

CFR ATTACHMENT 6 - DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS, AND SUPPLIES - E CODES

						CURRENT		PROPOSED	
TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
J	E0100		cane, includes canes of all materials, adjustable or fixed, with tip	0-999	N	\$15.27	\$15.27	\$15.27	\$15.27
J	E0105		cane, quad or three prong, includes canes of all materials, adjustable or fixed, with tips	0-999	N	\$36.35	\$36.35	\$36.35	\$36.35
J	E0110		crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips	0-999	N	\$54.34	\$54.34	\$54.34	\$54.34
L	E0110		crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips	0-999	N	\$5.43	\$5.43	\$5.43	\$5.43
J	E0111		crutch forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrips	0-999	N	\$35.87	\$35.87	\$35.87	\$35.87
L	E0111		crutch forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrips	0-999	N	\$3.59	\$3.59	\$3.59	\$3.59
J	E0112		crutches underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips	0-999	N	\$28.78	\$28.78	\$28.78	\$28.78
L	E0112		crutches underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips	0-999	N	\$2.88	\$2.88	\$2.88	\$2.88
J	E0113		crutch underarm, wood, adjustable or fixed, each, with pad, tip and handgrip	0-999	N	\$16.76	\$16.76	\$16.76	\$16.76
L	E0113		crutch underarm, wood, adjustable or fixed, each, with pad, tip and handgrip	0-999	N	\$1.68	\$1.68	\$1.68	\$1.68
J	E0114		crutches underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips	0-999	N	\$32.30	\$32.30	\$32.30	\$32.30
L	E0114		crutches underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips	0-999	N	\$3.23	\$3.23	\$3.23	\$3.23
J	E0116		crutch, underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each	0-999	N	\$20.72	\$20.72	\$20.72	\$20.72
L	E0116		crutch, underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each	0-999	N	\$2.07	\$2.07	\$2.07	\$2.07
J	E0130		walker, rigid (pickup), adjustable or fixed height	0-999	N	\$54.34	\$54.34	\$54.34	\$54.34
L	E0130		walker, rigid (pickup), adjustable or fixed height	0-999	N	\$5.43	\$5.43	\$5.43	\$5.43

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J	E0135		walker, folding (pickup), adjustable or fixed height	0-999	N	\$69.81	\$69.81	\$62.35	\$62.35
L	E0135		walker, folding (pickup), adjustable or fixed height	0-999	N	\$6.98	\$6.98	\$6.23	\$6.23
J	E0140		walker, with trunk support, adjustable or fixed height, any type	0-999	N	\$345.08	\$345.08	\$285.60	\$285.60
J	E0141		walker, rigid, wheeled, adjustable or fixed height	0-999	N	\$88.39	\$88.39	\$88.39	\$88.39
L	E0141		walker, rigid, wheeled, adjustable or fixed height	0-999	N	\$8.84	\$8.84	\$8.84	\$8.84
J	E0143		walker, folding, wheeled, adjustable or fixed height	0-999	N	\$92.22	\$92.22	\$92.22	\$92.22
L	E0143		walker, folding, wheeled, adjustable or fixed height	0-999	N	\$9.22	\$9.22	\$9.22	\$9.22
J	E0144		walker, enclosed, four sided framed, rigid or folding, wheeled with posterior seat	0-999	N	\$198.12	\$198.12	\$198.12	\$198.12
L	E0144		walker, enclosed, four sided framed, rigid or folding, wheeled with posterior seat	0-999	N	\$19.81	\$19.81	\$19.81	\$19.81
J	E0147		walker, heavy duty, multiple braking system, variable wheel resistance	0-999	N	\$478.58	\$478.58	\$343.73	\$343.73
L	E0147		walker, heavy duty, multiple braking system, variable wheel resistance	0-999	N	\$47.86	\$47.86	\$34.37	\$34.37
J	E0148		walker, heavy duty, without wheels, rigid or folding, any type, each	0-999	N	\$105.78	\$105.78	\$105.78	\$105.78
L	E0148		walker, heavy duty, without wheels, rigid or folding, any type, each	0-999	N	\$10.58	\$10.58	\$10.58	\$10.58
J	E0149		walker, heavy duty, wheeled, rigid or folding, any type	0-999	N	\$157.56	\$157.56	\$170.82	\$170.82
L	E0149		walker, heavy duty, wheeled, rigid or folding, any type	0-999	N	\$15.76	\$15.76	\$17.08	\$17.08
J	E0153		platform attachment, forearm crutch, each	0-999	N	\$63.52	\$63.52	\$63.52	\$63.52
J	E0154		platform attachment, walker, each	0-999	N	\$58.71	\$58.71	\$53.45	\$53.45
J	E0155		wheel attachment, rigid pick-up walker, per pair	0-999	N	\$25.22	\$25.22	\$23.56	\$23.56
J	E0157		crutch attachment, walker, each	0-999	N	\$41.94	\$41.94	\$56.63	\$56.63
J	E0158		leg extensions for walker, per set of four (4)	0-999	N	\$21.42	\$21.42	\$21.42	\$21.42
J	E0159		brake attachment for wheeled walker, replacement, each	0-999	N	\$14.88	\$14.88	\$14.88	\$14.88
J	E0160		sitz type bath or equipment, portable, used with or without commode	0-999	N	\$20.81	\$20.81	\$10.04	\$10.04
J	E0161		sitz type bath or equipment, portable, used with or without commode, with faucet attachment/s	0-999	N	\$21.54	\$21.54	\$21.54	\$21.54
J	E0162		sitz bath chair	0-999	N	\$119.64	\$119.64	\$119.64	\$119.64

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L	E0162		sitz bath chair	0-999	N	\$11.96	\$11.96	\$11.96	\$11.96
J	E0163		commode chair, mobile or stationary, with fixed arms	0-999	N	\$97.06	\$97.06	\$88.70	\$88.70
J	E0163	TG	commode chair, stationary, with fixed arms, complex/high tech level of care	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
J	E0165		commode chair, mobile or stationary, with detachable arms	0-999	N	\$171.69	\$171.69	\$148.65	\$148.65
J	E0165	TG	commode chair, stationary, with detachable arms, complex/high tech level of care	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
J	E0167		pail or pan for use with commode chair, replacement only	0-999	N	\$9.09	\$9.09	\$9.09	\$9.09
L	E0167		pail or pan for use with commode chair, replacement only	0-999	N	\$0.91	\$0.91	\$0.91	\$0.91
J	E0168		commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each	0-999	N	\$132.81	\$132.81	\$120.74	\$120.74
J	E0168	TF	commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each, intermediate level of care	0-999	N	\$319.26	\$319.26	\$319.26	\$319.26
J	E0168	TG	commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each, complex/high tech level of care	0-999	N	\$1,544.22	\$1,544.22	\$1,544.22	\$1,544.22
J	E0170		commode chair with integrated seat lift mechanism, electric, any type	0-999	N	\$1,653.85	\$1,653.85	\$1,653.85	\$1,653.85
J	E0171		commode chair with integrated seat lift mechanism, non-electric, any type	0-999	N	\$297.63	\$297.63	\$297.63	\$297.63
J	E0172		seat lift mechanism placed over or on top of toilet, any type	0-999	N	\$1,806.79	\$1,806.79	\$1,433.64	\$1,433.64
J	E0175		foot rest, for use with commode chair, each	0-999	N	\$51.06	\$51.06	\$51.06	\$51.06
L	E0175		foot rest, for use with commode chair, each	0-999	N	\$5.11	\$5.11	\$5.11	\$5.11
J	E0181		powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy duty	0-999	N	\$251.71	\$251.71	\$206.40	\$206.40
L	E0181		powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy duty	0-999	N	\$25.17	\$25.17	\$20.64	\$20.64
L	E0182		pump for alternating pressure pad, for replacement only	0-999	N	\$17.98	\$17.98	\$21.64	\$21.64
J	E0184		dry pressure mattress	0-999	N	\$440.74	\$440.74	\$143.82	\$143.82
L	E0184		dry pressure mattress	0-999	N	\$22.60	\$22.60	\$14.38	\$14.38

