezius sling		\$ 67.11
L1080	Addition to ctlso or scoliosis orthosis outrigger		\$ 41.28
L1085	Addition to ctlso or scoliosis orthosis outrigger bilateral with vertical extens		\$ 114.81
L1090	Addition to ctlso or scoliosis orthosis lumbar sling		\$ 68.37
L1100	Addition to ctlso or scoliosis orthosis ring flange plastic or leather		\$ 122.62
L1110	Addition to ctlso or scoliosis orthosis ring flange plastic or leather molded to		\$ 191.08
L1120	Addition to ctlso scoliosis orthosis cover for upright each		\$ 29.62
L1200	Thoracic-lumbar-sacral-orthosis (tlso) inclusive of furnishing initial orthosis		\$ 1,179.14
L1200	Thoracic-lumbar-sacral-orthosis (tlso) inclusive of furnishing initial orthosis	RB	\$ 100.00
L1210	Addition to tlso (low profile) lateral thoracic extension		\$ 195.17
L1220	Addition to tlso (low profile) anterior thoracic extension		\$ 165.24
L1230	Addition to tlso (low profile) milwaukee type superstructure		\$ 423.99
L1230	Addition to tlso (low profile) milwaukee type superstructure	RB	\$ 100.00
L1240	Addition to tlso (low profile) lumbar derotation pad		\$ 57.91
L1250	Addition to tlso (low profile) anterior asis pad		\$ 53.88
L1260	Addition to tlso (low profile) anterior thoracic derotation pad		\$ 56.42
L1270	Addition to tlso (low profile) abdominal pad		\$ 57.79
L1280	Addition to tlso (low profile) rib gusset (elastic) each		\$ 72.92
L1290	Addition to tlso (low profile) lateral trochanteric pad		\$ 58.62
L1300	Other scoliosis procedure body jacket molded to patient model		\$ 1,245.93
L1300	Other scoliosis procedure body jacket molded to patient model	RB	\$ 100.00
L1310	Other scoliosis procedure post-operative body jacket		\$ 1,282.05
L1310	Other scoliosis procedure post-operative body jacket	RB	\$ 100.00
L1600	Hip orthosis abduction control of hip joints flexible frejka type with cover pre		\$ 98.17
L1610	Hip orthosis abduction control of hip joints flexible (frejka cover only) prefab		\$ 32.75
L1620	Hip orthosis abduction control of hip joints flexible (pavlik harness) prefabric		\$ 99.93
L1630	Hip orthosis abduction control of hip joints semi-flexible (von rosen type) cust		\$ 143.24
L1640	Hip orthosis abduction control of hip joints static pelvic band or spreader bar		\$ 390.05
L1650	Hip orthosis abduction control of hip joints static adjustable (ilflid type) pre		\$ 194.16
L1652	Hip orthosis bilateral thigh cuffs with adjustable abductor spreader bar adult s		\$ 254.02
L1652	Hip orthosis bilateral thigh cuffs with adjustable abductor spreader bar adult s	RB	\$ 100.00
L1660	Hip orthosis abduction control of hip joints static plastic prefabricated includ		\$ 133.39
L1680	Hip orthosis abduction control of hip joints dynamic pelvic control adjustable h		\$ 908.79
L1680	Hip orthosis abduction control of hip joints dynamic pelvic control adjustable h	RB	\$ 100.00
L1685	Hip orthosis abduction control of hip joint postoperative hip abduction type cus		\$ 1,005.49
L1685	Hip orthosis abduction control of hip joint postoperative hip abduction type cus	RB	\$ 100.00
L1686	Hip orthosis abduction control of hip joint postoperative hip abduction type pre		\$ 680.38
L1686	Hip orthosis abduction control of hip joint postoperative hip abduction type pre	RB	\$ 100.00
L1690	Combination bilateral lumbo-sacral hip femur orthosis providing adduction and in		\$ 1,377.98
L1690	Combination bilateral lumbo-sacral hip femur orthosis providing adduction and in	RB	\$ 100.00
L1700	Legg perthes orthosis (toronto type) custom-fabricated		\$ 1,230.26
L1700	Legg perthes orthosis (toronto type) custom-fabricated	RB	\$ 100.00
L1710	Legg perthes orthosis (newington type) custom fabricated		\$ 1,511.13
L1710	Legg perthes orthosis (newington type) custom fabricated	RB	\$ 100.00
L1720	Legg perthes orthosis trilateral (tachdijan type) custom-fabricated		\$ 982.84
L1720	Legg perthes orthosis trilateral (tachdijan type) custom-fabricated	RB	\$ 100.00
L1730	Legg perthes orthosis (scottish rite type) custom-fabricated		\$ 898.45
L1730	Legg perthes orthosis (scottish rite type) custom-fabricated	RB	\$ 100.00
L1755	Legg perthes orthosis (patten bottom type) custom-fabricated		\$ 1,338.34
L1755	Legg perthes orthosis (patten bottom type) custom-fabricated	RB	\$ 100.00
L1810	Knee orthosis elastic with joints prefabricated item that has been trimmed bent		\$ 73.45
L1812	Knee orthosis elastic with joints prefabricated off-the-shelf		\$ 73.45

Medical Equipment Devices and Supplies (MEDS) Reimbursement Rates Effective April 1, 2018

Procedure Code	Description	Modifier	New Medicaid Rates
L1820	Knee orthosis elastic with condylar pads and joints with or without patellar con		\$ 96.71
L1830	Knee orthosis immobilizer canvas longitudinal prefabricated off-the-shelf		\$ 65.25
L1831	Knee orthosis locking knee joint(s) positional orthosis prefabricated includes f		\$ 188.73
L1831	Knee orthosis locking knee joint(s) positional orthosis prefabricated includes f	RB	\$ 100.00
L1832	Knee orthosis adjustable knee joints (unicentric or polycentric) positional orth		\$ 453.26
L1832	Knee orthosis adjustable knee joints (unicentric or polycentric) positional orth	RB	\$ 100.00
L1834	Knee orthosis without knee joint rigid custom-fabricated		\$ 590.19
L1834	Knee orthosis without knee joint rigid custom-fabricated	RB	\$ 100.00
L1836	Knee orthosis rigid without joint(s) includes soft interface material prefabrica		\$ 95.08
L1840	Knee orthosis derotation medial-lateral anterior cruciate ligament custom fabric		\$ 616.81
L1840	Knee orthosis derotation medial-lateral anterior cruciate ligament custom fabric	RB	\$ 100.00
L1843	Knee orthosis single upright thigh and calf with adjustable flexion and extensio		\$ 575.39
L1843	Knee orthosis single upright thigh and calf with adjustable flexion and extensio	RB	\$ 100.00
L1844	Knee orthosis single upright thigh and calf with adjustable flexion and extensio		\$ 1,065.01
L1844	Knee orthosis single upright thigh and calf with adjustable flexion and extensio	RB	\$ 100.00
L1845	Knee orthosis double upright thigh and calf with adjustable flexion and extensio		\$ 548.63
L1845	Knee orthosis double upright thigh and calf with adjustable flexion and extensio	RB	\$ 100.00
L1846	Knee orthosis double upright thigh and calf with adjustable flexion and extensio		\$ 711.88
L1846	Knee orthosis double upright thigh and calf with adjustable flexion and extensio	RB	\$ 100.00
L1847	Knee orthosis double upright with adjustable joint with inflatable air support c		\$ 368.86
L1847	Knee orthosis double upright with adjustable joint with inflatable air support c	RB	\$ 100.00
L1850	Knee orthosis swedish type prefabricated off-the-shelf		\$ 201.45
L1850	Knee orthosis swedish type prefabricated off-the-shelf	RB	\$ 100.00
L1860	Knee orthosis modification of supracondylar prosthetic socket custom-fabricated		\$ 720.36
L1860	Knee orthosis modification of supracondylar prosthetic socket custom-fabricated	RB	\$ 100.00
L1900	Ankle foot orthosis spring wire dorsiflexion assist calf band custom-fabricated		\$ 201.36
L1900	Ankle foot orthosis spring wire dorsiflexion assist calf band custom-fabricated	RB	\$ 100.00
L1902	Ankle orthosis ankle gauntlet or similiar with or without joints prefabricated o		\$ 59.54
L1904	Ankle orthosis ankle gauntlet or similiar with or without joints custom fabricat		\$ 397.52
L1904	Ankle orthosis ankle gauntlet or similiar with or without joints custom fabricat	RB	\$ 100.00
L1906	Ankle foot orthosis multiligamentous ankle support prefabricated off-the-shelf		\$ 89.70
L1907	Ankle orthosis supramalleolar with straps with or without interface/pads custom		\$ 400.97
L1907	Ankle orthosis supramalleolar with straps with or without interface/pads custom	RB	\$ 100.00
L1910	Ankle foot orthosis posterior single bar clasp attachment to shoe counter prefab		\$ 201.00
L1920	Ankle foot orthosis single upright with static or adjustable stop (phelps or per		\$ 294.57
L1920	Ankle foot orthosis single upright with static or adjustable stop (phelps or per	RB	\$ 100.00
L1930	Ankle foot orthosis plastic or other material prefabricated includes fitting and		\$ 176.44
L1930	Ankle foot orthosis plastic or other material prefabricated includes fitting and	RB	\$ 100.00
L1932	Afo rigid anterior tibial section total carbon fiber or equal material prefabric		\$ 635.89
L1932	Afo rigid anterior tibial section total carbon fiber or equal material prefabric	RB	\$ 100.00
L1940	Ankle foot orthosis plastic or other material custom-fabricated		\$ 418.05
L1940	Ankle foot orthosis plastic or other material custom-fabricated	RB	\$ 100.00
L1945	Ankle foot orthosis plastic rigid anterior tibial section (floor reaction) custo		\$ 782.51
L1945	Ankle foot orthosis plastic rigid anterior tibial section (floor reaction) custo	RB	\$ 100.00
L1950	Ankle foot orthosis spiral (institute of rehabilitative medicine type) plastic c		\$ 604.62
L1950	Ankle foot orthosis spiral (institute of rehabilitative medicine type) plastic c	RB	\$ 100.00
L1951	Ankle foot orthosis spiral (institute of rehabilitative medicine type) plastic o		\$ 598.46
L1951	Ankle foot orthosis spiral (institute of rehabilitative medicine type) plastic o	RB	\$ 100.00
L1960	Ankle foot orthosis posterior solid ankle plastic custom-fabricated		\$ 468.55
L1960	Ankle foot orthosis posterior solid ankle plastic custom-fabricated	RB	\$ 100.00
L1970	Ankle foot orthosis plastic with ankle joint custom-fabricated		\$ 601.50
L1970	Ankle foot orthosis plastic with ankle joint custom-fabricated	RB	\$ 100.00

Medical Equipment Devices and Supplies (MEDS) Reimbursement Rates Effective April 1, 2018

