

Calendar Fee Review (CFR) Attachment 4 - K Codes - (Proposed to be effective January 1, 2020)

TOS*	Procedure Code	Long Description	Modifier	Age Range	Place of Service	CURRENT		1/1/2020		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
J	K0001	standard wheelchair		0-999	2	\$432.52	\$432.52	\$432.52	\$432.52	0.00%
L	K0001	standard wheelchair		0-999	2	\$43.25	\$43.25	\$43.25	\$43.25	0.00%
J	K0002	standard hemi (low seat) wheelchair		0-999	2	\$664.42	\$664.42	\$664.42	\$664.42	0.00%
L	K0002	standard hemi (low seat) wheelchair		0-999	2	\$66.44	\$66.44	\$66.44	\$66.44	0.00%
J	K0003	lightweight wheelchair		0-999	2	\$727.58	\$727.58	\$727.58	\$727.58	0.00%
L	K0003	lightweight wheelchair		0-999	2	\$72.76	\$72.76	\$69.95	\$69.95	-3.86%
J	K0004	high strength, lightweight wheelchair		0-999	2	\$1,085.18	\$1,085.18	\$1,085.18	\$1,085.18	0.00%
L	K0004	high strength, lightweight wheelchair		0-999	2	\$108.52	\$108.52	\$108.52	\$108.52	0.00%
J	K0005	ultralightweight wheelchair		0-999	2	\$2,001.69	\$2,001.69	\$2,001.69	\$2,001.69	0.00%
L	K0005	ultralightweight wheelchair		0-999	2	\$200.15	\$200.15	\$200.15	\$200.15	0.00%
J	K0006	heavy duty wheelchair		0-999	2	\$1,018.42	\$1,018.42	\$1,018.42	\$1,018.42	0.00%
L	K0006	heavy duty wheelchair		0-999	2	\$101.84	\$101.84	\$101.84	\$101.84	0.00%
J	K0007	extra heavy duty wheelchair		0-999	2	\$1,449.45	\$1,449.45	\$1,449.45	\$1,449.45	0.00%
L	K0007	extra heavy duty wheelchair		0-999	2	\$144.94	\$144.94	\$144.94	\$144.94	0.00%
J	K0008	custom manual wheelchair/base		0-999	2	Manually Priced	Manually Priced	Manually Priced	Manually Priced	2.00%
L	K0008	custom manual wheelchair/base		0-999	2	Manually Priced	Manually Priced	Manually Priced	Manually Priced	2.00%
J	K0009	other manual wheelchair/base		0-999	2	Manually Priced	Manually Priced	Manually Priced	Manually Priced	2.00%
L	K0009	other manual wheelchair/base		0-999	2	Manually Priced	Manually Priced	Manually Priced	Manually Priced	2.00%
J	K0010	standard - weight frame motorized/power wheelchair		0-999	2	\$3,620.90	\$3,331.23	\$3,331.23	\$3,331.23	0.00%
L	K0010	standard - weight frame motorized/power wheelchair		0-999	2	\$362.09	\$333.12	\$333.12	\$333.12	0.00%
J	K0011	standard - weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking		0-999	2	\$5,122.80	\$4,712.98	\$4,712.98	\$4,712.98	0.00%
L	K0011	standard - weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking		0-999	2	\$512.28	\$471.30	\$471.30	\$471.30	0.00%
J	K0012	lightweight portable motorized/power wheelchair		0-999	2	\$3,343.49	\$3,076.01	\$3,076.01	\$3,076.01	0.00%
L	K0012	lightweight portable motorized/power wheelchair		0-999	2	\$334.35	\$307.60	\$307.60	\$307.60	0.00%
J	K0013	custom motorized/power wheelchair base		0-999	2	Manually Priced	Manually Priced	Manually Priced	Manually Priced	2.00%
L	K0013	custom motorized/power wheelchair base		0-999	2	Manually Priced	Manually Priced	Manually Priced	Manually Priced	2.00%
J	K0015	detachable, non-adjustable height armrest, replacement only, each		0-999	2	\$196.73	\$196.73	\$196.73	\$196.73	0.00%
J	K0017	detachable, adjustable height armrest, base, replacement only, each		0-999	2	\$55.35	\$55.35	\$48.39	\$48.39	-12.57%
J	K0018	detachable, adjustable height armrest, upper portion, replacement only, each		0-999	2	\$30.92	\$30.92	\$27.19	\$27.19	-12.06%
J	K0019	arm pad, replacement only, each		0-999	2	\$17.70	\$17.70	\$15.08	\$15.08	-14.80%
J	K0020	fixed, adjustable height armrest, pair		0-999	2	\$50.30	\$50.30	\$45.62	\$45.62	-9.30%
J	K0037	high mount flip-up footrest, each		0-999	2	\$52.14	\$52.14	\$45.57	\$45.57	-12.60%
J	K0038	leg strap, each		0-999	2	\$26.26	\$26.26	\$23.56	\$23.56	-10.28%