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J	E0185		gel or gel-like pressure pad for mattress, standard mattress length and width	0-999	N	\$280.68	\$280.68	\$225.12	\$225.12
L	E0185		gel or gel-like pressure pad for mattress, standard mattress length and width	0-999	N	\$28.07	\$28.07	\$22.51	\$22.51
J	E0186		air pressure mattress	0-999	N	\$1,778.79	\$1,778.79	\$157.86	\$157.86
L	E0186		air pressure mattress	0-999	N	\$17.81	\$17.81	\$15.79	\$15.79
J	E0187		water pressure mattress	0-999	N/F	\$224.20	\$224.20	\$147.23	\$147.23
L	E0187		water pressure mattress	0-999	N	\$22.42	\$22.42	\$14.72	\$14.72
J	E0188		synthetic sheepskin pad	0-999	N	\$20.67	\$20.67	\$20.67	\$20.67
J	E0189		lambswool sheepskin pad, any size	0-999	N	\$47.80	\$47.80	\$38.62	\$38.62
J	E0190		positioning cushion/pillow/wedge, any shape or size, includes all components and accessories	0-999	N	\$47.99	\$47.99	\$52.16	\$52.16
J	E0190	UD	positioning cushion/pillow/wedge, any shape or size, includes all components and accessories	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
J	E0191		heel or elbow protector, each	0-999	N	\$7.74	\$7.74	\$7.74	\$7.74
L	E0193		powered air flotation bed (low air loss therapy)	0-999	N	\$752.22	\$752.22	\$669.13	\$669.13
L	E0194		air fluidized bed	0-999	N	\$2,258.07	\$2,258.07	\$2,258.07	\$2,258.07
J	E0196		gel pressure mattress	0-999	N	\$313.81	\$313.81	\$237.63	\$237.63
L	E0196		gel pressure mattress	0-999	N	\$31.38	\$31.38	\$23.76	\$23.76
J	E0197		air pressure pad for mattress, standard mattress length and width	0-999	N	\$173.27	\$173.27	\$156.87	\$156.87
L	E0197		air pressure pad for mattress, standard mattress length and width	0-999	N	\$17.33	\$17.33	\$15.69	\$15.69
J	E0198		water pressure pad for mattress, standard mattress length and width	0-999	N	\$135.92	\$135.92	\$135.92	\$135.92
L	E0198		water pressure pad for mattress, standard mattress length and width	0-999	N	\$13.59	\$13.59	\$13.59	\$13.59
J	E0199		dry pressure pad for mattress, standard mattress length and width	0-999	N/F	\$30.15	\$30.15	\$24.71	\$24.71
L	E0202		phototherapy (bilirubin) light with photometer	0-999	N	\$53.90	\$53.90	\$53.90	\$53.90
J	E0210		electric heat pad, standard	0-999	N	\$24.09	\$24.09	\$24.09	\$24.09
J	E0217		water circulating heat pad with pump	0-999	N	\$435.67	\$435.67	\$435.67	\$435.67
L	E0217		water circulating heat pad with pump	0-999	N	\$43.57	\$43.57	\$43.57	\$43.57
J	E0218		water circulating cold pad with pump	0-999	N	\$360.49	\$360.49	\$259.65	\$259.65
L	E0218		water circulating cold pad with pump	0-999	N	\$36.05	\$36.05	\$25.97	\$25.97
L	E0225		hydrocollator unit, includes pads	0-999	N	\$37.01	\$37.01	\$37.01	\$37.01
J	E0235		paraffin bath unit, portable (see medical supply code a4265 for paraffin)	0-999	N	\$166.70	\$166.70	\$166.70	\$166.70
L	E0235		paraffin bath unit, portable (see medical supply code a4265 for paraffin)	0-999	N	\$16.67	\$16.67	\$16.67	\$16.67

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J	E0236		pump for water circulating pad	0-999	N	\$427.43	\$427.43	\$427.43	\$427.43
J	E0240		bath/shower chair, with or without wheels, any size	0-999	N	\$83.13	\$83.13	\$86.42	\$86.42
J	E0240	TF	bath/shower chair, with or without wheels, any size	0-999	N	\$1,434.28	\$1,434.28	\$1,434.28	\$1,434.28
J	E0240	TG	bath/shower chair, with or without wheels, any size	0-999	N	\$1,935.82	\$1,935.82	\$1,935.82	\$1,935.82
J	E0243		toilet rail, each	0-999	N	\$40.00	\$40.00	\$61.50	\$61.50
J	E0244		raised toilet seat	0-999	N	\$28.90	\$28.90	\$35.41	\$35.41
J	E0245		tub stool or bench	0-999	N	\$39.00	\$39.00	\$45.00	\$45.00
J	E0246		transfer tub rail attachment	0-999	N	\$41.49	\$41.49	\$48.10	\$48.10
J	E0247		transfer bench for tub or toilet with or without commode opening	0-999	N	\$88.70	\$88.70	\$92.00	\$92.00
J	E0248		transfer bench, heavy duty, for tub or toilet with or without commode opening	0-999	N	\$138.62	\$138.62	\$176.30	\$176.30
J	E0250		hospital bed, fixed height, with any type side rails, with mattress	0-999	N	\$738.59	\$738.59	\$883.21	\$883.21
L	E0250		hospital bed, fixed height, with any type side rails, with mattress	0-999	N	\$73.86	\$73.86	\$88.32	\$88.32
J	E0255		hospital bed, variable height, hi-lo, with any type side rails, with mattress	0-999	N	\$930.30	\$930.30	\$930.30	\$930.30
L	E0255		hospital bed, variable height, hi-lo, with any type side rails, with mattress	0-999	N	\$93.03	\$93.03	\$93.03	\$93.03
J	E0260		hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress	0-999	N	\$1,118.66	\$1,118.66	\$1,243.16	\$1,243.16
L	E0260		hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress	0-999	N	\$111.87	\$111.87	\$124.32	\$124.32
J	E0265		hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress	0-999	N	\$1,772.72	\$1,772.72	\$1,600.68	\$1,600.68
L	E0265		hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress	0-999	N	\$177.27	\$177.27	\$160.07	\$160.07
J	E0271		mattress, innerspring	0-999	N	\$148.48	\$148.48	\$163.40	\$163.40
J	E0275		bed pan, standard, metal or plastic	0-999	N	\$14.85	\$14.85	\$10.38	\$10.38
J	E0276		bed pan, fracture, metal or plastic	0-999	N	\$12.22	\$12.22	\$12.22	\$12.22
L	E0277		powered pressure-reducing air mattress	0-999	N	\$506.13	\$506.13	\$421.54	\$421.54
J	E0280		bed cradle, any type	0-999	N	\$30.25	\$30.25	\$30.25	\$30.25
L	E0280		bed cradle, any type	0-999	N	\$3.03	\$3.03	\$3.03	\$3.03
J	E0300		pediatric crib, hospital grade, fully enclosed, with or without top enclosure	0-999	N	\$2,838.62	\$2,838.62	\$2,473.19	\$2,473.19

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L	E0300		pediatric crib, hospital grade, fully enclosed, with or without top enclosure	0-999	N	\$283.86	\$283.86	\$247.32	\$247.32
J	E0303		hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress	0-999	N	\$4,273.17	\$4,273.17	\$2,733.11	\$2,733.11
L	E0303		hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress	0-999	N	\$427.32	\$427.32	\$273.31	\$273.31
J	E0304		hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress durable medical equipment	0-999	N	\$3,978.56	\$3,978.56	\$5,237.67	\$5,237.67
L	E0304		hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress durable medical equipment	0-999	N	\$610.28	\$610.28	\$523.77	\$523.77
J	E0305		bed side rails, half length	0-999	N	\$140.88	\$140.88	\$135.48	\$135.48
J	E0310		bed side rails, full length	0-999	N	\$121.94	\$121.94	\$140.20	\$140.20
J	E0315		bed accessory: board, table, or support device, any type	0-999	N	\$150.68	\$150.68	\$147.60	\$147.60
J	E0316		safety enclosure frame/canopy for use with hospital bed, any type	0-999	N	\$1,865.73	\$1,865.73	\$1,729.42	\$1,729.42
L	E0316		safety enclosure frame/canopy for use with hospital bed, any type	0-999	N	\$168.85	\$168.85	\$172.94	\$172.94
J	E0325		urinal; male, jug-type, any material	0-999	N	\$11.23	\$11.23	\$7.59	\$7.59
L	E0325		urinal; male, jug-type, any material	0-999	N	\$1.12	\$1.12	\$0.76	\$0.76
J	E0326		urinal; female, jug-type, any material	0-999	N	\$7.81	\$7.81	\$7.81	\$7.81
J	E0328		hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress	0-999	N	\$5,059.53	\$5,059.53	\$5,059.53	\$5,059.53
L	E0328		hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress	0-999	N	\$505.95	\$505.95	\$505.95	\$505.95