Procedure Code	Description	Modifier	New Medicaid Rates
L1971	Ankle foot orthosis plastic or other material with ankle joint prefabricated inc		\$ 334.01
L1971	Ankle foot orthosis plastic or other material with ankle joint prefabricated inc	RB	\$ 100.00
L1980	Ankle foot orthosis single upright free plantar dorsiflexion solid stirrup calf		\$ 300.98
L1980	Ankle foot orthosis single upright free plantar dorsiflexion solid stirrup calf	RB	\$ 100.00
L1990	Ankle foot orthosis double upright free plantar dorsiflexion solid stirrup calf		\$ 358.07
L1990	Ankle foot orthosis double upright free plantar dorsiflexion solid stirrup calf	RB	\$ 100.00
L2000	Knee ankle foot orthosis single upright free knee free ankle solid stirrup thigh		\$ 756.52
L2000	Knee ankle foot orthosis single upright free knee free ankle solid stirrup thigh	RB	\$ 100.00
L2005	Knee ankle foot orthosis any material single or double upright stance control au		\$ 2,920.76
L2005	Knee ankle foot orthosis any material single or double upright stance control au	RB	\$ 100.00
L2010	Knee ankle foot orthosis single upright free ankle solid stirrup thigh and calf		\$ 689.64
L2010	Knee ankle foot orthosis single upright free ankle solid stirrup thigh and calf	RB	\$ 100.00
L2020	Knee ankle foot orthosis double upright free ankle solid stirrup thigh and calf		\$ 941.52
L2020	Knee ankle foot orthosis double upright free ankle solid stirrup thigh and calf	RB	\$ 100.00
L2030	Knee ankle foot orthosis double upright free ankle solid stirrup thigh and calf		\$ 763.62
L2030	Knee ankle foot orthosis double upright free ankle solid stirrup thigh and calf	RB	\$ 100.00
L2034	Knee ankle foot orthosis full plastic single upright with or without free motion		\$ 1,427.95
L2034	Knee ankle foot orthosis full plastic single upright with or without free motion	RB	\$ 100.00
L2035	Knee ankle foot orthosis full plastic static (pediatric size) without free motio		\$ 124.22
L2036	Knee ankle foot orthosis full plastic double upright with or without free motion		\$ 1,568.34
L2036	Knee ankle foot orthosis full plastic double upright with or without free motion	RB	\$ 100.00
L2037	Knee ankle foot orthosis full plastic single upright with or without free motion		\$ 1,407.96
L2037	Knee ankle foot orthosis full plastic single upright with or without free motion	RB	\$ 100.00
L2038	Knee ankle foot orthosis full plastic with or without free motion knee multi-axi		\$ 1,208.58
L2038	Knee ankle foot orthosis full plastic with or without free motion knee multi-axi	RB	\$ 100.00
L2040	Hip knee ankle foot orthosis torsion control bilateral rotation straps pelvic ba		\$ 143.92
L2050	Hip knee ankle foot orthosis torsion control bilateral torsion cables hip joint		\$ 402.68
L2050	Hip knee ankle foot orthosis torsion control bilateral torsion cables hip joint	RB	\$ 100.00
L2060	Hip knee ankle foot orthosis torsion control bilateral torsion cables ball beari		\$ 433.05
L2060	Hip knee ankle foot orthosis torsion control bilateral torsion cables ball beari	RB	\$ 100.00
L2070	Hip knee ankle foot orthosis torsion control unilateral rotation straps pelvic b		\$ 100.31
L2080	Hip knee ankle foot orthosis torsion control unilateral torsion cable hip joint		\$ 304.05
L2080	Hip knee ankle foot orthosis torsion control unilateral torsion cable hip joint	RB	\$ 100.00
L2090	Hip knee ankle foot orthosis torsion control unilateral torsion cable ball beari		\$ 327.06
L2090	Hip knee ankle foot orthosis torsion control unilateral torsion cable ball beari	RB	\$ 100.00
L2106	Ankle foot orthosis fracture orthosis tibial fracture cast orthosis thermoplasti		\$ 574.75
L2106	Ankle foot orthosis fracture orthosis tibial fracture cast orthosis thermoplasti	RB	\$ 100.00
L2108	Ankle foot orthosis fracture orthosis tibial fracture cast orthosis custom-fabri		\$ 873.12
L2108	Ankle foot orthosis fracture orthosis tibial fracture cast orthosis custom-fabri	RB	\$ 100.00
L2112	Ankle foot orthosis fracture orthosis tibial fracture orthosis soft prefabricate		\$ 358.39
L2112	Ankle foot orthosis fracture orthosis tibial fracture orthosis soft prefabricate	RB	\$ 100.00
L2114	Ankle foot orthosis fracture orthosis tibial fracture orthosis semi-rigid prefab		\$ 432.92
L2114	Ankle foot orthosis fracture orthosis tibial fracture orthosis semi-rigid prefab	RB	\$ 100.00
L2116	Ankle foot orthosis fracture orthosis tibial fracture orthosis rigid prefabricat		\$ 555.91
L2116	Ankle foot orthosis fracture orthosis tibial fracture orthosis rigid prefabricat	RB	\$ 100.00
L2126	Knee ankle foot orthosis fracture orthosis femoral fracture cast orthosis thermo		\$ 910.39
L2126	Knee ankle foot orthosis fracture orthosis femoral fracture cast orthosis thermo	RB	\$ 100.00
L2128	Knee ankle foot orthosis fracture orthosis femoral fracture cast orthosis custom		\$ 1,563.06
L2128	Knee ankle foot orthosis fracture orthosis femoral fracture cast orthosis custom	RB	\$ 100.00
L2132	Kafo fracture orthosis femoral fracture cast orthosis soft prefabricated include		\$ 601.67
L2132	Kafo fracture orthosis femoral fracture cast orthosis soft prefabricated include	RB	\$ 100.00
L2134	Kafo fracture orthosis femoral fracture cast orthosis semi-rigid prefabricated i		\$ 753.87

Medical Equipment Devices and Supplies (MEDS) Reimbursement Rates Effective April 1, 2018

Procedure Code	Description	Modifier	New Medicaid Rates
L2134	Kafo fracture orthosis femoral fracture cast orthosis semi-rigid prefabricated i	RB	\$ 100.00
L2136	Kafo fracture orthosis femoral fracture cast orthosis rigid prefabricated includ		\$ 882.07
L2136	Kafo fracture orthosis femoral fracture cast orthosis rigid prefabricated includ	RB	\$ 100.00
L2180	Addition to lower extremity fracture orthosis plastic shoe insert with ankle joi		\$ 87.58
L2182	Addition to lower extremity fracture orthosis drop lock knee joint		\$ 77.44
L2184	Addition to lower extremity fracture orthosis limited motion knee joint		\$ 92.40
L2186	Addition to lower extremity fracture orthosis adjustable motion knee joint lerma		\$ 112.29
L2188	Addition to lower extremity fracture orthosis quadrilateral brim		\$ 238.23
L2188	Addition to lower extremity fracture orthosis quadrilateral brim	RB	\$ 100.00
L2190	Addition to lower extremity fracture orthosis waist belt		\$ 73.82
L2192	Addition to lower extremity fracture orthosis hip joint pelvic band thigh flange		\$ 273.06
L2192	Addition to lower extremity fracture orthosis hip joint pelvic band thigh flange	RB	\$ 100.00
L2200	Addition to lower extremity limited ankle motion each joint		\$ 35.46
L2210	Addition to lower extremity dorsiflexion assist (plantar flexion resist) each jo		\$ 50.14
L2220	Addition to lower extremity dorsiflexion and plantar flexion assist/resist each		\$ 61.09
L2230	Addition to lower extremity split flat caliper stirrups and plate attachment		\$ 57.23
L2232	Addition to lower extremity orthosis rocker bottom for total contact ankle foot		\$ 71.02
L2240	Addition to lower extremity round caliper and plate attachment		\$ 65.24
L2250	Addition to lower extremity foot plate molded to patient model stirrup attachme		\$ 265.03
L2250	Addition to lower extremity foot plate molded to patient model stirrup attachme	RB	\$ 100.00
L2260	Addition to lower extremity reinforced solid stirrup (scott-craig type)		\$ 149.52
L2265	Addition to lower extremity long tongue stirrup		\$ 99.55
L2270	Addition to lower extremity varus/valgus correction ('t') strap padded/lined or		\$ 40.05
L2275	Addition to lower extremity varus/valgus correction plastic modification padded/		\$ 93.55
L2280	Addition to lower extremity molded inner boot		\$ 337.74
L2280	Addition to lower extremity molded inner boot	RB	\$ 100.00
L2300	Addition to lower extremity abduction bar (bilateral hip involvement) jointed a		\$ 200.82
L2310	Addition to lower extremity abduction bar-straight		\$ 91.76
L2320	Addition to lower extremity non-molded lacer for custom fabricated orthosis only		\$ 159.89
L2330	Addition to lower extremity lacer molded to patient model for custom fabricated		\$ 292.88
L2330	Addition to lower extremity lacer molded to patient model for custom fabricated	RB	\$ 100.00
L2335	Addition to lower extremity anterior swing band		\$ 190.31
L2340	Addition to lower extremity pre-tibial shell molded to patient model		\$ 333.36
L2340	Addition to lower extremity pre-tibial shell molded to patient model	RB	\$ 100.00
L2350	Addition to lower extremity prosthetic type (bk) socket molded to patient model		\$ 664.60
L2350	Addition to lower extremity prosthetic type (bk) socket molded to patient model	RB	\$ 100.00
L2360	Addition to lower extremity extended steel shank		\$ 38.59
L2370	Addition to lower extremity patten bottom		\$ 191.47
L2375	Addition to lower extremity torsion control ankle joint and half solid stirrup		\$ 84.27
L2380	Addition to lower extremity torsion control straight knee joint each joint		\$ 91.83
L2385	Addition to lower extremity straight knee joint heavy duty each joint		\$ 108.23
L2387	Addition to lower extremity polycentric knee joint for custom fabricated knee an		\$ 150.86
L2390	Addition to lower extremity offset knee joint each joint		\$ 92.53
L2395	Addition to lower extremity offset knee joint heavy duty each joint		\$ 132.26
L2397	Addition to lower extremity orthosis suspension sleeve		\$ 83.83
L2405	Addition to knee joint drop lock each		\$ 62.13
L2415	Addition to knee lock with integrated release mechanism ( bail cable or equal) a		\$ 86.55
L2425	Addition to knee joint disc or dial lock for adjustable knee flexion each joint		\$ 102.14
L2430	Addition to knee joint ratchet lock for active and progressive knee extension ea		\$ 102.14
L2492	Addition to knee joint lift loop for drop lock ring		\$ 76.06
L2500	Addition to lower extremity thigh/weight bearing gluteal/ ischial weight bearing		\$ 266.67
L2510	Addition to lower extremity thigh/weight bearing quadri- lateral brim molded to		\$ 541.79



Medical Equipment Devices and Supplies (MEDS) Reimbursement Rates Effective April 1, 2018