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J	K0039	leg strap, h style, each		0-999	2	\$58.33	\$58.33	\$51.45	\$51.45	-11.79%
J	K0040	adjustable angle footplate, each		0-999	2	\$80.84	\$80.84	\$64.51	\$64.51	-20.20%
J	K0041	large size footplate, each		0-999	2	\$57.29	\$57.29	\$49.88	\$49.88	-12.93%
J	K0042	standard size footplate, replacement only, each		0-999	2	\$39.44	\$39.44	\$33.25	\$33.25	-15.69%
J	K0043	footrest, lower extension tube, replacement only, each		0-999	2	\$21.15	\$21.15	\$19.05	\$19.05	-9.93%
J	K0044	footrest, upper hanger bracket, replacement only, each		0-999	2	\$18.01	\$18.01	\$16.41	\$16.41	-8.88%
J	K0045	footrest, complete assembly, replacement only, each		0-999	2	\$61.31	\$61.31	\$54.90	\$54.90	-10.46%
J	K0046	elevating legrest, lower extension tube, replacement only, each		0-999	2	\$21.15	\$21.15	\$19.11	\$19.11	-9.65%
L	K0046	elevating legrest, lower extension tube, replacement only, each		0-999	2	\$2.12	\$2.12	\$1.91	\$1.91	-9.91%
J	K0047	elevating legrest, upper hanger bracket, replacement only, each		0-999	2	\$82.81	\$82.81	\$71.26	\$71.26	-13.95%
L	K0047	elevating legrest, upper hanger bracket, replacement only, each		0-999	2	\$8.28	\$8.28	\$7.13	\$7.13	-13.89%
J	K0050	ratchet assembly, replacement only		0-999	2	\$35.20	\$35.20	\$31.58	\$31.58	-10.28%
J	K0051	cam release assembly, footrest or legrest, replacement only, each		0-999	2	\$56.95	\$56.95	\$50.55	\$50.55	-11.24%
J	K0052	swingaway, detachable footrests, replacement only, each		0-999	2	\$100.08	\$100.08	\$83.04	\$83.04	-17.03%
J	K0053	elevating footrests, articulating (telescoping), each		0-999	2	\$110.45	\$110.45	\$94.86	\$94.86	-14.11%
L	K0053	elevating footrests, articulating (telescoping), each		0-999	2	\$11.05	\$11.05	\$9.48	\$9.48	-14.21%
J	K0056	seat height less than 17" or equal to or greater than 21" for a high strength, lightweight, or ultralightweight wheelchair		0-999	2	\$77.23	\$77.23	\$77.23	\$77.23	0.00%
J	K0065	spoke protectors, each		0-999	2	\$36.10	\$36.10	\$36.10	\$36.10	0.00%
L	K0065	spoke protectors, each		0-999	2	\$3.61	\$3.61	\$3.61	\$3.61	0.00%
J	K0069	rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each		0-999	2	\$81.15	\$81.15	\$81.15	\$81.15	0.00%
J	K0070	rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each		0-999	2	\$148.73	\$148.73	\$148.73	\$148.73	0.00%
J	K0071	front caster assembly, complete, with pneumatic tire, replacement only, each		0-999	2	\$88.72	\$88.72	\$88.72	\$88.72	0.00%
J	K0072	front caster assembly, complete, with semi-pneumatic tire, replacement only, each		0-999	2	\$53.41	\$53.41	\$53.41	\$53.41	0.00%
J	K0073	caster pin lock, each		0-999	2	\$27.17	\$27.17	\$27.17	\$27.17	0.00%
J	K0077	front caster assembly, complete, with solid tire, replacement only, each		0-999	2	\$47.79	\$47.79	\$47.79	\$47.79	0.00%
J	K0098	drive belt for power wheelchair, replacement only		0-999	2	\$28.59	\$28.59	\$25.70	\$25.70	-10.11%
J	K0105	iv hanger, each		0-999	2	\$80.74	\$80.74	\$80.74	\$80.74	0.00%
L	K0105	iv hanger, each		0-999	2	\$8.07	\$8.07	\$8.07	\$8.07	0.00%
J	K0108	wheelchair component or accessory, not otherwise specified		0-999	N/F	\$0.00	\$0.00	Manually Priced	Manually Priced	0.00%