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J	E0329		hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress	0-999	N	\$6,746.03	\$6,746.03	\$6,746.03	\$6,746.03
L	E0329		hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress	0-999	N	\$674.61	\$674.61	\$674.60	\$674.60
9	E0350		control unit for electronic bowel irrigation/evacuation system	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
9	E0352		disposable pack (water reservoir bag, speculum, valving mechanism and collection bag/box) for use with the electronic bowel irrigation/evacuation system	0-999	N	\$56.25	\$56.25	\$51.34	\$51.34
J	E0370		air pressure elevator for heel	0-999	N	\$21.78	\$21.78	\$51.10	\$51.10
L	E0370		air pressure elevator for heel	0-999	N	\$2.18	\$2.18	\$5.11	\$5.11
J	E0371		nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width	0-999	N	\$3,519.69	\$3,519.69	\$3,801.20	\$3,801.20
L	E0371		nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width	0-999	N	\$351.97	\$351.97	\$380.12	\$380.12
J	E0372		powered air overlay for mattress, standard mattress length and width	0-999	N	\$4,270.88	\$4,270.88	\$4,270.88	\$4,270.88
L	E0372		powered air overlay for mattress, standard mattress length and width	0-999	N	\$427.09	\$427.09	\$427.09	\$427.09
J	E0373		nonpowered advanced pressure reducing mattress	0-999	N	\$4,865.88	\$4,865.88	\$4,865.88	\$4,865.88
L	E0373		nonpowered advanced pressure reducing mattress	0-999	N	\$486.59	\$486.59	\$486.59	\$486.59
L	E0424		stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	0-999	N	\$159.32	\$159.32	\$173.17	\$173.17
L	E0431		portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing	0-999	N	\$26.47	\$26.47	\$26.47	\$26.47

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L	E0433		portable liquid oxygen system, rental; home liquefier used to fill portable liquid oxygen containers, includes portable containers, regulator, flowmeter, humidifier, cannula or mask and tubing, withor without supply reservoir and contents gauge	0-999	N	\$47.50	\$47.50	\$41.30	\$41.30
L	E0434		portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing	0-999	N	\$26.47	\$26.47	\$28.26	\$28.26
L	E0439		stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing	0-999	N	\$159.32	\$159.32	\$159.32	\$159.32
L ¹	E0441 ¹		stationary oxygen contents, gaseous, 1 month's supply = 1 unit	0-999	N	\$7.13	\$7.13	Not a Benefit	Not a Benefit
L ¹	E0442 ¹		stationary oxygen contents, liquid, 1 month's supply = 1 unit	0-999	N	\$7.13	\$7.13	Not a Benefit	Not a Benefit
L ¹	E0443 ¹		portable oxygen contents, gaseous, 1 month's supply = 1 unit	0-999	N	\$7.13	\$7.13	Not a Benefit	Not a Benefit
L ¹	E0444 ¹		portable oxygen contents, liquid, 1 month's supply = 1 unit	0-999	N	\$7.13	\$7.13	Not a Benefit	Not a Benefit
J ¹	E0445 ¹	TG ¹	Oximeter device for measuring blood oxygen levels noninvasively	0-999	N	\$2,214.00	\$2,036.88	Not a Benefit	Not a Benefit
L ¹	E0445 ¹	TG ¹	Oximeter device for measuring blood oxygen levels noninvasively	0-999	N	\$221.40	\$203.69	Not a Benefit	Not a Benefit
J	E0457		chest shell (cuirass)	0-999	N	\$574.41	\$574.41	\$450.00	\$450.00
L	E0457		chest shell (cuirass)	0-999	N	\$57.44	\$57.44	\$45.00	\$45.00
J	E0459		chest wrap	0-999	N	\$445.12	\$445.12	\$346.25	\$346.25
L	E0459		chest wrap	0-999	N	\$44.51	\$44.51	\$34.63	\$34.63
J	E0470		respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	0-999	N	\$2,777.35	\$2,777.35	\$2,257.02	\$2,257.02
L	E0470		respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive arway pressure device)	0-999	N	\$277.74	\$277.74	\$225.70	\$225.70

CFR ATTACHMENT 6 - DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS, AND SUPPLIES - E CODES

						CURRENT		PROPOSED	
TOS*	Proce- dure Code	Mod- ifier	Long Description	Age Range	Non- Facility (N)/ Facility (F)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
L	E0471		respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	0-999	N	\$363.60	\$363.60	\$436.67	\$436.67
L	E0472		respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)	0-999	N	\$363.60	\$363.60	\$397.03	\$397.03
J	E0480		percussor, electric or pneumatic, home model	0-999	N	\$359.08	\$359.08	\$359.08	\$359.08
L	E0480		percussor, electric or pneumatic, home model	0-999	N	\$35.91	\$35.91	\$35.91	\$35.91
L	E0482		cough stimulating device, alternating positive and negative airway pressure	0-999	N	\$266.76	\$266.76	\$266.76	\$266.76
J	E0483		high frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each	0-999	N	\$9,253.45	\$9,253.45	\$9,253.45	\$9,253.45
L	E0483		high frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each	0-999	N	\$925.35	\$925.35	\$925.35	\$925.35
L	E0500		ippb machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source	0-999	N	\$95.39	\$95.39	\$95.39	\$95.39
J	E0550		humidifier, durable for extensive supplemental humidification during ippb treatments or oxygen delivery	0-999	N	\$427.43	\$427.43	\$427.43	\$427.43
L	E0550		humidifier, durable for extensive supplemental humidification during ippb treatments or oxygen delivery	0-999	N	\$42.74	\$42.74	\$42.74	\$42.74
J	E0561		humidifier, non-heated, used with positive airway pressure device	0-999	N	\$89.09	\$89.09	\$89.09	\$89.09
L	E0561		humidifier, non-heated, used with positive airway pressure device	0-999	N	\$8.91	\$8.91	\$8.91	\$8.91
J	E0562		humidifier, heated, used with positive airway pressure device	0-999	N	\$250.79	\$250.79	\$235.61	\$235.61
L	E0562		humidifier, heated, used with positive airway pressure device	0-999	N	\$25.08	\$25.08	\$23.56	\$23.56
J	E0565		compressor, air power source for equipment which is not self- contained or cylinder driven	0-999	N	\$589.35	\$589.35	\$414.40	\$414.40

CFR ATTACHMENT 6 - DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS, AND SUPPLIES - E CODES