Procedure Code	Description	Modifier	New Medicaid Rates
L2510	Addition to lower extremity thigh/weight bearing quadri- lateral brim molded to	RB	\$ 100.00
L2520	Addition to lower extremity thigh/weight bearing quadri- lateral brim custom fi		\$ 377.78
L2525	Addition to lower extremity thigh/weight bearing ischial containment/narrow m-l		\$ 1,030.44
L2525	Addition to lower extremity thigh/weight bearing ischial containment/narrow m-l	RB	\$ 100.00
L2526	Addition to lower extremity thigh/weight bearing ischial containment/narrow m-l		\$ 559.99
L2530	Addition to lower extremity thigh-weight bearing lacer non-molded		\$ 175.25
L2540	Addition to lower extremity thigh/weight bearing lacer molded to patient model		\$ 357.38
L2540	Addition to lower extremity thigh/weight bearing lacer molded to patient model	RB	\$ 100.00
L2550	Addition to lower extremity thigh/weight bearing high roll cuff		\$ 214.22
L2570	Addition to lower extremity pelvic control hip joint clevis type two position jo		\$ 355.26
L2580	Addition to lower extremity pelvic control pelvic sling		\$ 346.16
L2600	Addition to lower extremity pelvic control hip joint clevis type or thrust beari		\$ 153.18
L2610	Addition to lower extremity pelvic control hip joint clevis or thrust bearing lo		\$ 181.14
L2620	Addition to lower extremity pelvic control hip joint heavy duty each		\$ 226.02
L2622	Addition to lower extremity pelvic control hip joint adjustable flexion each		\$ 259.09
L2624	Addition to lower extremity pelvic control hip joint adjustable flexion extensio		\$ 246.99
L2627	Addition to lower extremity pelvic control plastic molded to patient model recip		\$ 1,449.12
L2627	Addition to lower extremity pelvic control plastic molded to patient model recip	RB	\$ 100.00
L2628	Addition to lower extremity pelvic control metal frame reciprocating hip joint a		\$ 1,249.62
L2628	Addition to lower extremity pelvic control metal frame reciprocating hip joint a	RB	\$ 100.00
L2630	Addition to lower extremity pelvic control band and belt unilateral		\$ 194.64
L2630	Addition to lower extremity pelvic control band and belt unilateral	RB	\$ 100.00
L2640	Addition to lower extremity pelvic control band and belt bilateral		\$ 279.00
L2640	Addition to lower extremity pelvic control band and belt bilateral	RB	\$ 100.00
L2650	Addition to lower extremity pelvic and thoracic control gluteal pad each		\$ 89.51
L2660	Addition to lower extremity thoracic control thoracic band		\$ 157.35
L2670	Addition to lower extremity thoracic control paraspinal uprights		\$ 127.23
L2680	Addition to lower extremity thoracic control lateral support uprights		\$ 116.72
L2750	Addition to lower extremity orthosis plating chrome or nickel per bar		\$ 70.66
L2755	Addition to lower extremity orthosis high strength lightweight material all hybr		\$ 93.11
L2760	Addition to lower extremity orthosis extension per extension per bar (for lineal		\$ 45.32
L2768	Orthotic side bar disconnect device per bar		\$ 92.85
L2780	Addition to lower extremity orthosis non-corrosive finish per bar		\$ 57.20
L2785	Addition to lower extremity orthosis drop lock retainer each		\$ 23.64
L2795	Addition to lower extremity orthosis knee control full kneecap		\$ 71.82
L2800	Addition to lower extremity orthosis knee control knee cap medial or lateral pul		\$ 90.16
L2810	Addition to lower extremity orthosis knee control condylar pad		\$ 66.03
L2820	Addition to lower extremity orthosis soft interface for molded plastic below kne		\$ 73.10
L2830	Addition to lower extremity orthosis soft interface for molded plastic above kne		\$ 79.42
L2840	Addition to lower extremity orthosis tibial length sock fracture or equal each		\$ 32.59
L2850	Addition to lower extremity orthosis femoral length sock fracture or equal each		\$ 50.26
L3000	Foot insert removable molded to patient model 'ucb' type berkeley shell each		\$ 223.85
L3001	Foot insert removable molded to patient model spenco each		\$ 94.25
L3002	Foot insert removable molded to patient model plastazote or equal each		\$ 115.09
L3003	Foot insert removable molded to patient model silicone gel each		\$ 124.17
L3010	Foot insert removable molded to patient model longitudinal arch support each		\$ 124.17
L3020	Foot insert removable molded to patient model longitudinal/ metatarsal support e		\$ 141.38
L3030	Foot insert removable formed to patient foot each		\$ 54.38
L3031	Foot insert/plate removable addition to lower extremity orthosis high strength l		\$ 114.99
L3040	Foot arch support removable premolded longitudinal each		\$ 33.54
L3050	Foot arch support removable premolded metatarsal each		\$ 33.54
L3060	Foot arch support removable premolded longitudinal/ metatarsal each		\$ 52.56

Medical Equipment Devices and Supplies (MEDS) Reimbursement Rates Effective April 1, 2018

Procedure Code	Description	Modifier	New Medicaid Rates
L3070	Foot arch support non-removable attached to shoe longitudinal each		\$ 22.65
L3080	Foot arch support non-removable attached to shoe metatarsal each		\$ 22.65
L3090	Foot arch support non-removable attached to shoe longitudinal/metatarsal each		\$ 29.01
L3100	Hallus-valgus night dynamic splint prefabricated off-the-shelf		\$ 30.81
L3140	Foot abduction rotation bar including shoes		\$ 63.44
L3150	Foot abduction rotation bar without shoes		\$ 58.00
L3160	Foot adjustable shoe-styled positioning device		\$ 35.71
L3170	Foot plastic silicone or equal heel stabilizer prefabricated off-the-shelf each		\$ 36.26
L3201	Orthopedic shoe oxford with supinator or pronator infant		\$ 75.91
L3202	Orthopedic shoe oxford with supinator or pronator child		\$ 75.91
L3203	Orthopedic shoe oxford with supinator or pronator junior		\$ 31.88
L3204	Orthopedic shoe hightop with supinator or pronator infant		\$ 23.53
L3206	Orthopedic shoe hightop with supinator or pronator child		\$ 27.33
L3207	Orthopedic shoe hightop with supinator or pronator junior		\$ 31.88
L3208	Surgical boot each infant		\$ 35.72
L3209	Surgical boot each child		\$ 31.88
L3211	Surgical boot each junior		\$ 34.16
L3212	Benesch boot pair infant		\$ 61.49
L3213	Benesch boot pair child		\$ 69.07
L3214	Benesch boot pair junior		\$ 80.49
L3215	Orthopedic footwear ladies shoe oxford each		\$ 43.37
L3216	Orthopedic footwear ladies shoe depth inlay each		\$ 49.34
L3217	Orthopedic footwear ladies shoe hightop depth inlay each		\$ 56.93
L3219	Orthopedic footwear mens shoe oxford each		\$ 52.48
L3221	Orthopedic footwear mens shoe depth inlay each		\$ 73.63
L3222	Orthopedic footwear mens shoe hightop depth inlay each		\$ 69.83
L3224	Orthopedic footwear woman's shoe oxford used as an integral part of a brace (ort		\$ 47.24
L3225	Orthopedic footwear man's shoe oxford used as an integral part of a brace (ortho		\$ 57.18
L3230	Orthopedic footwear custom shoe depth inlay each		\$ 148.69
L3250	Orthopedic footwear custom molded shoe removable inner mold prosthetic shoe ea		\$ 148.69
L3251	Foot shoe molded to patient model silicone shoe each		\$ 44.78
L3252	Foot shoe molded to patient model plastazote (or similar) custom fabricated each		\$ 73.63
L3253	Foot molded shoe plastazote (or similar) custom fitted each		\$ 68.99
L3260	Surgical boot/shoe each		\$ 13.67
L3265	Plastazote sandal each		\$ 72.87
L3300	Lift elevation heel tapered to metatarsals per inch		\$ 37.15
L3310	Lift elevation heel and sole neoprene per inch		\$ 58.00
L3320	Lift elevation heel and sole cork per inch		\$ 45.99
L3330	Lift elevation metal extension (skate)		\$ 403.29
L3332	Lift elevation inside shoe tapered up to one-half inch		\$ 52.56
L3334	Lift elevation heel per inch		\$ 27.19
L3340	Heel wedge sach		\$ 60.73
L3350	Heel wedge		\$ 16.31
L3360	Sole wedge outside sole		\$ 25.37
L3370	Sole wedge between sole		\$ 35.33
L3380	Clubfoot wedge		\$ 35.33
L3390	Outflare wedge		\$ 35.33
L3400	Metatarsal bar wedge rocker		\$ 29.01
L3410	Metatarsal bar wedge between sole		\$ 66.16
L3420	Full sole and heel wedge between sole		\$ 38.97
L3430	Heel counter plastic reinforced		\$ 114.20
L3440	Heel counter leather reinforced		\$ 54.38

Medical Equipment Devices and Supplies (MEDS) Reimbursement Rates Effective April 1, 2018