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J	K0195	elevating leg rests, pair (for use with capped rental wheelchair base)		0-999	2	\$147.53	\$147.53	\$147.53	\$147.53	0.00%
L	K0195	elevating leg rests, pair (for use with capped rental wheelchair base)		0-999	2	\$14.75	\$14.75	\$14.75	\$14.75	0.00%
L	K0455	infusion pump used for uninterrupted parenteral administration of medication, (e.g., epoprostenol or treprostinol)		0-999	2	\$277.83	\$255.60	\$255.60	\$255.60	0.00%
L	K0462	temporary replacement for patient owned equipment being repaired, any type supplies for external non-		0-999	2	\$48.76	\$48.76	\$48.76	\$48.76	0.00%
9	K0552	insulin drug infusion pump, syringe type cartridge, sterile, each		0-999	2	\$2.74	\$2.52	\$2.52	\$2.52	0.00%
9	K0601	replacement battery for external infusion pump owned by patient, silver oxide, 1.5 volt, each		0-999	2	\$1.16	\$1.07	\$1.07	\$1.07	0.00%
9	K0602	replacement battery for external infusion pump owned by patient, silver oxide, 3 volt, each		0-999	2	\$6.67	\$6.14	\$6.14	\$6.14	0.00%
9	K0603	replacement battery for external infusion pump owned by patient, alkaline, 1.5 volt, each		0-999	2	\$0.60	\$0.55	\$0.55	\$0.55	0.00%
9	K0604	replacement battery for external infusion pump owned by patient, lithium 3.6 volt, each		0-999	2	\$6.38	\$5.87	\$5.87	\$5.87	0.00%
9	K0605	replacement battery for external infusion pump owned by patient, lithium 4.5 volt, each		0-999	2	\$15.31	\$14.09	\$14.09	\$14.09	0.00%
L	K0606	automatic external defibrillator, with integrated electrocardiogram analysis, garment type		0-999	2	\$2,518.27	\$2,316.81	\$2,316.81	\$2,316.81	0.00%
9	K0607	replacement battery for automated external defibrillator, garment type only, each	U1	0-20	2	\$152.80	\$140.58	\$140.58	\$140.58	0.00%
9	K0609	replacement electrodes for use with automated external defibrillator, garment type only, each	U2	0-20	2	\$704.78	\$648.40	\$648.40	\$648.40	0.00%
J	K0669	wheelchair accessory, wheelchair seat or back cushion, does not meet specific code criteria or no written coding verification from dme pdac		0-999	2	\$73.55	\$73.55	\$73.55	\$73.55	0.00%
9	K0672	addition to lower extremity orthosis, removable soft interface, all components, replacement only, each		0-999	N/F	\$70.02	\$64.42	\$64.42	\$64.42	0.00%
J	K0730	controlled dose inhalation drug delivery system		0-999	2	\$1,724.02	\$1,586.10	\$1,586.10	\$1,586.10	0.00%
J	K0733	power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g. gel cell, absorbed glassmat)		0-999	N	\$29.46	\$29.46	\$29.46	\$29.46	0.00%