						CURRENT		PROPOSED	
TOS*	Proce- dure Code	Mod- ifier	Long Description	Age Range	Non- Facility (N)/ Facility (F)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
L	E0565		compressor, air power source for equipment which is not self- contained or cylinder driven	0-999	N	\$58.94	\$58.94	\$41.44	\$41.44
J	E0570		nebulizer, with compressor	0-999	N	\$129.63	\$129.63	\$129.63	\$129.63
J	E0574		ultrasonic/electronic aerosol generator with small volume nebulizer	0-999	N	\$388.88	\$388.88	\$388.88	\$388.88
J	E0575		nebulizer, ultrasonic, large volume	0-999	N	\$992.86	\$992.86	\$992.86	\$992.86
J	E0580		nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter	0-999	N	\$118.88	\$118.88	\$118.88	\$118.88
L	E0580		nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter	0-999	N	\$11.89	\$11.89	\$11.89	\$11.89
J	E0585		nebulizer, with compressor and heater	0-999	N	\$322.64	\$322.64	\$248.10	\$248.10
J	E0600		respiratory suction pump, home model, portable or stationary, electric	0-999	N	\$442.34	\$442.34	\$442.34	\$442.34
J	E0601		continuous positive airway pressure (cpap) device	0-999	N	\$1,112.52	\$1,112.52	\$811.38	\$811.38
L	E0601		continuous positive airway pressure (cpap) device	0-999	N	\$85.58	\$85.58	\$81.14	\$81.14
J	E0602		breast pump, manual, any type	0-999	N	\$16.66	\$16.66	\$16.66	\$16.66
J	E0603		breast pump, electric (ac and/or dc), any type	0-999	N	\$152.88	\$152.88	\$173.47	\$173.47
L	E0604		breast pump, hospital grade, electric (ac and / or dc), any type	0-999	N	\$69.15	\$69.15	\$69.15	\$69.15
J ¹	E0605 ¹		vaporizer, room type	0-999	N	\$24.20	\$24.20	Not a Benefit	Not a Benefit
J	E0606		postural drainage board	0-999	N	\$158.15	\$158.15	\$158.15	\$158.15
J	E0610		pacemaker monitor, self-contained, (checks battery depletion, includes audible and visible check systems)	0-999	N	\$229.77	\$229.77	\$229.77	\$229.77
J	E0615		pacemaker monitor, self contained, checks battery depletion and other pacemaker components, includes digital/visible check systems	0-999	N	\$450.27	\$450.27	\$450.27	\$450.27
9	E0616		implantable cardiac event recorder with memory, activator and programmer	0-999	F	\$3,033.59	\$3,033.59	\$3,033.59	\$3,033.59
J	E0616		implantable cardiac event recorder with memory, activator and programmer	0-999	N	\$3,033.59	\$3,033.59	\$3,033.59	\$3,033.59
J	E0617		external defibrillator with integrated electrocardiogram analysis	0-999	N	\$2,346.51	\$2,346.51	\$2,346.51	\$2,346.51
L	E0617		external defibrillator with integrated electrocardiogram analysis	0-999	N	\$234.65	\$234.65	\$234.65	\$234.65

CFR ATTACHMENT 6 - DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS, AND SUPPLIES - E CODES

						CURRENT		PROPOSED	
TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
J	E0618		apnea monitor, without recording feature	0-20	N	\$2,335.34	\$2,335.34	\$2,335.34	\$2,335.34
J ¹	E0619 ¹		apnea monitor, with recording feature	0-20	N	\$2,094.10	\$2,094.10	\$1,956.52	\$1,956.52
L ¹	E0619 ¹		apnea monitor, with recording feature	0-20	N	\$209.41	\$209.41	\$195.65	\$195.65
J	E0621		sling or seat, patient lift, canvas or nylon	0-999	N	\$87.88	\$87.88	\$70.64	\$70.64
J	E0625		patient lift, bathroom or toilet, not otherwise classified	0-999	N	\$463.75	\$463.75	\$529.99	\$529.99
L	E0625		patient lift, bathroom or toilet, not otherwise classified	0-999	N	\$46.38	\$46.38	\$53.00	\$53.00
J	E0625	U1	patient lift, bathroom or toilet, not otherwise classified	0-999	N	\$980.71	\$980.71	\$1,188.49	\$1,188.49
J	E0625	U2	patient lift, bathroom or toilet, not otherwise classified	0-999	N	\$2,376.36	\$2,376.36	\$2,376.36	\$2,376.36
J	E0625	U3	patient lift, bathroom or toilet, not otherwise classified	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
J	E0628		separate seat lift mechanism for use with patient owned furniture-electric	0-999	N	\$319.48	\$319.48	\$240.70	\$240.70
J	E0629		separate seat lift mechanism for use with patient owned furniture-non-electric	0-999	N	\$319.47	\$319.47	\$243.35	\$243.35
J	E0630		patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s)	0-999	N	\$984.22	\$984.22	\$852.38	\$852.38
L	E0630		patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s)	0-999	N	\$98.42	\$98.42	\$85.24	\$85.24
J	E0635		patient lift, electric with seat or sling	0-999	N	\$1,765.53	\$1,765.53	\$1,765.53	\$1,765.53
J	E0635		patient lift, electric with seat or sling	0-999	N	\$1,765.53	\$1,765.53	\$1,765.53	\$1,765.53
L	E0635		patient lift, electric with seat or sling	0-999	N	\$176.55	\$176.55	\$176.55	\$176.55
J	E0637		combination sit to stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels	0-999	N	\$3,271.83	\$3,271.83	\$3,271.83	\$3,271.83
J	E0638	UA	standing frame/table system, one position (e.g. upright, supine or prone stander), any size including pediatric, with or without wheels	0-999	N	\$2,302.31	\$2,302.31	\$2,302.31	\$2,302.31
J	E0638	UB	standing frame/table system, one position (e.g. upright, supine or prone stander), any size including pediatric, with or without wheels	0-999	N	\$2,868.85	\$2,868.85	\$2,595.30	\$2,595.30
J	E0641		standing frame/table system, multi-position (e.g. three-way stander), any size including pediatric, with or without wheels	0-999	N	\$2,588.49	\$2,588.49	\$2,588.49	\$2,588.49

CFR ATTACHMENT 6 - DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS, AND SUPPLIES - E CODES

						CURRENT		PROPOSED	
TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
J	E0642		standing frame/table system, mobile (dynamic stander), any size including pediatric	0-999	N	\$3,452.89	\$3,452.89	\$3,337.40	\$3,337.40
J	E0650		pneumatic compressor, non-segmental home model	0-999	N	\$532.16	\$532.16	\$532.16	\$532.16
L	E0650		pneumatic compressor, non-segmental home model	0-999	N	\$53.22	\$53.22	\$53.22	\$53.22
J	E0651		pneumatic compressor, segmental home model without calibrated gradient pressure	0-999	N	\$887.19	\$887.19	\$887.19	\$887.19
L	E0651		pneumatic compressor, segmental home model without calibrated gradient pressure	0-999	N	\$88.72	\$88.72	\$88.72	\$88.72
J	E0652		pneumatic compressor, segmental home model with calibrated gradient pressure	0-999	N	\$4,170.41	\$4,170.41	\$4,170.41	\$4,170.41
L	E0652		pneumatic compressor, segmental home model with calibrated gradient pressure	0-999	N	\$417.04	\$417.04	\$417.04	\$417.04
J	E0655		non-segmental pneumatic appliance for use with pneumatic compressor, half arm	0-999	N	\$84.77	\$84.77	\$84.77	\$84.77
L	E0655		non-segmental pneumatic appliance for use with pneumatic compressor, half arm	0-999	N	\$8.48	\$8.48	\$8.48	\$8.48
J	E0660		non-segmental pneumatic appliance for use with pneumatic compressor, full leg	0-999	N	\$120.92	\$120.92	\$120.92	\$120.92
L	E0660		non-segmental pneumatic appliance for use with pneumatic compressor, full leg	0-999	N	\$12.09	\$12.09	\$12.09	\$12.09
J	E0665		non-segmental pneumatic appliance for use with pneumatic compressor, full arm	0-999	N	\$103.33	\$103.33	\$103.33	\$103.33
L	E0665		non-segmental pneumatic appliance for use with pneumatic compressor, full arm	0-999	N	\$10.33	\$10.33	\$10.33	\$10.33
J	E0666		non-segmental pneumatic appliance for use with pneumatic compressor, half leg	0-999	N	\$98.84	\$98.84	\$98.84	\$98.84
L	E0666		non-segmental pneumatic appliance for use with pneumatic compressor, half leg	0-999	N	\$9.88	\$9.88	\$9.88	\$9.88
J	E0667		segmental pneumatic appliance for use with pneumatic compressor, full leg	0-999	N	\$312.76	\$312.76	\$312.76	\$312.76
L	E0667		segmental pneumatic appliance for use with pneumatic compressor, full leg	0-999	N	\$31.28	\$31.28	\$31.28	\$31.28