Procedure Code	Description	Modifier	New Medicaid Rates
L3450	Heel sach cushion type		\$ 75.21
L3455	Heel new leather standard		\$ 29.01
L3460	Heel new rubber standard		\$ 24.46
L3465	Heel thomas with wedge		\$ 41.70
L3470	Heel thomas extended to ball		\$ 44.40
L3480	Heel pad and depression for spur		\$ 44.40
L3485	Heel pad removable for spur		\$ 13.80
L3500	Orthopedic shoe addition insole leather		\$ 20.84
L3510	Orthopedic shoe addition insole rubber		\$ 20.84
L3520	Orthopedic shoe addition insole felt covered with leather		\$ 22.65
L3530	Orthopedic shoe addition sole half		\$ 22.65
L3540	Orthopedic shoe addition sole full		\$ 36.26
L3550	Orthopedic shoe addition toe tap standard		\$ 6.35
L3560	Orthopedic shoe addition toe tap horseshoe		\$ 16.31
L3570	Orthopedic shoe addition special extension to instep (leather with eyelets)		\$ 60.73
L3580	Orthopedic shoe addition convert instep to velcro closure		\$ 46.22
L3590	Orthopedic shoe addition convert firm shoe counter to soft counter		\$ 38.07
L3595	Orthopedic shoe addition march bar		\$ 29.90
L3600	Transfer of an orthosis from one shoe to another caliper plate existing		\$ 54.46
L3610	Transfer of an orthosis from one shoe to another caliper plate new		\$ 71.69
L3620	Transfer of an orthosis from one shoe to another solid stirrup existing		\$ 54.46
L3630	Transfer of an orthosis from one shoe to another solid stirrup new		\$ 71.69
L3640	Transfer of an orthosis from one shoe to another dennis browne splint (riveton)		\$ 30.86
L3650	Shoulder orthosis figure of eight design abduction restrainer prefabricated off-		\$ 45.61
L3660	Shoulder orthosis figure of eight design abduction restrainer canvas and webbing		\$ 85.03
L3670	Shoulder orthosis acromio/clavicular (canvas and webbing type) prefabricated off		\$ 82.54
L3671	Shoulder orthosis shoulder joint design without joints may include soft interfac		\$ 585.23
L3671	Shoulder orthosis shoulder joint design without joints may include soft interfac	RB	\$ 100.00
L3675	Shoulder orthosis vest type abduction restrainer canvas webbing type or equal pr		\$ 113.81
L3702	Elbow orthosis without joints may include soft interface straps custom fabricate		\$ 187.53
L3702	Elbow orthosis without joints may include soft interface straps custom fabricate	RB	\$ 100.00
L3710	Elbow orthosis elastic with metal joints prefabricated off-the-shelf		\$ 96.31
L3720	Elbow orthosis double upright with forearm/arm cuffs free motion custom-fabricat		\$ 477.39
L3720	Elbow orthosis double upright with forearm/arm cuffs free motion custom-fabricat	RB	\$ 100.00
L3760	Elbow orthosis with adjustable position locking joint(s) prefabricated includes		\$ 292.01
L3760	Elbow orthosis with adjustable position locking joint(s) prefabricated includes	RB	\$ 100.00
L3762	Elbow orthosis rigid without joints includes soft interface material prefabricat		\$ 69.74
L3763	Elbow wrist hand orthosis rigid without joints may include soft interface straps		\$ 472.57
L3763	Elbow wrist hand orthosis rigid without joints may include soft interface straps	RB	\$ 100.00
L3764	Elbow wrist hand orthosis includes one or more nontorsion joints elastic bands t		\$ 617.51
L3764	Elbow wrist hand orthosis includes one or more nontorsion joints elastic bands t	RB	\$ 100.00
L3765	Elbow wrist hand finger orthosis rigid without joints may include soft interface		\$ 832.78
L3765	Elbow wrist hand finger orthosis rigid without joints may include soft interface	RB	\$ 100.00
L3766	Elbow wrist hand finger orthosis includes one or more nontorsion joints elastic		\$ 881.85
L3766	Elbow wrist hand finger orthosis includes one or more nontorsion joints elastic	RB	\$ 100.00
L3806	Wrist hand finger orthosis includes one or more nontorsion joint(s) turnbuckles		\$ 294.59
L3806	Wrist hand finger orthosis includes one or more nontorsion joint(s) turnbuckles	RB	\$ 100.00
L3807	Wrist hand finger orthosis without joint(s) prefabricated item that has been tri		\$ 146.16
L3808	Wrist hand finger orthosis rigid without joints may include soft interface mater		\$ 183.03
L3808	Wrist hand finger orthosis rigid without joints may include soft interface mater	RB	\$ 100.00
L3809	Wrist hand finger orthosis without joint(s) prefabricated off-the-shelf any type		\$ 146.16
L3809	Wrist hand finger orthosis without joint(s) prefabricated off-the-shelf any type	RB	\$ 100.00

Medical Equipment Devices and Supplies (MEDS) Reimbursement Rates Effective April 1, 2018

Procedure Code	Description	Modifier	New Medicaid Rates
L3905	Wrist hand orthosis includes one or more nontorsion joints elastic bands turnbuc		\$ 372.96
L3905	Wrist hand orthosis includes one or more nontorsion joints elastic bands turnbuc	RB	\$ 100.00
L3906	Wrist hand orthosis without joints may include soft interface straps custom fabr		\$ 291.03
L3906	Wrist hand orthosis without joints may include soft interface straps custom fabr	RB	\$ 100.00
L3908	Wrist hand orthosis wrist extension control cock-up non molded prefabricated off		\$ 49.56
L3912	Hand finger orthosis (hfo) flexion glove with elastic finger control prefabricat		\$ 69.22
L3913	Hand finger orthosis without joints may include soft interface straps custom fab		\$ 175.90
L3913	Hand finger orthosis without joints may include soft interface straps custom fab	RB	\$ 100.00
L3915	Wrist hand orthosis includes one or more nontorsion joint(s) elastic bands turnb		\$ 310.74
L3915	Wrist hand orthosis includes one or more nontorsion joint(s) elastic bands turnb	RB	\$ 100.00
L3917	Hand orthosis metacarpal fracture orthosis prefabricated item that has been trim		\$ 68.50
L3918	Hand orthosis metacarpal fracture orthosis prefabricated off-the-shelf		\$ 68.50
L3919	Hand orthosis without joints may include soft interface straps custom fabricated		\$ 175.90
L3919	Hand orthosis without joints may include soft interface straps custom fabricated	RB	\$ 100.00
L3921	Hand finger orthosis includes one or more nontorsion joints elastic bands turnbu		\$ 208.63
L3921	Hand finger orthosis includes one or more nontorsion joints elastic bands turnbu	RB	\$ 100.00
L3923	Hand finger orthosis without joints may include soft interface straps prefabrica		\$ 56.30
L3924	Hand finger orthosis without joints may include soft interface straps prefabrica		\$ 56.30
L3925	Finger orthosis proximal interphalangeal (pip)/distal interphalangeal (dip) non		\$ 34.90
L3927	Finger orthosis proximal interphalangeal (pip)/distal interphalangeal (dip) with		\$ 22.70
L3929	Hand finger orthosis includes one or more nontorsion joint(s) turnbuckles elasti		\$ 52.30
L3930	Hand finger orthosis includes one or more nontorsion joint(s) turnbuckles elasti		\$ 52.30
L3931	Wrist hand finger orthosis includes one or more nontorsion joint(s) turnbuckles		\$ 138.06
L3933	Finger orthosis without joints may include soft interface custom fabricated incl		\$ 138.58
L3935	Finger orthosis nontorsion joint may include soft interface custom fabricated in		\$ 143.48
L3960	Shoulder elbow wrist hand orthosis abduction positioning airplane design prefabr		\$ 541.72
L3960	Shoulder elbow wrist hand orthosis abduction positioning airplane design prefabr	RB	\$ 100.00
L3961	Shoulder elbow wrist hand orthosis shoulder cap design without joints may includ		\$ 1,091.18
L3961	Shoulder elbow wrist hand orthosis shoulder cap design without joints may includ	RB	\$ 100.00
L3962	Shoulder elbow wrist hand orthosis abduction positioning erbs palsey design pref		\$ 593.49
L3962	Shoulder elbow wrist hand orthosis abduction positioning erbs palsey design pref	RB	\$ 100.00
L3967	Shoulder elbow wrist hand orthosis abduction positioning (airplane design) thora		\$ 1,288.32
L3967	Shoulder elbow wrist hand orthosis abduction positioning (airplane design) thora	RB	\$ 100.00
L3971	Shoulder elbow wrist hand orthosis shoulder cap design includes one or more nont		\$ 1,222.92
L3971	Shoulder elbow wrist hand orthosis shoulder cap design includes one or more nont	RB	\$ 100.00
L3973	Shoulder elbow wrist hand orthosis abduction positioning (airplane design) thora		\$ 1,288.32
L3973	Shoulder elbow wrist hand orthosis abduction positioning (airplane design) thora	RB	\$ 100.00
L3975	Shoulder elbow wrist hand finger orthosis shoulder cap design without joints may		\$ 1,091.18
L3975	Shoulder elbow wrist hand finger orthosis shoulder cap design without joints may	RB	\$ 100.00
L3976	Shoulder elbow wrist hand finger orthosis abduction positioning (airplane design		\$ 1,091.18
L3976	Shoulder elbow wrist hand finger orthosis abduction positioning (airplane design	RB	\$ 100.00
L3977	Shoulder elbow wrist hand finger orthosis shoulder cap design includes one or mo		\$ 1,222.92
L3977	Shoulder elbow wrist hand finger orthosis shoulder cap design includes one or mo	RB	\$ 100.00
L3978	Shoulder elbow wrist hand finger orthosis abduction positioning (airplane design		\$ 1,288.32
L3978	Shoulder elbow wrist hand finger orthosis abduction positioning (airplane design	RB	\$ 100.00
L3980	Upper extremity fracture orthosis humeral prefabricated includes fitting and adj		\$ 255.72
L3981	Upper extremity fracture orthosis humeral prefabricated includes shoulder cap de		\$ 783.48
L3981	Upper extremity fracture orthosis humeral prefabricated includes shoulder cap de	RB	\$ 100.00
L3982	Upper extremity fracture orthosis radius/ulnar prefabricated includes fitting an		\$ 272.47
L3982	Upper extremity fracture orthosis radius/ulnar prefabricated includes fitting an	RB	\$ 100.00
L3984	Upper extremity fracture orthosis wrist prefabricated includes fitting and adjus		\$ 268.12
L3984	Upper extremity fracture orthosis wrist prefabricated includes fitting and adjus	RB	\$ 100.00

Medical Equipment Devices and Supplies (MEDS) Reimbursement Rates Effective April 1, 2018