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L	K0738	system, rental; home compressor used to fill portable oxygen cylinders, includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing		0-999	2	\$0.00	\$0.00	Manually Priced	Manually Priced	0.00%
9	K0739	repair or nonroutine service for durable medical equipment other than oxygen requiring the skill of a technician, labor component, per 15 minutes		0-999	2	\$13.08	\$13.08	\$13.08	\$13.08	0.00%
J	K0800	power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds		0-999	2	\$1,260.71	\$1,260.71	\$1,082.89	\$1,082.89	-14.10%
L	K0800	power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds		0-999	2	\$126.08	\$126.08	\$108.30	\$108.30	-14.10%
J	K0801	power operated vehicle, group 1 heavy duty, patient weight capacity, 301 to 450 pounds		0-999	2	\$1,989.39	\$1,989.39	\$1,841.43	\$1,841.43	-7.44%
L	K0801	power operated vehicle, group 1 heavy duty, patient weight capacity, 301 to 450 pounds		0-999	2	\$198.92	\$198.92	\$184.14	\$184.14	-7.43%
J	K0802	power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds		0-999	2	\$2,300.17	\$2,300.17	\$2,246.11	\$2,246.11	-2.35%
L	K0802	power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds		0-999	2	\$230.01	\$230.01	\$224.61	\$224.61	-2.35%
J	K0813	power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds		0-999	2	\$2,352.57	\$2,352.57	\$2,352.57	\$2,352.57	0.00%
L	K0813	power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds		0-999	2	\$235.26	\$235.26	\$235.26	\$235.26	0.00%
J	K0814	power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds		0-999	2	\$3,011.23	\$3,011.23	\$3,011.23	\$3,011.23	0.00%
L	K0814	power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds		0-999	2	\$301.12	\$301.12	\$301.12	\$301.12	0.00%
J	K0815	power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds		0-999	2	\$3,429.01	\$3,429.01	\$3,429.01	\$3,429.01	0.00%
L	K0815	power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds		0-999	2	\$342.91	\$342.91	\$342.91	\$342.91	0.00%

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J	K0816	power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds		0-999	2	\$3,283.99	\$3,283.99	\$3,283.99	\$3,283.99	0.00%
L	K0816	power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds		0-999	2	\$328.39	\$328.39	\$328.39	\$328.39	0.00%
J	K0820	power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds		0-999	2	\$2,512.88	\$2,512.88	\$2,512.88	\$2,512.88	0.00%
L	K0820	power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds		0-999	2	\$251.27	\$251.27	\$251.27	\$251.27	0.00%
J	K0821	power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds		0-999	2	\$3,157.20	\$3,157.20	\$3,157.20	\$3,157.20	0.00%
L	K0821	power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds		0-999	2	\$315.72	\$315.72	\$315.72	\$315.72	0.00%
J	K0822	power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds		0-999	2	\$2,715.89	\$2,715.89	\$2,963.22	\$2,963.22	9.11%
L	K0822	power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds		0-999	2	\$282.17	\$282.17	\$296.32	\$296.32	5.01%
J	K0823	power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds		0-999	2	\$2,703.93	\$2,703.93	\$2,904.46	\$2,904.46	7.42%
L	K0823	power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds		0-999	2	\$272.85	\$272.85	\$290.45	\$290.45	6.45%
J	K0824	power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds		0-999	2	\$4,009.76	\$4,009.76	\$4,009.76	\$4,009.76	0.00%
L	K0824	power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds		0-999	2	\$405.43	\$405.43	\$400.98	\$400.98	-1.10%
J	K0825	power wheelchair, group 2 heavy duty, captains chair, patient weight capacity 301 to 450 pounds		0-999	2	\$3,343.50	\$3,343.50	\$3,512.60	\$3,512.60	5.06%
L	K0825	power wheelchair, group 2 heavy duty, captains chair, patient weight capacity 301 to 450 pounds		0-999	2	\$365.82	\$365.82	\$351.26	\$351.26	-3.98%

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J	K0826	power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds		0-999	2	\$6,143.91	\$6,143.91	\$6,143.91	\$6,143.91	0.00%
L	K0826	power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds		0-999	2	\$611.81	\$611.81	\$614.39	\$614.39	0.42%
J	K0827	power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds		0-999	2	\$5,198.70	\$5,198.70	\$5,198.70	\$5,198.70	0.00%
L	K0827	power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds		0-999	2	\$519.87	\$519.87	\$519.87	\$519.87	0.00%
J	K0828	power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more		0-999	2	\$6,736.87	\$6,736.87	\$6,736.87	\$6,736.87	0.00%
L	K0828	power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more		0-999	2	\$673.68	\$673.68	\$673.68	\$673.68	0.00%
J	K0829	power wheelchair, group 2 extra heavy duty, captains chair, patient weight capacity 601 pounds or more		0-999	2	\$6,186.37	\$6,186.37	\$6,186.37	\$6,186.37	0.00%
L	K0829	power wheelchair, group 2 extra heavy duty, captains chair, patient weight capacity 601 pounds or more		0-999	2	\$618.64	\$618.64	\$618.64	\$618.64	0.00%
J	K0835	power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds		0-999	2	\$4,029.82	\$4,029.82	\$4,029.82	\$4,029.82	0.00%
L	K0835	power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds		0-999	2	\$402.98	\$402.98	\$402.98	\$402.98	0.00%
J	K0836	power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds		0-999	2	\$4,103.15	\$4,103.15	\$4,103.15	\$4,103.15	0.00%
L	K0836	power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds		0-999	2	\$410.32	\$410.32	\$410.32	\$410.32	0.00%
J	K0837	power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds		0-999	2	\$4,722.60	\$4,722.60	\$4,722.60	\$4,722.60	0.00%
L	K0837	power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds		0-999	2	\$472.26	\$472.26	\$472.26	\$472.26	0.00%