CFR ATTACHMENT 6 - DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS, AND SUPPLIES - E CODES

						CURRENT		PROPOSED	
TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
J	E0668		segmental pneumatic appliance for use with pneumatic compressor, full arm	0-999	N	\$399.35	\$399.35	\$399.35	\$399.35
L	E0668		segmental pneumatic appliance for use with pneumatic compressor, full arm	0-999	N	\$39.94	\$39.94	\$39.94	\$39.94
J	E0669		segmental pneumatic appliance for use with pneumatic compressor, half leg	0-999	N	\$152.75	\$152.75	\$152.75	\$152.75
L	E0669		segmental pneumatic appliance for use with pneumatic compressor, half leg	0-999	N	\$15.28	\$15.28	\$15.28	\$15.28
J	E0670		segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk	0-999	N	\$1,020.77	\$1,020.77	\$1,020.77	\$1,020.77
L	E0670		segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk	0-999	N	\$102.08	\$102.08	\$102.08	\$102.08
J	E0671		segmental gradient pressure pneumatic appliance, full leg	0-999	N	\$364.48	\$364.48	\$364.48	\$364.48
L	E0671		segmental gradient pressure pneumatic appliance, full leg	0-999	N	\$36.45	\$36.45	\$36.45	\$36.45
J	E0672		segmental gradient pressure pneumatic appliance, full arm	0-999	N	\$301.67	\$301.67	\$301.67	\$301.67
L	E0672		segmental gradient pressure pneumatic appliance, full arm	0-999	N	\$30.17	\$30.17	\$30.17	\$30.17
J	E0673		segmental gradient pressure pneumatic appliance, half leg	0-999	N	\$235.33	\$235.33	\$235.33	\$235.33
L	E0673		segmental gradient pressure pneumatic appliance, half leg	0-999	N	\$23.53	\$23.53	\$23.53	\$23.53
J	E0676		intermittent limb compression device (includes all accessories), not otherwise specified	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
L	E0676		intermittent limb compression device (includes all accessories), not otherwise specified	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
J	E0700		safety equipment, device or accessory, any type	0-999	N	\$35.00	\$35.00	\$33.96	\$33.96
J	E0705		transfer device, any type, each	0-999	N	\$34.88	\$34.88	\$40.96	\$40.96
J	E0710		restraints, any type (body, chest, wrist or ankle)	0-999	N/F	\$31.80	\$31.80	\$31.80	\$31.80
L	E0710		restraints, any type (body, chest, wrist or ankle)	0-999	N	\$3.18	\$3.18	\$3.18	\$3.18
J	E0720		transcutaneous electrical nerve stimulation (tens) device, two lead, localized stimulation	0-999	N	\$321.77	\$321.77	\$294.06	\$294.06
L	E0720		transcutaneous electrical nerve stimulation (tens) device, two lead, localized stimulation	0-999	N	\$32.18	\$32.18	\$29.41	\$29.41

CFR ATTACHMENT 6 - DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS, AND SUPPLIES - E CODES

						CURRENT		PROPOSED	
TOS*	Proce- dure Code	Mod- ifier	Long Description	Age Range	Non- Facility (N)/ Facility (F)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
J	E0730		transcutaneous electrical nerve stimulation (tens) device, four or more leads, for multiple nerve stimulation	0-999	N	\$329.14	\$329.14	\$274.09	\$274.09
L	E0730		transcutaneous electrical nerve stimulation (tens) device, four or more leads, for multiple nerve stimulation	0-999	N	\$32.91	\$32.91	\$27.41	\$27.41
J	E0731		form fitting conductive garment for delivery of tens or nmes (with conductive fibers separated from the patient's skin by layers of fabric)	0-999	N	\$278.93	\$278.93	\$278.93	\$278.93
L	E0731		form fitting conductive garment for delivery of tens or nmes (with conductive fibers separated from the patient's skin by layers of fabric)	0-999	N	\$27.89	\$27.89	\$27.89	\$27.89
J	E0740		incontinence treatment system, pelvic floor stimulator, monitor, sensor and/or trainer	0-999	N	\$481.04	\$481.04	\$481.04	\$481.04
J	E0745		neuromuscular stimulator, electronic shock unit	0-999	N	\$823.49	\$823.49	\$823.49	\$823.49
L	E0745		neuromuscular stimulator, electronic shock unit	0-999	N	\$82.35	\$82.35	\$82.35	\$82.35
J	E0747		osteogenesis stimulator, electrical, non-invasive, other than spinal applications	0-999	N	\$3,602.78	\$3,602.78	\$3,602.78	\$3,602.78
J	E0748		osteogenesis stimulator, electrical, non-invasive, spinal applications	0-999	N	\$3,579.44	\$3,579.44	\$3,579.44	\$3,579.44
9	E0749		osteogenesis stimulator, electrical, surgically implanted	0-999	F	\$2,786.83	\$2,786.83	\$2,786.83	\$2,786.83
J	E0760		ostogenesis stimulator, low intensity ultrasound, non-invasive	0-999	N	\$2,974.45	\$2,974.45	\$2,974.45	\$2,974.45
J	E0762		transcutaneous electrical joint stimulation device system, includes all accessories	0-999	N	\$915.94	\$915.94	\$915.94	\$915.94
L	E0762		transcutaneous electrical joint stimulation device system, includes all accessories	0-999	N	\$91.59	\$91.59	\$91.59	\$91.59
J	E0764		functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program	0-999	N	\$10,845.48	\$10,845.48	\$10,845.48	\$10,845.48

CFR ATTACHMENT 6 - DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS, AND SUPPLIES - E CODES

						CURRENT		PROPOSED	
TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
L	E0764		functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program	0-999	N	\$1,084.55	\$1,084.55	\$1,084.55	\$1,084.55
J	E0776		iv pole	0-999	N	\$79.62	\$79.62	\$96.85	\$96.85
L	E0776		iv pole	0-999	N	\$7.96	\$7.96	\$9.69	\$9.69
J	E0779		ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater	0-999	N	\$153.74	\$153.74	\$153.74	\$153.74
L	E0779		ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater	0-999	N	\$15.37	\$15.37	\$15.37	\$15.37
J	E0780		ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours	0-999	N	\$9.53	\$9.53	\$9.53	\$9.53
L	E0780		ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours	0-999	N	\$0.95	\$0.95	\$0.95	\$0.95
J	E0781		ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient	0-999	N	\$2,106.90	\$2,106.90	\$2,106.90	\$2,106.90
L	E0781		ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient	0-999	N	\$210.69	\$210.69	\$210.69	\$210.69
9	E0782		infusion pump, implantable, non-programmable (includes all components, e.g., pump, catheter, connectors, etc.)	0-999	F	\$3,753.51	\$3,753.51	\$3,753.51	\$3,753.51
9	E0782		infusion pump, implantable, non-programmable (includes all components, e.g., pump, catheter, connectors, etc.)	0-999	F	\$3,753.51	\$3,753.51	\$3,753.51	\$3,753.51
J	E0782		infusion pump, implantable, non-programmable (includes all components, e.g., pump, catheter, connectors, etc.)	0-999	N	\$3,753.51	\$3,753.51	\$3,753.51	\$3,753.51
9	E0783		infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)	0-999	F	\$7,480.40	\$7,480.40	\$7,480.40	\$7,480.40
J	E0783		infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)	0-999	N	\$7,480.40	\$7,480.40	\$7,480.40	\$7,480.40

CFR ATTACHMENT 6 - DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS, AND SUPPLIES - E CODES