Procedure Code	Description	Modifier	New Medicaid Rates
L3995	Addition to upper extremity orthosis sock fracture or equal each		\$ 27.06
L4000	Replace girdle for spinal orthosis (ctlso or so)		\$ 968.96
L4000	Replace girdle for spinal orthosis (ctlso or so)	RB	\$ 100.00
L4002	Replacement strap any orthosis includes all components any length any type		\$ 26.25
L4010	Replace trilateral socket brim		\$ 500.56
L4020	Replace quadrilateral socket brim molded to patient model		\$ 642.44
L4030	Replace quadrilateral socket brim custom fitted		\$ 376.58
L4040	Replace molded thigh lacer for custom fabricated orthosis only		\$ 304.47
L4045	Replace non-molded thigh lacer for custom fabricated orthosis only		\$ 277.29
L4050	Replace molded calf lacer for custom fabricated orthosis only		\$ 318.79
L4055	Replace non-molded calf lacer for custom fabricated orthosis only		\$ 225.98
L4060	Replace high roll cuff		\$ 237.03
L4070	Replace proximal and distal upright for kafo		\$ 209.90
L4080	Replace metal bands kafo proximal thigh		\$ 85.50
L4090	Replace metal bands kafo-afo calf or distal thigh		\$ 67.36
L4100	Replace leather cuff kafo proximal thigh		\$ 77.80
L4110	Replace leather cuff kafo-afo calf or distal thigh		\$ 64.32
L4130	Replace pretibial shell		\$ 370.05
L4205	Repair of orthotic device labor component per 15 minutes	RB	\$ 19.91
L4350	Ankle control orthosis stirrup style rigid includes any type interface (e.g. pne		\$ 66.67
L4360	Walking boot pneumatic and/or vacuum with or without joints with or without inte		\$ 211.15
L4361	Walking boot pneumatic and/or vacuum with or without joints with or without inte		\$ 201.15
L4370	Pneumatic full leg splint prefabricated off-the-shelf		\$ 140.59
L4386	Walking boot non-pneumatic with or without joints with or without interface mate		\$ 102.38
L4387	Walking boot non-pneumatic with or without joints with or without interface mate		\$ 102.38
L4392	Replacement soft interface material static afo		\$ 16.74
L4394	Replace soft interface material foot drop splint		\$ 12.22
L4396	Static or dynamic ankle foot orthosis including soft interface material adjustab		\$ 119.38
L4397	Static or dynamic ankle foot orthosis including soft interface material adjustab		\$ 109.38
L4398	Foot drop splint recumbent positioning device prefabricated off-the-shelf		\$ 54.95
L4631	Ankle foot orthosis walking boot type varus/valgus correction rocker bottom ante		\$ 1,212.34
L4631	Ankle foot orthosis walking boot type varus/valgus correction rocker bottom ante	RB	\$ 100.00
L5000	Partial foot shoe insert with longitudinal arch toe filler		\$ 401.50
L5010	Partial foot molded socket ankle height with toe filler		\$ 967.41
L5020	Partial foot molded socket tibial tubercle height with toe filler		\$ 1,574.76
L5050	Ankle symes molded socket sach foot		\$ 1,840.14
L5060	Ankle symes metal frame molded leather socket articulated ankle/foot		\$ 2,194.78
L5100	Below knee molded socket shin sach foot		\$ 1,886.91
L5105	Below knee plastic socket joints and thigh lacer sach foot		\$ 2,873.92
L5150	Knee disarticulation (or through knee) molded socket external knee joints shin s		\$ 2,790.49
L5160	Knee disarticulation (or through knee) molded socket bent knee configuration ext		\$ 3,035.16
L5200	Above knee molded socket single axis constant friction knee shin sach foot		\$ 2,829.48
L5210	Above knee short prosthesis no knee joint ('stubbies') with foot blocks no ankle		\$ 1,928.23
L5220	Above knee short prosthesis no knee joint ('stubbies') with articulated ankle/fo		\$ 2,191.78
L5230	Above knee for proximal femoral focal deficiency constant friction knee shin sac		\$ 3,022.91
L5250	Hip disarticulation canadian type; molded socket hip joint single axis constant		\$ 4,122.98
L5270	Hip disarticulation tilt table type; molded socket locking hip joint single axis		\$ 4,086.86
L5280	Hemipelvectomy canadian type; molded socket hip joint single axis constant frict		\$ 4,047.21
L5301	Below knee molded socket shin sach foot endoskeletal system		\$ 1,824.49
L5312	Knee disarticulation (or through knee) molded socket single axis knee pylon sach		\$ 2,891.38
L5321	Above knee molded socket open end sach foot endoskeletal system single axis knee		\$ 2,611.71
L5331	Hip disarticulation canadian type molded socket endoskeletal system hip joint si		\$ 3,695.67

Medical Equipment Devices and Supplies (MEDS) Reimbursement Rates Effective April 1, 2018

Procedure Code	Description	Modifier	New Medicaid Rates
L5341	Hemipelvectomy canadian type molded socket endoskeletal system hip joint single		\$ 4,016.03
L5400	Immediate post surgical or early fitting application of initial rigid dressing i		\$ 956.37
L5410	Immediate post surgical or early fitting application of initial rigid dressing i		\$ 332.01
L5420	Immediate post surgical or early fitting application of initial rigid dressing i		\$ 1,207.86
L5430	Immediate post surgical or early fitting application of initial rigid dressing i		\$ 399.86
L5450	Immediate post surgical or early fitting application of non-weight bearing rigid		\$ 323.74
L5460	Immediate post surgical or early fitting application of non-weight bearing rigid		\$ 433.30
L5500	Initial below knee 'ptb' type socket non-alignable system pylon no cover sach fo		\$ 1,020.57
L5505	Initial above knee - knee disarticulation ischial level socket non-alignable sys		\$ 1,382.97
L5510	Preparatory below knee 'ptb' type socket non-alignable system pylon no cover s		\$ 1,231.73
L5520	Preparatory below knee 'ptb' type socket non-alignable system pylon no cover sac		\$ 1,290.03
L5530	Preparatory below knee 'ptb' type socket non-alignable system pylon no cover sac		\$ 1,405.78
L5535	Preparatory below knee 'ptb' type socket non-alignable system no cover sach foot		\$ 1,466.51
L5540	Preparatory below knee 'ptb' type socket non-alignable system pylon no cover sac		\$ 1,438.25
L5560	Preparatory above knee- knee disarticulation ischial level socket non-alignable		\$ 1,544.43
L5570	Preparatory above knee - knee disarticulation ischial level socket non-alignable		\$ 1,605.66
L5580	Preparatory above knee - knee disarticulation ischial level socket non-alignable		\$ 1,874.49
L5585	Preparatory above knee - knee disarticulation ischial level socket non-alignable		\$ 2,033.11
L5590	Preparatory above knee - knee disarticulation ischial level socket non-alignable		\$ 1,910.24
L5595	Preparatory hip disarticulation-hemipelvectomy pylon no cover sach foot thermopl		\$ 3,340.28
L5600	Preparatory hip disarticulation-hemipelvectomy pylon no cover sach foot laminate		\$ 3,949.77
L5610	Addition to lower extremity endoskeletal system above knee hydracadence system		\$ 1,670.96
L5611	Addition to lower extremity endoskeletal system above knee - knee disarticulatio		\$ 1,451.00
L5613	Addition to lower extremity endoskeletal system above knee-knee disarticulation		\$ 2,207.05
L5614	Addition to lower extremity exoskeletal system above knee-knee disarticulation 4		\$ 1,204.82
L5616	Addition to lower extremity endoskeletal system above knee universal multiplex s		\$ 1,079.24
L5617	Addition to lower extremity quick change self-aligning unit above knee or below		\$ 402.04
L5618	Addition to lower extremity test socket symes		\$ 253.27
L5620	Addition to lower extremity test socket below knee		\$ 250.37
L5622	Addition to lower extremity test socket knee disarticulation		\$ 305.22
L5624	Addition to lower extremity test socket above knee		\$ 327.42
L5626	Addition to lower extremity test socket hip disarticulation		\$ 389.91
L5628	Addition to lower extremity test socket hemipelvectomy		\$ 383.66
L5629	Addition to lower extremity below knee acrylic socket		\$ 286.21
L5630	Addition to lower extremity symes type expandable wall socket		\$ 356.62
L5631	Addition to lower extremity above knee or knee disarticulation acrylic socket		\$ 395.70
L5632	Addition to lower extremity symes type 'ptb' brim design socket		\$ 176.44
L5634	Addition to lower extremity symes type posterior opening (canadian) socket		\$ 267.31
L5636	Addition to lower extremity symes type medial opening socket		\$ 229.46
L5637	Addition to lower extremity below knee total contact		\$ 229.56
L5638	Addition to lower extremity below knee leather socket		\$ 386.72
L5639	Addition to lower extremity below knee wood socket		\$ 1,009.72
L5640	Addition to lower extremity knee disarticulation leather socket		\$ 508.12
L5642	Addition to lower extremity above knee leather socket		\$ 492.33
L5643	Addition to lower extremity hip disarticulation flexible inner socket external		\$ 1,401.70
L5644	Addition to lower extremity above knee wood socket		\$ 523.50
L5645	Addition to lower extremity below knee flexible inner socket external frame		\$ 634.03
L5646	Addition to lower extremity below knee air fluid gel or equal cushion socket		\$ 493.44
L5647	Addition to lower extremity below knee suction socket		\$ 716.38
L5648	Addition to lower extremity above knee air fluid gel or equal cushion socket		\$ 523.17
L5649	Addition to lower extremity ischial containment/narrow m-l socket		\$ 1,512.92
L5650	Additions to lower extremity total contact above knee or knee disarticulation so		\$ 387.92

Medical Equipment Devices and Supplies (MEDS) Reimbursement Rates Effective April 1, 2018

Procedure Code	Description	Modifier	New Medicaid Rates
L5651	Addition to lower extremity above knee flexible inner socket external frame		\$ 1,081.53
L5652	Addition to lower extremity suction suspension above knee or knee disarticulation		\$ 363.85
L5653	Addition to lower extremity knee disarticulation expandable wall socket		\$ 462.47
L5654	Addition to lower extremity socket insert symes (kemblo pelite aliplast plastaz		\$ 298.67
L5655	Addition to lower extremity socket insert below knee (kemblo pelite aliplast pl		\$ 213.21
L5656	Addition to lower extremity socket insert knee disarticulation (kemblo pelite a		\$ 294.78
L5658	Addition to lower extremity socket insert above knee (kemblo pelite aliplast pl		\$ 288.92
L5661	Addition to lower extremity socket insert multi-durometer symes		\$ 548.05
L5665	Addition to lower extremity socket insert multi-durometer below knee		\$ 461.12
L5666	Addition to lower extremity below knee cuff suspension		\$ 57.72
L5668	Addition to lower extremity below knee molded distal cushion		\$ 83.69
L5670	Addition to lower extremity below knee molded supracondylar suspension ('pts' o		\$ 215.62
L5671	Addition to lower extremity below knee / above knee suspension locking mechanism		\$ 395.26
L5672	Addition to lower extremity below knee removable medial brim suspension		\$ 236.95
L5673	Addition to lower extremity below knee/above knee custom fabricated from existin		\$ 532.87
L5676	Additions to lower extremity below knee knee joints single axis pair		\$ 320.61
L5677	Additions to lower extremity below knee knee joints polycentric pair		\$ 444.04
L5678	Additions to lower extremity below knee joint covers pair		\$ 31.55
L5679	Addition to lower extremity below knee/above knee custom fabricated from existin		\$ 444.03
L5680	Addition to lower extremity below knee thigh lacer nonmolded		\$ 241.86
L5681	Addition to lower extremity below knee/above knee custom fabricated socket inser		\$ 939.41
L5682	Addition to lower extremity below knee thigh lacer gluteal/ischial molded		\$ 563.22
L5683	Addition to lower extremity below knee/above knee custom fabricated socket inser		\$ 939.41
L5684	Addition to lower extremity below knee fork strap		\$ 40.73
L5685	Addition to lower extremity prosthesis below knee suspension/sealing sleeve with		\$ 91.45
L5686	Addition to lower extremity below knee back check (extension control)		\$ 40.67
L5688	Addition to lower extremity below knee waist belt webbing		\$ 48.54
L5690	Addition to lower extremity below knee waist belt padded and lined		\$ 88.12
L5692	Addition to lower extremity above knee pelvic control belt light		\$ 106.16
L5694	Addition to lower extremity above knee pelvic control belt padded and lined		\$ 163.38
L5695	Addition to lower extremity above knee pelvic control sleeve suspension neoprene		\$ 129.59
L5696	Addition to lower extremity above knee or knee disarticulation pelvic joint		\$ 160.15
L5697	Addition to lower extremity above knee or knee disarticulation pelvic band		\$ 72.30
L5698	Addition to lower extremity above knee or knee disarticulation silesian bandage		\$ 82.89
L5699	All lower extremity prostheses shoulder harness		\$ 162.93
L5700	Replacement socket below knee molded to patient model		\$ 2,176.13
L5701	Replacement socket above knee/knee disarticulation including attachment plate mo		\$ 2,701.85
L5702	Replacement socket hip disarticulation including hip joint molded to patient mod		\$ 3,452.40
L5703	Ankle symes molded to patient model socket without solid ankle cushion heel (sac		\$ 1,722.00
L5704	Custom shaped protective cover below knee		\$ 418.41
L5705	Custom shaped protective cover above knee		\$ 738.15
L5706	Custom shaped protective cover knee disarticulation		\$ 724.19
L5707	Custom shaped protective cover hip disarticulation		\$ 982.99
L5710	Addition exoskeletal knee-shin system single axis manual lock		\$ 285.80
L5711	Additions exoskeletal knee-shin system single axis manual lock ultra-light mater		\$ 460.13
L5712	Addition exoskeletal knee-shin system single axis friction swing and stance pha		\$ 365.61
L5714	Addition exoskeletal knee-shin system single axis variable friction swing phase		\$ 332.38
L5716	Addition exoskeletal knee-shin system polycentric mechanical stance phase lock		\$ 591.39
L5718	Addition exoskeletal knee-shin system polycentric friction swing and stance ph		\$ 723.88
L5722	Addition exoskeletal knee-shin system single axis pneumatic swing friction stan		\$ 717.45
L5724	Addition exoskeletal knee-shin system single axis fluid swing phase control		\$ 1,225.96
L5726	Addition exoskeletal knee-shin system single axis external joints fluid swing p		\$ 1,522.94