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J	K0838	power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds		0-999	2	\$4,263.77	\$4,263.77	\$4,263.77	\$4,263.77	0.00%
L	K0838	power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds		0-999	2	\$426.37	\$426.37	\$426.37	\$426.37	0.00%
J	K0839	power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds		0-999	2	\$6,113.83	\$6,113.83	\$6,113.83	\$6,113.83	0.00%
L	K0839	power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds		0-999	2	\$611.39	\$611.39	\$611.39	\$611.39	0.00%
J	K0840	power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more		0-999	2	\$9,262.75	\$9,262.75	\$9,262.75	\$9,262.75	0.00%
L	K0840	power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more		0-999	2	\$926.27	\$926.27	\$926.27	\$926.27	0.00%
J	K0841	power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds		0-999	2	\$4,211.50	\$4,211.50	\$4,211.50	\$4,211.50	0.00%
L	K0841	power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds		0-999	2	\$421.15	\$421.15	\$421.15	\$421.15	0.00%
J	K0842	power wheelchair, group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds		0-999	2	\$4,211.50	\$4,211.50	\$4,211.50	\$4,211.50	0.00%
L	K0842	power wheelchair, group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds		0-999	2	\$421.15	\$421.15	\$421.15	\$421.15	0.00%
J	K0843	power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds		0-999	2	\$5,070.65	\$5,070.65	\$5,070.65	\$5,070.65	0.00%
L	K0843	power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds		0-999	2	\$507.06	\$507.06	\$507.06	\$507.06	0.00%

Calendar Fee Review (CFR) Attachment 4 - K Codes - (Proposed to be effective January 1, 2020)

TOS*	Procedure Code	Long Description	Modifier	Age Range	Place of Service	CURRENT		1/1/2020		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
J	K0848	power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds		0-999	2	\$4,948.92	\$4,948.92	\$5,113.10	\$5,113.10	3.32%
L	K0848	power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds		0-999	2	\$529.88	\$529.88	\$511.31	\$511.31	-3.50%
J	K0849	power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds		0-999	2	\$4,954.69	\$4,954.69	\$4,954.69	\$4,954.69	0.00%
L	K0849	power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds		0-999	2	\$495.47	\$495.47	\$495.47	\$495.47	0.00%
J	K0850	power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds		0-999	2	\$5,987.63	\$5,987.63	\$5,987.63	\$5,987.63	0.00%
L	K0850	power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds		0-999	2	\$598.76	\$598.76	\$598.76	\$598.76	0.00%
J	K0851	power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds		0-999	2	\$5,599.02	\$5,599.02	\$5,702.58	\$5,702.58	1.85%
L	K0851	power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds		0-999	2	\$559.90	\$559.90	\$570.26	\$570.26	1.85%
J	K0852	power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds		0-999	2	\$6,906.95	\$6,906.95	\$6,906.95	\$6,906.95	0.00%
L	K0852	power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds		0-999	2	\$690.70	\$690.70	\$690.70	\$690.70	0.00%
J	K0853	power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity, 451 to 600 pounds		0-999	2	\$7,095.16	\$7,095.16	\$7,095.16	\$7,095.16	0.00%
L	K0853	power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity, 451 to 600 pounds		0-999	2	\$709.52	\$709.52	\$709.52	\$709.52	0.00%
J	K0854	power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more		0-999	2	\$9,399.56	\$9,399.56	\$9,399.56	\$9,399.56	0.00%
L	K0854	power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more		0-999	2	\$939.96	\$939.96	\$939.96	\$939.96	0.00%