						CURRENT		PROPOSED	
TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
J	E0784		external ambulatory infusion pump, insulin	0-999	N	\$4,032.91	\$4,032.91	\$3,903.99	\$3,903.99
L	E0784		external ambulatory infusion pump, insulin	0-999	N	\$403.29	\$403.29	\$390.40	\$390.40
J	E0784	U1	external ambulatory infusion pump, insulin	0-999	N	\$724.36	\$724.36	\$827.10	\$827.10
L	E0784	U1	external ambulatory infusion pump, insulin	0-999	N	\$72.44	\$72.44	\$82.71	\$82.71
J	E0786		implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter)	0-999	N	\$5,571.34	\$5,571.34	\$5,571.34	\$5,571.34
J	E0791		parenteral infusion pump, stationary, single or multi-channel	0-999	N	\$3,054.49	\$3,054.49	\$2,284.76	\$2,284.76
L	E0791		parenteral infusion pump, stationary, single or multi-channel	0-999	N	\$305.45	\$305.45	\$228.48	\$228.48
J	E0840		traction frame, attached to headboard, cervical traction	0-999	N	\$53.11	\$53.11	\$53.11	\$53.11
L	E0840		traction frame, attached to headboard, cervical traction	0-999	N	\$5.31	\$5.31	\$5.31	\$5.31
J	E0850		traction stand, free standing, cervical traction	0-999	N	\$82.50	\$82.50	\$82.50	\$82.50
L	E0850		traction stand, free standing, cervical traction	0-999	N	\$8.25	\$8.25	\$8.25	\$8.25
J	E0855		cervical traction equipment not requiring additional stand or frame	0-999	N	\$461.97	\$461.97	\$461.97	\$461.97
L	E0855		cervical traction equipment not requiring additional stand or frame	0-999	N	\$46.20	\$46.20	\$46.20	\$46.20
J	E0856		cervical traction device, with inflatable air bladder(s)	0-999	N	\$150.95	\$150.95	\$150.95	\$150.95
J	E0860		traction equipment, overdoor, cervical	0-999	N	\$24.82	\$24.82	\$24.82	\$24.82
L	E0860		traction equipment, overdoor, cervical	0-999	N	\$2.48	\$2.48	\$2.48	\$2.48
J	E0880		traction stand, free standing, extremity traction, (e.g., buck's)	0-999	N	\$89.85	\$89.85	\$89.85	\$89.85
L	E0880		traction stand, free standing, extremity traction, (e.g., buck's)	0-999	N	\$8.99	\$8.99	\$8.99	\$8.99
J	E0900		traction stand, free standing, pelvic traction, (e.g., buck's)	0-999	N	\$90.45	\$90.45	\$90.45	\$90.45
L	E0900		traction stand, free standing, pelvic traction, (e.g., buck's)	0-999	N	\$9.05	\$9.05	\$9.05	\$9.05
J	E0910		trapeze bars, a/k/a patient helper, attached to bed, with grab bar	0-999	N	\$150.23	\$150.23	\$165.33	\$165.33
L	E0910		trapeze bars, a/k/a patient helper, attached to bed, with grab bar	0-999	N	\$15.02	\$15.02	\$16.53	\$16.53
J	E0911		trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar	0-999	N	\$415.01	\$415.01	\$443.97	\$443.97

CFR ATTACHMENT 6 - DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS, AND SUPPLIES - E CODES

						CURRENT		PROPOSED	
TOS*	Proce- dure Code	Mod- ifier	Long Description	Age Range	Non- Facility (N)/ Facility (F)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
L	E0911		trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar	0-999	N	\$41.50	\$41.50	\$44.40	\$44.40
J	E0912		trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar	0-999	N	\$953.12	\$953.12	\$1,046.97	\$1,046.97
L	E0912		trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar	0-999	N	\$95.31	\$95.31	\$104.70	\$104.70
J	E0920		fracture frame, attached to bed, includes weights	0-999	N	\$445.74	\$445.74	\$445.74	\$445.74
L	E0920		fracture frame, attached to bed, includes weights	0-999	N	\$44.57	\$44.57	\$44.57	\$44.57
J	E0930		fracture frame, free standing, includes weights	0-999	N	\$441.32	\$441.32	\$441.32	\$441.32
L	E0930		fracture frame, free standing, includes weights	0-999	N	\$44.13	\$44.13	\$44.13	\$44.13
L	E0935		continuous passive motion exercise device for use on knee only	0-999	N	\$19.81	\$19.81	\$19.81	\$19.81
J	E0940		trapeze bar, free standing, complete with grab bar	0-999	N	\$286.78	\$286.78	\$254.98	\$254.98
L	E0940		trapeze bar, free standing, complete with grab bar	0-999	N	\$28.68	\$28.68	\$25.50	\$25.50
J	E0941		gravity assisted traction device, any type	0-999	N	\$419.34	\$419.34	\$419.34	\$419.34
L	E0941		gravity assisted traction device, any type	0-999	N	\$41.93	\$41.93	\$41.93	\$41.93
J	E0942		cervical head harness/halter	0-999	N	\$18.62	\$18.62	\$18.62	\$18.62
J	E0944		pelvic belt/harness/boot	0-999	N	\$28.90	\$28.90	\$28.90	\$28.90
J	E0945		extremity belt/harness	0-999	N	\$24.45	\$24.45	\$24.45	\$24.45
J	E0946		fracture, frame, dual with cross bars, attached to bed, (e.g. balken, 4 poster)	0-999	N	\$372.79	\$372.79	\$372.79	\$372.79
L	E0946		fracture, frame, dual with cross bars, attached to bed, (e.g. balken, 4 poster)	0-999	N	\$37.28	\$37.28	\$37.28	\$37.28
J	E0950		wheelchair accessory, tray, each	0-999	N	\$171.93	\$171.93	\$148.97	\$148.97
J	E0958		manual wheelchair accessory, one-arm drive attachment, each	0-999	N	\$679.71	\$679.71	\$400.47	\$400.47
J	E0959		manual wheelchair accessory, adapter for amputee, each	0-999	N	\$35.11	\$35.11	\$35.11	\$35.11
L	E0959		manual wheelchair accessory, hand rim with projections, any type, each	0-999	N	\$3.51	\$3.51	\$4.45	\$4.45
J	E0961		manual wheelchair accessory, wheel lock brake extension (handle), each	0-999	N	\$16.63	\$16.63	\$22.55	\$22.55

CFR ATTACHMENT 6 - DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS, AND SUPPLIES - E CODES

						CURRENT		PROPOSED	
TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
J	E0967		manual wheelchair accessory, hand rim with projections, any type, each	0-999	N	\$53.31	\$53.31	\$63.08	\$63.08
L	E0967		manual wheelchair accessory, adapter for amputee, each	0-999	N	\$5.33	\$5.33	\$6.31	\$6.31
J	E0969		narrowing device, wheelchair	0-999	N	\$146.66	\$146.66	\$146.66	\$146.66
J	E0970		no.2 footplates, except for elevating leg rest	0-999	N	\$51.98	\$51.98	\$39.63	\$39.63
J	E0971		manual wheelchair accessory, anti-tipping device, each	0-999	N	\$53.98	\$53.98	\$38.51	\$38.51
J	E0974		manual wheelchair accessory, anti-rollback device, each	0-999	N	\$71.75	\$71.75	\$64.82	\$64.82
J	E0981		wheelchair accessory, seat upholstery, replacement only, each	0-999	N	\$34.42	\$34.42	\$37.19	\$37.19
J	E0982		wheelchair accessory, back upholstery, replacement only, each	0-999	N	\$50.25	\$50.25	\$41.22	\$41.22
J	E1005		wheelchair accessory, power seating system, recline only, with power shear reduction	0-999	N	\$4,781.68	\$4,781.68	\$4,289.37	\$4,289.37
J	E1009		wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and leg rest, each	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
J	E1011		modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair)	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
J	E1015		shock absorber for manual wheelchair, each	0-999	N	\$117.46	\$117.46	\$101.31	\$101.31
J	E1016		shock absorber for power wheelchair, each	0-999	N	\$127.15	\$127.15	\$114.93	\$114.93
J	E1017		heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
J	E1018		heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
J	E1020		residual limb support system for wheelchair, any type	0-999	N	\$223.91	\$223.91	\$204.67	\$204.67
L	E1020		residual limb support system for wheelchair, any type	0-999	N	\$21.47	\$21.47	\$20.47	\$20.47
J	E1028		wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory	0-999	N	\$186.22	\$186.22	\$165.23	\$165.23
L	E1031		rollabout chair, any and all types with castors 5" or greater	0-999	N	\$41.92	\$41.92	\$34.67	\$34.67