Medical Equipment Devices and Supplies (MEDS) Reimbursement Rates Effective April 1, 2018

Procedure Code	Description	Modifier	New Medicaid Rates
L5728	Addition exoskeletal knee-shin system single axis fluid swing and stance phase		\$ 2,142.92
L5780	Addition exoskeletal knee-shin system single axis pneumatic/hydra pneumatic swi		\$ 909.78
L5781	Addition to lower limb prosthesis vacuum pump residual limb volume management		\$ 2,856.79
L5782	Addition to lower limb prosthesis vacuum pump residual limb volume management		\$ 3,011.71
L5785	Addition exoskeletal system below knee ultra-light material (titanium carbon fib		\$ 467.89
L5790	Addition exoskeletal system above knee ultra-light material (titanium carbon fib		\$ 647.54
L5795	Addition exoskeletal system hip disarticulation ultra-light material (titanium c		\$ 966.95
L5810	Addition endoskeletal knee-shin system single axis manual lock		\$ 438.45
L5811	Addition endoskeletal knee-shin system single axis manual lock ultra-light mater		\$ 656.80
L5812	Addition endoskeletal knee-shin system single axis friction swing and stance pha		\$ 496.86
L5814	Addition endoskeletal knee-shin system polycentric hydraulic swing phase control		\$ 2,651.66
L5816	Addition endoskeletal knee-shin system polycentric mechanical stance phase lock		\$ 675.79
L5818	Addition endoskeletal knee-shin system polycentric friction swing and stance pha		\$ 864.85
L5822	Addition endoskeletal knee-shin system single axis pneumatic swing friction stan		\$ 1,533.59
L5824	Addition endoskeletal knee-shin system single axis fluid swing phase control		\$ 1,218.61
L5826	Addition endoskeletal knee-shin system single axis hydraulic swing phase control		\$ 2,243.70
L5828	Addition endoskeletal knee-shin system single axis fluid swing and stance phase		\$ 2,543.18
L5830	Addition endoskeletal knee-shin system single axis pneumatic/ swing phase contro		\$ 1,708.88
L5840	Addition endoskeletal knee/shin system 4-bar linkage or multiaxial pneumatic swi		\$ 2,693.32
L5845	Addition endoskeletal knee-shin system stance flexion feature adjustable		\$ 1,279.73
L5848	Addition to endoskeletal knee-shin system fluid stance extension dampening featu		\$ 767.76
L5850	Addition endoskeletal system above knee or hip disarticulation knee extension a		\$ 101.65
L5855	Addition endoskeletal system hip disarticulation mechanical hip extension assist		\$ 245.40
L5856	Addition to lower extremity prosthesis endoskeletal knee-shin system microproces		\$ 17,164.70
L5857	Addition to lower extremity prosthesis endoskeletal knee-shin system microproces		\$ 6,106.69
L5858	Addition to lower extremity prosthesis endoskeletal knee shin system microproces		\$ 13,288.90
L5910	Addition endoskeletal system below knee alignable system		\$ 326.16
L5920	Addition endoskeletal system above knee or hip disarticulation alignable system		\$ 477.84
L5925	Addition endoskeletal system above knee knee disarticulation or hip disarticulat		\$ 267.00
L5930	Addition endoskeletal system high activity knee control frame		\$ 2,418.62
L5940	Addition endoskeletal system below knee ultra-light material (titanium carbon f		\$ 398.59
L5950	Addition endoskeletal system above knee ultra-light material (titanium carbon f		\$ 659.81
L5960	Addition endoskeletal system hip disarticulation ultra-light material (titanium		\$ 766.06
L5961	Addition endoskeletal system polycentric hip joint pneumatic or hydraulic contro		\$ 3,751.30
L5962	Addition endoskeletal system below knee flexible protective outer surface coveri		\$ 467.08
L5964	Addition endoskeletal system above knee flexible protective outer surface coveri		\$ 744.19
L5966	Addition endoskeletal system hip disarticulation flexible protective outer surfa		\$ 948.28
L5968	Addition to lower limb prosthesis multiaxial ankle with swing phase active dorsi		\$ 2,594.57
L5969	Addition endoskeletal ankle-foot or ankle system power assist includes any type		\$ 12,290.79
L5970	All lower extremity prostheses foot external keel sach foot		\$ 182.90
L5971	All lower extremity prosthesis solid ankle cushion heel (sach) foot replacement		\$ 197.23
L5972	All lower extremity prostheses foot flexible keel		\$ 280.05
L5973	Endoskeletal ankle foot system microprocessor controlled feature dorsiflexion an		\$ 14,729.61
L5974	All lower extremity prostheses foot single axis ankle/foot		\$ 205.19
L5975	All lower extremity prosthesis combination single axis ankle and flexible keel f		\$ 331.00
L5976	All lower extremity prostheses energy storing foot (seattle carbon copy ii or eq		\$ 464.09
L5978	All lower extremity prostheses foot multiaxial ankle/foot		\$ 250.89
L5979	All lower extremity prosthesis multi-axial ankle dynamic response foot one piece		\$ 1,813.15
L5980	All lower extremity prostheses flex foot system		\$ 2,946.26
L5981	All lower extremity prostheses flex-walk system or equal		\$ 2,288.67
L5982	All exoskeletal lower extremity prostheses axial rotation unit		\$ 518.44
L5984	All endoskeletal lower extremity prosthesis axial rotation unit with or without		\$ 467.57



Medical Equipment Devices and Supplies (MEDS) Reimbursement Rates Effective April 1, 2018

Procedure Code	Description	Modifier	New Medicaid Rates
L5985	All endoskeletal lower extremity prostheses dynamic prosthetic pylon		\$ 202.90
L5986	All lower extremity prostheses multi-axial rotation unit ('mcp' or equal)		\$ 503.55
L5987	All lower extremity prosthesis shank foot system with vertical loading pylon		\$ 5,136.25
L5988	Addition to lower limb prosthesis vertical shock reducing pylon feature		\$ 1,426.33
L5990	Addition to lower extremity prosthesis user adjustable heel height		\$ 1,295.33
L6000	Partial hand thumb remaining		\$ 1,055.82
L6010	Partial hand little and/or ring finger remaining		\$ 1,174.95
L6020	Partial hand no finger remaining		\$ 1,095.45
L6026	Transcarpal/metacarpal or partial hand disarticulation prosthesis external power		\$ 3,574.81
L6050	Wrist disarticulation molded socket flexible elbow hinges triceps pad		\$ 1,509.49
L6055	Wrist disarticulation molded socket with expandable interface flexible elbow hin		\$ 2,244.01
L6100	Below elbow molded socket flexible elbow hinge triceps pad		\$ 1,529.35
L6110	Below elbow molded socket (muenster or northwestern suspension types)		\$ 1,622.13
L6120	Below elbow molded double wall split socket step-up hinges half cuff		\$ 1,890.37
L6130	Below elbow molded double wall split socket stump activated locking hinge half c		\$ 2,057.07
L6200	Elbow disarticulation molded socket outside locking hinge forearm		\$ 2,245.05
L6205	Elbow disarticulation molded socket with expandable interface outside locking hi		\$ 3,112.16
L6250	Above elbow molded double wall socket internal locking elbow forearm		\$ 2,133.86
L6300	Shoulder disarticulation molded socket shoulder bulkhead humeral section interna		\$ 3,353.20
L6310	Shoulder disarticulation passive restoration (complete prosthesis)		\$ 2,411.39
L6320	Shoulder disarticulation passive restoration (shoulder cap only)		\$ 1,357.98
L6350	Interscapular thoracic molded socket shoulder bulkhead humeral section internal		\$ 3,112.50
L6360	Interscapular thoracic passive restoration (complete prosthesis)		\$ 2,531.04
L6370	Interscapular thoracic passive restoration (shoulder cap only)		\$ 1,613.96
L6380	Immediate post surgical or early fitting application of initial rigid dressing i		\$ 914.03
L6382	Immediate post surgical or early fitting application of initial rigid dressing i		\$ 1,176.58
L6384	Immediate post surgical or early fitting application of initial rigid dressing i		\$ 1,515.05
L6386	Immediate post surgical or early fitting each additional cast change and realign		\$ 335.91
L6388	Immediate post surgical or early fitting application of rigid dressing only		\$ 395.92
L6400	Below elbow molded socket endoskeletal system including soft prosthetic tissue s		\$ 1,843.86
L6450	Elbow disarticulation molded socket endoskeletal system including soft prostheti		\$ 2,727.19
L6500	Above elbow molded socket endoskeletal system including soft prosthetic tissue s		\$ 2,451.92
L6550	Shoulder disarticulation molded socket endoskeletal system including soft prosth		\$ 3,030.13
L6570	Interscapular thoracic molded socket endoskeletal system including soft prosthet		\$ 3,754.71
L6580	Preparatory wrist disarticulation or below elbow single wall plastic socket fric		\$ 1,242.13
L6582	Preparatory wrist disarticulation or below elbow single wall socket friction wri		\$ 1,093.65
L6584	Preparatory elbow disarticulation or above elbow single wall plastic socket fric		\$ 1,626.46
L6586	Preparatory elbow disarticulation or above elbow single wall socket friction wri		\$ 1,496.63
L6588	Preparatory shoulder disarticulation or interscapular thoracic single wall plast		\$ 2,357.50
L6590	Preparatory shoulder disarticulation or interscapular thoracic single wall socke		\$ 2,090.60
L6600	Upper extremity additions polycentric hinge pair		\$ 149.06
L6605	Upper extremity additions single pivot hinge pair		\$ 147.17
L6610	Upper extremity additions flexible metal hinge pair		\$ 132.30
L6611	Addition to upper extremity prosthesis external powered additional switch any ty		\$ 293.97
L6615	Upper extremity addition disconnect locking wrist unit		\$ 138.04
L6616	Upper extremity addition additional disconnect insert for locking wrist unit eac		\$ 51.54
L6620	Upper extremity addition flexion/extension wrist unit with or without friction		\$ 240.94
L6621	Upper extremity prosthesis addition flexion/extension wrist with or without fric		\$ 1,635.48
L6623	Upper extremity addition spring assisted rotational wrist unit with latch relea		\$ 509.72
L6624	Upper extremity addition flexion/extension and rotation wrist unit		\$ 2,688.95
L6625	Upper extremity addition rotation wrist unit with cable lock		\$ 478.98
L6628	Upper extremity addition quick disconnect hook adapter otto bock or equal		\$ 384.22