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TOS*	Procedure Code	Long Description	Modifier	Age Range	Place of Service	CURRENT		1/1/2020		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
J	K0855	power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more		0-999	2	\$8,879.29	\$8,879.29	\$8,879.29	\$8,879.29	0.00%
L	K0855	power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more		0-999	2	\$887.93	\$887.93	\$887.93	\$887.93	0.00%
J	K0856	power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds		0-999	2	\$5,558.85	\$5,558.85	\$5,558.85	\$5,558.85	0.00%
L	K0856	power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds		0-999	2	\$567.23	\$521.85	\$555.89	\$555.89	6.52%
J	K0857	power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds		0-999	2	\$5,642.51	\$5,642.51	\$5,642.51	\$5,642.51	0.00%
L	K0857	power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds		0-999	2	\$564.25	\$564.25	\$564.25	\$564.25	0.00%
J	K0858	power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds		0-999	2	\$6,863.07	\$6,863.07	\$6,863.07	\$6,863.07	0.00%
L	K0858	power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds		0-999	2	\$686.31	\$686.31	\$686.31	\$686.31	0.00%
J	K0859	power wheelchair, group 3 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds		0-999	2	\$6,375.95	\$6,375.95	\$6,494.02	\$6,494.02	1.85%
L	K0859	power wheelchair, group 3 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds		0-999	2	\$637.60	\$637.60	\$649.40	\$649.40	1.85%
J	K0860	power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds		0-999	2	\$9,804.76	\$9,804.76	\$9,804.76	\$9,804.76	0.00%
L	K0860	power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds		0-999	2	\$980.48	\$980.48	\$980.48	\$980.48	0.00%
J	K0861	power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds		0-999	2	\$5,226.89	\$5,226.89	\$5,496.99	\$5,496.99	5.17%

Calendar Fee Review (CFR) Attachment 4 - K Codes - (Proposed to be effective January 1, 2020)

TOS*	Procedure Code	Long Description	Modifier	Age Range	Place of Service	CURRENT		1/1/2020		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
L	K0861	power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds		0-999	2	\$543.60	\$543.60	\$549.70	\$549.70	1.12%
J	K0862	power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds		0-999	2	\$6,863.07	\$6,863.07	\$6,863.07	\$6,863.07	0.00%
L	K0862	power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds		0-999	2	\$686.31	\$686.31	\$686.31	\$686.31	0.00%
J	K0863	power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds		0-999	2	\$9,804.76	\$9,804.76	\$9,804.76	\$9,804.76	0.00%
L	K0863	power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds		0-999	2	\$980.48	\$980.48	\$980.48	\$980.48	0.00%
J	K0864	power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more		0-999	2	\$11,667.78	\$11,667.78	\$11,667.78	\$11,667.78	0.00%
L	K0864	power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more		0-999	2	\$1,166.77	\$1,166.77	\$1,166.77	\$1,166.77	0.00%
J	K0868	power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds		0-999	2	\$0.00	\$0.00	Manually Priced	Manually Priced	0.00%
L	K0868	power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds		0-999	2	\$0.00	\$0.00	Manually Priced	Manually Priced	0.00%
J	K0869	power wheelchair, group 4 standard, captains chair, patient weight capacity up to and including 300 pounds		0-999	2	\$0.00	\$0.00	Manually Priced	Manually Priced	0.00%
L	K0869	power wheelchair, group 4 standard, captains chair, patient weight capacity up to and including 300 pounds		0-999	2	\$261.09	\$261.09	\$261.09	\$261.09	0.00%
J	K0870	power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds		0-999	2	\$0.00	\$0.00	Manually Priced	Manually Priced	0.00%
L	K0870	power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds		0-999	2	\$0.00	\$0.00	Manually Priced	Manually Priced	0.00%

Calendar Fee Review (CFR) Attachment 4 - K Codes - (Proposed to be effective January 1, 2020)