CFR ATTACHMENT 6 - DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS, AND SUPPLIES - E CODES

						CURRENT		PROPOSED	
TOS*	Proce- dure Code	Mod- ifier	Long Description	Age Range	Non- Facility (N)/ Facility (F)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
J	E1035		multi-positional patient transfer system, with integrated seat, operated by care giver	0-999	N	\$4,424.10	\$4,424.10	\$4,424.10	\$4,424.10
J	E1035	TF	multi-positional patient transfer system, with integrated seat, operated by care giver, intermediate level of care	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
J	E1035	TG	multi-positional patient transfer system, with integrated seat, operated by care giver, complex/high tech level of care	0-999	N	Manaully Priced	Manually Priced	Manually Priced	Manually Priced
J	E1050		fully-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests	0-999	N	\$721.63	\$721.63	\$721.63	\$721.63
L	E1050		fully-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests	0-999	N	\$72.16	\$72.16	\$72.16	\$72.16
J	E1060		fully-reclining wheelchair, detachable arms, desk or full length, swing away detachable elevating legrests	0-999	N	\$1,069.90	\$1,069.90	\$1,069.90	\$1,069.90
L	E1060		fully-reclining wheelchair, detachable arms, desk or full length, swing away detachable elevating legrests	0-999	N	\$106.99	\$106.99	\$106.99	\$106.99
J	E1070		fully-reclining wheelchair, detachable arms (desk or full length) swing away detachable footrest	0-999	N	\$842.08	\$842.08	\$842.08	\$842.08
L	E1070		fully-reclining wheelchair, detachable arms (desk or full length) swing away detachable footrest	0-999	N	\$84.21	\$84.21	\$84.21	\$84.21
J	E1083		hemi-wheelchair, fixed full length arms, swing away detachable elevating leg rest	0-999	N	\$482.89	\$482.89	\$482.89	\$482.89
L	E1083		hemi-wheelchair, fixed full length arms, swing away detachable elevating leg rest	0-999	N	\$48.29	\$48.29	\$48.29	\$48.29
J	E1084		hemi-wheelchair, detachable arms desk or full length arms, swing away detachable elevating leg rests	0-999	N	\$770.70	\$770.70	\$770.70	\$770.70
L	E1084		hemi-wheelchair, detachable arms desk or full length arms, swing away detachable elevating leg rests	0-999	N	\$77.07	\$77.07	\$77.07	\$77.07
J	E1085		hemi-wheelchair, fixed full length arms, swing away detachable foot rests	0-999	N	\$861.32	\$861.32	\$739.19	\$739.19
L	E1085		hemi-wheelchair, fixed full length arms, swing away detachable foot rests	0-999	N	\$86.13	\$86.13	\$73.92	\$73.92

CFR ATTACHMENT 6 - DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS, AND SUPPLIES - E CODES

						CURRENT		PROPOSED	
TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
J	E1086		hemi-wheelchair detachable arms desk or full length, swing away detachable footrests	0-999	N	\$808.59	\$808.59	\$786.60	\$786.60
L	E1086		hemi-wheelchair detachable arms desk or full length, swing away detachable footrests	0-999	N	\$80.86	\$80.86	\$78.66	\$78.66
J	E1087		high strength lightweight wheelchair, fixed full length arms, swing away detachable elevating leg rests	0-999	N	\$1,095.19	\$1,095.19	\$1,095.19	\$1,095.19
L	E1087		high strength lightweight wheelchair, fixed full length arms, swing away detachable elevating leg rests	0-999	N	\$109.52	\$109.52	\$109.52	\$109.52
J	E1088		high strength lightweight wheelchair, detachable arms desk or full length, swing away detachable elevating leg rests	0-999	N	\$1,147.05	\$1,147.05	\$1,147.05	\$1,147.05
L	E1088		high strength lightweight wheelchair, detachable arms desk or full length, swing away detachable elevating leg rests	0-999	N	\$114.71	\$114.71	\$114.71	\$114.71
J	E1089		high strength lightweight wheelchair, fixed length arms, swing away detachable footrest	0-999	N	\$1,320.57	\$1,320.57	\$1,320.57	\$1,320.57
L	E1089		high strength lightweight wheelchair, fixed length arms, swing away detachable footrest	0-999	N	\$132.06	\$132.06	\$132.06	\$132.06
J	E1090		high strength lightweight wheelchair, detachable arms desk or full length, swing away detachable foot rests	0-999	N	\$1,320.57	\$1,320.57	\$1,251.19	\$1,251.19
L	E1090		high strength lightweight wheelchair, detachable arms desk or full length, swing away detachable foot rests	0-999	N	\$126.90	\$116.75	\$125.12	\$125.12
J	E1092		wide heavy duty wheel chair, detachable arms (desk or full length), swing away detachable elevating leg rests	0-999	N	\$1,052.53	\$1,052.53	\$1,052.53	\$1,052.53
L	E1092		wide heavy duty wheel chair, detachable arms (desk or full length), swing away detachable elevating leg rests	0-999	N	\$105.25	\$105.25	\$105.25	\$105.25
J	E1093		wide heavy duty wheelchair, detachable arms desk or full length arms, swing away detachable footrests	0-999	N	\$1,067.66	\$1,067.66	\$1,067.66	\$1,067.66

CFR ATTACHMENT 6 - DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS, AND SUPPLIES - E CODES

						CURRENT		PROPOSED	
TOS*	Proce- dure Code	Mod- ifier	Long Description	Age Range	Non- Facility (N)/ Facility (F)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
L	E1093		wide heavy duty wheelchair, detachable arms desk or full length arms, swing away detachable footrests	0-999	N	\$106.77	\$106.77	\$106.77	\$106.77
J	E1100		semi-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests	0-999	N	\$1,002.80	\$1,002.80	\$1,002.80	\$1,002.80
L	E1100		semi-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests	0-999	N	\$100.28	\$100.28	\$100.28	\$100.28
J	E1110		semi-reclining wheelchair, detachable arms (desk or full length) elevating leg rest	0-999	N	\$982.01	\$982.01	\$982.01	\$982.01
L	E1110		semi-reclining wheelchair, detachable arms (desk or full length) elevating leg rest	0-999	N	\$98.20	\$98.20	\$98.20	\$98.20
J	E1130		standard wheelchair, fixed full length arms, fixed or swing away detachable footrests	0-999	N	\$526.33	\$526.33	\$386.02	\$386.02
L	E1130		standard wheelchair, fixed full length arms, fixed or swing away detachable footrests	0-999	N	\$52.63	\$52.63	\$38.60	\$38.60
J	E1140		wheelchair, detachable arms, desk or full length, swing away detachable footrests	0-999	N	\$446.24	\$446.24	\$489.58	\$489.58
L	E1140		wheelchair, detachable arms, desk or full length, swing away detachable footrests	0-999	N	\$44.62	\$44.62	\$48.96	\$48.96
J	E1150		wheelchair, detachable arms, desk or full length swing away detachable elevating legrests	0-999	N	\$588.51	\$588.51	\$588.51	\$588.51
L	E1150		wheelchair, detachable arms, desk or full length swing away detachable elevating legrests	0-999	N	\$58.85	\$58.85	\$58.85	\$58.85
J	E1160		wheelchair, fixed full length arms, swing away detachable elevating legrests	0-999	N	\$509.31	\$509.31	\$509.31	\$509.31
L	E1160		wheelchair, fixed full length arms, swing away detachable elevating legrests	0-999	N	\$50.93	\$50.93	\$50.93	\$50.93
J	E1161		manual adult size wheelchair, includes tilt in space	0-999	N	\$2,422.78	\$2,422.78	\$2,422.78	\$2,422.78
L	E1161		manual adult size wheelchair, includes tilt in space	0-999	N	\$242.27	\$242.27	\$242.28	\$242.28
J	E1170		amputee wheelchair, fixed full length arms, swing away detachable elevating legrests	0-999	N	\$919.04	\$919.04	\$919.04	\$919.04