Medical Equipment Devices and Supplies (MEDS) Reimbursement Rates Effective April 1, 2018

Procedure Code	Description	Modifier	New Medicaid Rates
L6629	Upper extremity addition quick disconnect lamination collar with coupling piece		\$ 116.26
L6630	Upper extremity addition stainless steel any wrist		\$ 194.09
L6632	Upper extremity addition latex suspension sleeve each		\$ 51.62
L6635	Upper extremity addition lift assist for elbow		\$ 139.95
L6637	Upper extremity addition nudge control elbow lock		\$ 330.69
L6638	Upper extremity addition to prosthesis electric locking feature only for use wit		\$ 1,785.50
L6640	Upper extremity additions shoulder abduction joint pair		\$ 222.59
L6641	Upper extremity addition excursion amplifier pulley type		\$ 128.42
L6642	Upper extremity addition excursion amplifier lever type		\$ 179.64
L6645	Upper extremity addition shoulder flexion-abduction joint each		\$ 253.67
L6646	Upper extremity addition shoulder joint multipositional locking flexion adjustab		\$ 2,251.91
L6647	Upper extremity addition shoulder lock mechanism body powered actuator		\$ 370.74
L6648	Upper extremity addition shoulder lock mechanism external powered actuator		\$ 2,322.53
L6650	Upper extremity addition shoulder universal joint each		\$ 268.97
L6655	Upper extremity addition standard control cable extra		\$ 59.69
L6660	Upper extremity addition heavy duty control cable		\$ 78.65
L6665	Upper extremity addition teflon or equal cable lining		\$ 37.82
L6670	Upper extremity addition hook to hand cable adapter		\$ 38.10
L6672	Upper extremity addition harness chest or shoulder saddle type		\$ 133.99
L6675	Upper extremity addition harness (e.g. figure of eight type) single cable design		\$ 108.15
L6676	Upper extremity addition harness (e.g. figure of eight type) dual cable design		\$ 96.37
L6677	Upper extremity addition harness triple control simultaneous operation of termin		\$ 212.11
L6680	Upper extremity addition test socket wrist disarticulation or below elbow		\$ 184.37
L6682	Upper extremity addition test socket elbow disarticulation or above elbow		\$ 203.83
L6684	Upper extremity addition test socket shoulder disarticulation or interscapular		\$ 290.21
L6686	Upper extremity addition suction socket		\$ 531.67
L6687	Upper extremity addition frame type socket below elbow or wrist disarticulation		\$ 458.36
L6688	Upper extremity addition frame type socket above elbow or elbow disarticulation		\$ 420.95
L6689	Upper extremity addition frame type socket shoulder disarticulation		\$ 535.42
L6690	Upper extremity addition frame type socket interscapular-thoracic		\$ 546.40
L6691	Upper extremity addition removable insert each		\$ 310.87
L6692	Upper extremity addition silicone gel insert or equal each		\$ 444.38
L6693	Upper extremity addition locking elbow forearm counterbalance		\$ 2,027.02
L6694	Addition to upper extremity prosthesis below elbow/above elbow custom fabricate		\$ 574.63
L6695	Addition to upper extremity prosthesis below elbow/above elbow custom fabricate		\$ 478.82
L6696	Addition to upper extremity prosthesis below elbow/above elbow custom fabricate		\$ 940.53
L6697	Addition to upper extremity prosthesis below elbow/above elbow custom fabricate		\$ 940.53
L6698	Addition to upper extremity prosthesis below elbow/above elbow lock mechanism e		\$ 362.29
L6703	Terminal device passive hand/mitt any material any size		\$ 261.35
L6704	Terminal device sport/recreational/work attachment any material any size		\$ 465.37
L6706	Terminal device hook mechanical voluntary opening any material any size lined or		\$ 277.27
L6707	Terminal device hook mechanical voluntary closing any material any size lined or		\$ 1,021.94
L6708	Terminal device hand mechanical voluntary opening any material any size		\$ 664.68
L6709	Terminal device hand mechanical voluntary closing any material any size		\$ 962.72
L6711	Terminal device hook mechanical voluntary opening any material any size lined or		\$ 480.71
L6712	Terminal device hook mechanical voluntary closing any material any size lined or		\$ 885.11
L6713	Terminal device hand mechanical voluntary opening any material any size pediatri		\$ 1,117.10
L6714	Terminal device hand mechanical voluntary closing any material any size pediatri		\$ 946.16
L6721	Terminal device hook or hand heavy duty mechanical voluntary opening any materi		\$ 1,681.72
L6722	Terminal device hook or hand heavy duty mechanical voluntary closing any materia		\$ 1,449.77
L6805	Addition to terminal device modifier wrist unit		\$ 270.36
L6810	Addition to terminal device precision pinch device		\$ 148.23

Medical Equipment Devices and Supplies (MEDS) Reimbursement Rates Effective April 1, 2018

Procedure Code	Description	Modifier	New Medicaid Rates
L6881	Automatic grasp feature addition to upper limb electric prosthetic terminal devi		\$ 2,918.96
L6882	Microprocessor control feature addition to upper limb prosthetic terminal device		\$ 2,214.17
L6883	Replacement socket below elbow/wrist disarticulation molded to patient model for		\$ 1,155.82
L6884	Replacement socket above elbow/elbow disarticulation molded to patient model fo		\$ 1,640.12
L6885	Replacement socket shoulder disarticulation/interscapular thoracic molded to pat		\$ 2,319.95
L6890	Addition to upper extremity prosthesis glove for terminal device any material pr		\$ 135.16
L6895	Addition to upper extremity prosthesis glove for terminal device any material cu		\$ 502.87
L6900	Hand restoration (casts shading and measurements included) partial hand with glo		\$ 1,200.26
L6905	Hand restoration (casts shading and measurements included) partial hand with glo		\$ 1,166.69
L6910	Hand restoration (casts shading and measurements included) partial hand with glo		\$ 1,136.59
L6915	Hand restoration (shading and measurements included) replacement glove for abov		\$ 497.46
L6920	Wrist disarticulation external power self-suspended inner socket removable forea		\$ 5,303.15
L6925	Wrist disarticulation external power self-suspended inner socket removable forea		\$ 6,122.41
L6930	Below elbow external power self-suspended inner socket removable forearm shell o		\$ 5,336.04
L6935	Below elbow external power self-suspended inner socket removable forearm shell o		\$ 6,237.03
L6940	Elbow disarticulation external power molded inner socket removable humeral shell		\$ 6,971.87
L6945	Elbow disarticulation external power molded inner socket removable humeral shell		\$ 8,110.97
L6950	Above elbow external power molded inner socket removable humeral shell internal		\$ 7,924.51
L6955	Above elbow external power molded inner socket removable humeral shell internal		\$ 9,490.69
L6960	Shoulder disarticulation external power molded inner socket removable shoulder s		\$ 9,572.07
L6965	Shoulder disarticulation external power molded inner socket removable shoulder s		\$ 11,261.99
L6970	Interscapular-thoracic external power molded inner socket removable shoulder she		\$ 11,589.63
L6975	Interscapular-thoracic external power molded inner socket removable shoulder she		\$ 12,732.85
L7007	Electric hand switch or myoelectric controlled adult		\$ 2,734.38
L7008	Electric hand switch or myoelectric controlled pediatric		\$ 4,303.62
L7009	Electric hook switch or myoelectric controlled adult		\$ 2,789.93
L7040	Prehensile actuator switch controlled		\$ 2,240.20
L7045	Electric hook switch or myoelectric controlled pediatric		\$ 1,284.39
L7170	Electronic elbow hosmer or equal switch controlled		\$ 4,659.32
L7180	Electronic elbow microprocessor sequential control of elbow and terminal device		\$ 25,958.28
L7181	Electronic elbow microprocessor simultaneous control of elbow and terminal devic		\$ 28,649.75
L7185	Electronic elbow adolescent variety village or equal switch controlled		\$ 4,718.18
L7186	Electronic elbow child variety village or equal switch controlled		\$ 7,028.95
L7190	Electronic elbow adolescent variety village or equal myoelectronically controlle		\$ 6,003.00
L7191	Electronic elbow child variety village or equal myoelectronically controlled		\$ 7,344.83
L7259	Electronic wrist rotator any type		\$ 3,047.27
L7360	Six volt battery each		\$ 181.84
L7362	Battery charger six volt each		\$ 199.09
L7364	Twelve volt battery each		\$ 340.07
L7366	Battery charger twelve volt each		\$ 462.96
L7367	Lithium ion battery rechargeable replacement		\$ 277.97
L7368	Lithium ion battery charger replacement only		\$ 360.34
L7400	Addition to upper extremity prosthesis below elbow/wrist disarticulation ultrali		\$ 219.15
L7401	Addition to upper extremity prosthesis above elbow disarticulation ultralight ma		\$ 245.34
L7402	Addition to upper extremity prosthesis shoulder disarticulation/interscapular th		\$ 264.95
L7403	Addition to upper extremity prosthesis below elbow/wrist disarticulation acrylic		\$ 263.32
L7404	Addition to upper extremity prosthesis above elbow disarticulation acrylic mater		\$ 397.42
L7405	Addition to upper extremity prosthesis shoulder disarticulation/interscapular th		\$ 519.77
L7520	Repair prosthetic device labor component per 15 minutes	RB	\$ 19.91
L8000	Breast prosthesis mastectomy bra without integrated breast prosthesis form any s		\$ 29.01
L8001	Breast prosthesis mastectomy bra with integrated breast prosthesis form unilater		\$ 89.56
L8002	Breast prosthesis mastectomy bra with integrated breast prosthesis form bilatera		\$ 117.79

Medical Equipment Devices and Supplies (MEDS) Reimbursement Rates Effective April 1, 2018