TOS*	Procedure Code	Long Description	Modifier	Age Range	Place of Service	CURRENT		1/1/2020		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
J	K0871	power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds		0-999	2	\$0.00	\$0.00	Manually Priced	Manually Priced	0.00%
L	K0871	power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds		0-999	2	\$0.00	\$0.00	Manually Priced	Manually Priced	0.00%
J	K0877	power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds		0-999	2	\$0.00	\$0.00	Manually Priced	Manually Priced	0.00%
L	K0877	power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds		0-999	2	\$275.87	\$275.87	\$275.87	\$275.87	0.00%
J	K0878	power wheelchair, group 4 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds		0-999	2	\$0.00	\$0.00	Manually Priced	Manually Priced	0.00%
L	K0878	power wheelchair, group 4 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds		0-999	2	\$0.00	\$0.00	Manually Priced	Manually Priced	0.00%
J	K0879	power wheelchair, group 4 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds		0-999	2	\$0.00	\$0.00	Manually Priced	Manually Priced	0.00%
L	K0879	power wheelchair, group 4 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds		0-999	2	\$529.74	\$529.74	\$529.74	\$529.74	0.00%
J	K0880	power wheelchair, group 4 very heavy duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds		0-999	2	\$0.00	\$0.00	Manually Priced	Manually Priced	0.00%
L	K0880	power wheelchair, group 4 very heavy duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds		0-999	2	\$824.92	\$824.92	\$824.92	\$824.92	0.00%
J	K0884	power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds		0-999	2	\$0.00	\$0.00	Manually Priced	Manually Priced	0.00%
L	K0884	power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds		0-999	2	\$0.00	\$0.00	Manually Priced	Manually Priced	0.00%

Calendar Fee Review (CFR) Attachment 4 - K Codes - (Proposed to be effective January 1, 2020)

TOS*	Procedure Code	Long Description	Modifier	Age Range	Place of Service	CURRENT		1/1/2020		Percent Change from Current Medicaid Fee
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J	K0885	power wheelchair, group 4 standard, multiple power option, captains chair, weight capacity up to and including 300 pounds		0-999	2	\$5,889.23	\$5,889.23	\$5,889.23	\$5,889.23	0.00%
L	K0885	power wheelchair, group 4 standard, multiple power option, captains chair, weight capacity up to and including 300 pounds		0-999	2	\$588.93	\$588.93	\$588.93	\$588.93	0.00%
J	K0886	power wheelchair, group 4 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds		0-999	2	\$0.00	\$0.00	Manually Priced	Manually Priced	0.00%
L	K0886	power wheelchair, group 4 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds		0-999	2	\$543.92	\$543.92	\$543.92	\$543.92	0.00%
J	K0890	power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds		0-999	2	\$9,197.50	\$8,461.70	\$8,461.70	\$8,461.70	0.00%
L	K0890	power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds		0-999	2	\$919.75	\$846.17	\$846.17	\$846.17	0.00%
J	K0891	power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds		0-999	2	\$10,981.85	\$10,981.85	\$10,981.85	\$10,981.85	0.00%
L	K0891	power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds		0-999	2	\$1,218.04	\$1,218.04	\$1,098.19	\$1,098.19	-9.84%
J	K0898	power wheelchair, not otherwise classified		0-999	2	\$0.00	\$0.00	Manually Priced	Manually Priced	0.00%
L	K0898	power wheelchair, not otherwise classified		0-999	2	\$0.00	\$0.00	Manually Priced	Manually Priced	0.00%
J	K0899	power mobility device, not coded by dme pdac or does not meet criteria		0-999	2	\$0.00	\$0.00	Manually Priced	Manually Priced	0.00%
L	K0899	power mobility device, not coded by dme pdac or does not meet criteria		0-999	2	\$0.00	\$0.00	Manually Priced	Manually Priced	0.00%
J	K0900	customized durable medical equipment, other than wheelchair		0-999	2	Manually Priced	Manually Priced	Manually Priced	Manually Priced	2.00%
L	K0900	customized durable medical equipment, other than wheelchair		0-999	2	Manually Priced	Manually Priced	Manually Priced	Manually Priced	2.00%

Calendar Fee Review (CFR) Attachment 4 - K Codes - (Proposed to be effective January 1, 2020)

TOS*	Procedure Code	Long Description	Modifier	Age Range	Place of Service	CURRENT		1/1/2020		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
*Type of Service (TOS)										
9	Other Medical Items or Services									
J	DME Purchase - New									
L	DME Rental - Monthly									
*Modifier										
U1	Nonwearable External Defibrillator									
U2	Nonwearable External Defibrillator									
*Place of Service										
2	Home									
N	Nonfacility									
N/F	Nonfacility/Facility									

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