Procedure Code	Description	Modifier	New Medicaid Rates
L8010	Breast prosthesis mastectomy sleeve		\$ 38.50
L8015	External breast prosthesis garment with mastectomy form post mastectomy		\$ 42.89
L8020	Breast prosthesis mastectomy form		\$ 159.41
L8030	Breast prosthesis silicone or equal without integral adhesive		\$ 284.12
L8031	Breast prosthesis silicone or equal with integral adhesive		\$ 313.41
L8032	Nipple prosthesis reusable any type each		\$ 33.14
L8035	Custom breast prosthesis post mastectomy molded to patient model		\$ 2,615.79
L8040	Nasal prosthesis provided by a non-physician		\$ 1,774.59
L8041	Midfacial prosthesis provided by a non-physician		\$ 2,139.07
L8042	Orbital prosthesis provided by a non-physician		\$ 2,403.45
L8043	Upper facial prosthesis provided by a non-physician		\$ 2,691.86
L8044	Hemi-facial prosthesis provided by a non-physician		\$ 2,980.27
L8045	Auricular prosthesis provided by a non-physician		\$ 1,954.07
L8046	Partial facial prosthesis provided by a non-physician		\$ 1,922.76
L8047	Nasal septal prosthesis provided by a non-physician		\$ 985.42
L8049	Repair or modification of maxillofacial prosthesis labor component 15 minute inc	RB	\$ 19.91
L8300	Truss single with standard pad		\$ 67.03
L8310	Truss double with standard pads		\$ 105.83
L8320	Truss addition to standard pad water pad		\$ 47.83
L8330	Truss addition to standard pad scrotal pad		\$ 44.46
L8400	Prosthetic sheath below knee each		\$ 12.51
L8410	Prosthetic sheath above knee each		\$ 18.66
L8415	Prosthetic sheath upper limb each		\$ 19.30
L8417	Prosthetic sheath/sock including a gel cushion layer below knee or above knee ea		\$ 53.68
L8420	Prosthetic sock multiple ply below knee each		\$ 15.46
L8430	Prosthetic sock multiple ply above knee each		\$ 17.58
L8435	Prosthetic sock multiple ply upper limb each		\$ 18.34
L8440	Prosthetic shrinker below knee each		\$ 33.23
L8460	Prosthetic shrinker above knee each		\$ 52.96
L8465	Prosthetic shrinker upper limb each		\$ 38.76
L8470	Prosthetic sock single ply fitting below knee each		\$ 5.30
L8480	Prosthetic sock single ply fitting above knee each		\$ 7.89
L8485	Prosthetic sock single ply fitting upper limb each		\$ 8.84
L8500	Artificial larynx any type		\$ 552.02
L8501	Tracheostomy speaking valve		\$ 114.51
L8505	Artificial larynx replacement battery / accessory any type		\$ 93.06
L8507	Tracheo-esophageal voice prosthesis patient inserted any type each		\$ 31.48
L8509	Tracheo-esophageal voice prosthesis inserted by a licensed health care provider		\$ 82.08
L8510	Voice amplifier		\$ 189.92
L8511	Insert for indwelling tracheoesophageal prosthesis with or without valve replace		\$ 54.66
L8512	Gelatin capsules or equivalent for use with tracheoesophageal voice prosthesis r		\$ 1.63
L8513	Cleaning device used with tracheoesophageal voice prosthesis pipet brush or equa		\$ 3.90
L8514	Tracheoesophageal puncture dilator replacement only each		\$ 70.88
L8515	Gelatin capsule application device for use with tracheoesophageal voice prosthes		\$ 47.44
L8609	Artificial cornea		\$ 5,446.35
L8615	Headset/headpiece for use with cochlear implant device replacement		\$ 322.10
L8616	Microphone for use with cochlear implant device replacement		\$ 75.02
L8617	Transmitting coil for use with cochlear implant device replacement		\$ 65.52
L8618	Transmitter cable for use with cochlear implant device replacement		\$ 18.72
L8619	Cochlear implant external speech processor and controller integrated system repl		\$ 5,927.88
L8621	Zinc air battery for use with cochlear implant device and auditory osseointegrat		\$ 0.45
L8622	Alkaline battery for use with cochlear implant device any size replacement each		\$ 0.24

Medical Equipment Devices and Supplies (MEDS) Reimbursement Rates Effective April 1, 2018

Procedure Code	Description	Modifier	New Medicaid Rates
L8623	Lithium ion battery for use with cochlear implant device speech processor other		\$ 46.20
L8624	Lithium ion battery for use with cochlear implant device speech processor ear le		\$ 115.16
L8627	Cochlear implant external speech processor component replacement		\$ 5,103.02
L8628	Cochlear implant external controller component replacement		\$ 884.55
L8629	Transmitting coil and cable integrated for use with cochlear implant device repl		\$ 119.70
L8630	Metacarpophalangeal joint implant		\$ 303.41
L8659	Interphalangeal finger joint replacement 2 or more pieces metal (e.g. stainless		\$ 1,378.12
L8679	Implantable neurostimulator pulse generator any type		\$ 7,124.41
L8680	Implantable neurostimulator electrode each		\$ 394.24
L8681	Patient programmer (external) for use with implantable programmable neurostimul		\$ 1,003.38
L8682	Implantable neurostimulator radiofrequency receiver		\$ 5,443.44
L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator r		\$ 4,791.47
L8684	Radiofrequency transmitter (external) for use with implantable sacral root neuro		\$ 633.34
L8685	Implantable neurostimulator pulse generator single array rechargeable includes e		\$ 11,223.67
L8686	Implantable neurostimulator pulse generator single array non-rechargeable includ		\$ 7,161.58
L8687	Implantable neurostimulator pulse generator dual array rechargeable includes ext		\$ 14,606.47
L8688	Implantable neurostimulator pulse generator dual array non-rechargeable includes		\$ 9,320.11
L8689	External recharging system for battery (internal) for use with implantable neuro		\$ 1,441.91
L8690	Auditory osseointegrated device includes all internal and external components		\$ 4,495.14
L8691	Auditory osseointegrated device external sound processor replacement		\$ 1,904.36
L8695	External recharging system for battery (external) for use with implantable neuro		\$ 11.90
S1040	Cranial remolding orthosis pediatric rigid with soft interface material custom f		\$ 1,119.69
S8189	Tracheostomy supply not otherwise classified		\$ 18.80
T4521	Adult sized disposable incontinence product brief/diaper small each		\$ 0.44
T4522	Adult sized disposable incontinence product brief/diaper medium each		\$ 0.49
T4523	Adult sized disposable incontinence product brief/diaper large each		\$ 0.66
T4524	Adult sized disposable incontinence product brief/diaper extra large each		\$ 0.69
T4525	Adult sized disposable incontinence product protective underwear/pull-on small s		\$ 0.62
T4526	Adult sized disposable incontinence product protective underwear/pull-on medium		\$ 0.74
T4527	Adult sized disposable incontinence product protective underwear/pull-on large s		\$ 0.74
T4528	Adult sized disposable incontinence product protective underwear/pull-on extra l		\$ 0.74
T4529	Pediatric sized disposable incontinence product brief/diaper small/medium size e		\$ 0.45
T4530	Pediatric sized disposable incontinence product brief/diaper large size each		\$ 0.56
T4531	Pediatric sized disposable incontinence product protective underwear/pull-on sm		\$ 0.66
T4532	Pediatric sized disposable incontinence product protective underwear/pull-on lar		\$ 0.55
T4533	Youth sized disposable incontinence product brief/diaper each		\$ 0.40
T4534	Youth sized disposable incontinence product protective underwear/pull-on each		\$ 0.68
T4535	Disposable liner/shield/guard/pad/undergarment for incontinence each		\$ 0.32
T4536	Incontinence product protective underwear/pull-on reusable any size each		\$ 2.12
T4537	Incontinence product protective underpad reusable bed size each		\$ 4.00
T4539	Incontinence product diaper/brief reusable any size each		\$ 1.69
T4540	Incontinence product protective underpad reusable chair size each		\$ 3.43
T4541	Incontinence product disposable underpad large each		\$ 0.32
T4542	Incontinence product disposable underpad small size each		\$ 0.27
T4543	Adult sized disposable incontinence product protective brief/diaper above extra		\$ 1.22
T4544	Adult sized disposable incontinence product protective underwear/pull-on above e		\$ 1.22
V2623	Prosthetic eye plastic custom		\$ 750.83
V2624	Polishing/resurfacing of ocular prosthesis		\$ 50.92
V2625	Enlargement of ocular prosthesis		\$ 309.59
V2626	Reduction of ocular prosthesis		\$ 166.88
V2627	Scleral cover shell		\$ 1,077.80
V2628	Fabrication and fitting of ocular conformer		\$ 254.49

Medical Equipment Devices and Supplies (MEDS) Reimbursement Rates Effective April 1, 2018

Procedure Code	Description	Modifier	New Medicaid Rates
V5010	Assessment for hearing aid		\$ 23.50
V5011	Fitting/orientation/checking of hearing aid		\$ 47.00
V5014	Repair/modification of a hearing aid		\$ 23.50
V5030	Hearing aid monaural body worn air conduction		\$ 329.00
V5040	Hearing aid monaural body worn bone conduction		\$ 329.00
V5050	Hearing aid monaural in the ear		\$ 282.00
V5060	Hearing aid monaural behind the ear		\$ 282.00
V5090	Dispensing fee unspecified hearing aid		\$ 470.00
V5120	Binaural body		\$ 564.00
V5130	Binaural in the ear		\$ 564.00
V5140	Binaural behind the ear		\$ 564.00
V5160	Dispensing fee binaural		\$ 423.00
V5170	Hearing aid cros in the ear		\$ 385.40
V5180	Hearing aid cros behind the ear		\$ 385.40
V5200	Dispensing fee cros		\$ 282.00
V5210	Hearing aid bicros in the ear		\$ 485.04
V5220	Hearing aid bicros behind the ear		\$ 485.04
V5240	Dispensing fee bicros		\$ 423.00
V5241	Dispensing fee monaural hearing aid any type		\$ 282.00
V5254	Hearing aid digital monaural cic		\$ 282.00
V5255	Hearing aid digital monaural itc		\$ 282.00
V5256	Hearing aid digital monaural ite		\$ 470.00
V5257	Hearing aid digital monaural bte		\$ 470.00
V5258	Hearing aid digital binaural cic		\$ 564.00
V5259	Hearing aid digital binaural itc		\$ 564.00
V5260	Hearing aid digital binaural ite		\$ 940.00
V5261	Hearing aid digital binaural bte		\$ 940.00
V5264	Ear mold/insert not disposable any type		\$ 30.08
V5266	Battery for use in hearing device		\$ 1.18
V5267	Hearing aid or assistive listening device/supplies/accessories not otherwise spe		\$ 23.50
V5274	Assistive listening device not otherwise specified		\$ 188.00