CFR ATTACHMENT 6 - DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS, AND SUPPLIES - E CODES

						CURRENT		PROPOSED	
TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
L	E1170		amputee wheelchair, fixed full length arms, swing away detachable elevating legrests	0-999	N	\$91.90	\$91.90	\$91.90	\$91.90
J	E1171		amputee wheelchair, fixed full length arms, without footrests or legrest	0-999	N	\$824.77	\$824.77	\$824.77	\$824.77
L	E1171		amputee wheelchair, fixed full length arms, without footrests or legrest	0-999	N	\$82.48	\$82.48	\$82.48	\$82.48
J	E1172		amputee wheelchair, detachable arms (desk or full length) without footrests or legrest	0-999	N	\$779.54	\$779.54	\$779.54	\$779.54
L	E1172		amputee wheelchair, detachable arms (desk or full length) without footrests or legrest	0-999	N	\$77.95	\$77.95	\$77.95	\$77.95
J	E1180		amputee wheelchair, detachable arms (desk or full length) swing away detachable footrests	0-999	N	\$922.56	\$922.56	\$922.56	\$922.56
L	E1180		amputee wheelchair, detachable arms (desk or full length) swing away detachable footrests	0-999	N	\$92.26	\$92.26	\$92.26	\$92.26
J	E1190		amputee wheelchair, detachable arms (desk or full length) swing away detachable elevating legrests	0-999	N	\$1,028.84	\$1,028.84	\$1,028.84	\$1,028.84
L	E1190		amputee wheelchair, detachable arms (desk or full length) swing away detachable elevating legrests	0-999	N	\$111.83	\$111.83	\$102.88	\$102.88
J	E1200		amputee wheelchair, fixed full length arms, swing away detachable footrest	0-999	N	\$692.89	\$692.89	\$692.89	\$692.89
L	E1200		amputee wheelchair, fixed full length arms, swing away detachable footrest	0-999	N	\$69.29	\$69.29	\$69.29	\$69.29
J	E1220		wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification	0-999	N	Manaully Priced	Manually Priced	Manually Priced	Manually Priced
J	E1225		wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each	0-999	N	\$312.00	\$312.00	\$390.67	\$390.67
L	E1225		wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each	0-999	N	\$31.20	\$31.20	\$39.07	\$39.07
J	E1226		wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each	0-999	N	\$376.63	\$376.63	\$481.92	\$481.92
L	E1226		wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each	0-999	N	\$37.66	\$37.66	\$48.19	\$48.19

CFR ATTACHMENT 6 - DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS, AND SUPPLIES - E CODES

						CURRENT		PROPOSED	
TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
J	E1229		wheelchair, pediatric size, not otherwise specified	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
J	E1230		power operated vehicle (three or four wheel nonhighway) specify brand name and model number	0-999	N	\$1,353.82	\$1,353.82	\$1,353.82	\$1,353.82
L	E1230		power operated vehicle (three or four wheel nonhighway) specify brand name and model number	0-999	N	\$141.41	\$141.41	\$135.38	\$135.38
J	E1239		power wheelchair, pediatric size, not otherwise specified	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
J	E1240		lightweight wheelchair, detachable arms, (desk or full length) swing away detachable, elevating legrest	0-999	N	\$764.25	\$764.25	\$764.25	\$764.25
L	E1240		lightweight wheelchair, detachable arms, (desk or full length) swing away detachable, elevating legrest	0-999	N	\$76.43	\$76.43	\$76.43	\$76.43
J	E1250		lightweight wheelchair, fixed full length arms, swing away detachable footrest	0-999	N	\$885.41	\$885.41	\$630.67	\$630.67
L	E1250		lightweight wheelchair, fixed full length arms, swing away detachable footrest	0-999	N	\$88.54	\$88.54	\$63.07	\$63.07
J	E1260		lightweight wheelchair, detachable arms (desk or full length) swing away detachable footrest	0-999	N	\$750.67	\$750.67	\$777.07	\$777.07
L	E1260		lightweight wheelchair, detachable arms (desk or full length) swing away detachable footrest	0-999	N	\$75.07	\$75.07	\$77.71	\$77.71
J	E1270		lightweight wheelchair, fixed full length arms, swing away detachable elevating legrests	0-999	N	\$762.59	\$762.59	\$762.59	\$762.59
L	E1270		lightweight wheelchair, fixed full length arms, swing away detachable elevating legrests	0-999	N	\$76.26	\$76.26	\$76.26	\$76.26
J	E1280		heavy duty wheelchair, detachable arms (desk or full length) elevating legrests	0-999	N	\$1,075.00	\$1,075.00	\$1,075.00	\$1,075.00
L	E1280		heavy duty wheelchair, detachable arms (desk or full length) elevating legrests	0-999	N	\$107.50	\$107.50	\$107.50	\$107.50
J	E1285		heavy duty wheelchair, fixed full length arms, swing away detachable footrest	0-999	N	\$1,239.33	\$1,239.33	\$1,007.87	\$1,007.87
L	E1285		heavy duty wheelchair, fixed full length arms, swing away detachable footrest	0-999	N	\$123.93	\$123.93	\$100.79	\$100.79
J	E1290		heavy duty wheelchair, detachable arms (desk or full length) swing away detachable footrest	0-999	N	\$1,034.51	\$951.75	\$1,034.50	\$1,034.50

CFR ATTACHMENT 6 - DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS, AND SUPPLIES - E CODES

						CURRENT		PROPOSED	
TOS*	Proce- dure Code	Mod- ifier	Long Description	Age Range	Non- Facility (N)/ Facility (F)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
L	E1290		heavy duty wheelchair, detachable arms (desk or full length) swing away detachable footrest	0-999	N	\$103.45	\$95.17	\$103.45	\$103.45
J	E1295		heavy duty wheelchair, fixed full length arms, elevating legrest	0-999	N	\$1,113.60	\$1,024.51	\$1,113.60	\$1,113.60
L	E1295		heavy duty wheelchair, fixed full length arms, elevating legrest	0-999	N	\$102.45	\$102.45	\$111.36	\$111.36
J	E1296		special wheelchair seat height from floor	0-999	N	\$384.49	\$384.49	\$384.49	\$384.49
J	E1297		special wheelchair seat depth, by upholstery	0-999	N	\$81.81	\$81.81	\$81.81	\$81.81
J	E1298		special wheelchair seat depth and/or width, by construction	0-999	N	\$331.29	\$331.29	\$331.29	\$331.29
J	E1300		whirlpool, portable (overtub type)	0-999	N	\$156.40	\$156.40	\$170.00	\$170.00
L	E1300		whirlpool, portable (overtub type)	0-999	N	\$15.64	\$15.64	\$17.00	\$17.00
J	E1310		whirlpool, non-portable (built-in type)	0-999	N	\$2,074.39	\$2,074.39	\$2,074.39	\$2,074.39
J	E1353		regulator	0-999	N	\$27.37	\$27.37	\$27.37	\$27.37
J	E1355		stand/rack	0-999	N	\$20.61	\$20.61	\$20.61	\$20.61
L	E1355		stand/rack	0-999	N	\$2.06	\$2.06	\$2.06	\$2.06
J	E1372		immersion external heater for nebulizer	0-999	N	\$149.99	\$149.99	\$158.46	\$158.46
L	E1390		oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	0-999	N	\$161.05	\$161.05	\$148.76	\$148.76
J	E1399		durable medical equipment, miscellaneous	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
L	E1399		durable medical equipment, miscellaneous	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
J	E1510		kidney, dialysate delivery syst. kidney machine, pump recirculat- ing, air removal syst, flowrate meter, power off, heater and temperature control with alarm, i.v.poles, pressure gauge, concentrate container	0-999	N	\$9,928.69	\$9,928.69	\$9,928.69	\$9,928.69
L	E1510		kidney, dialysate delivery syst. kidney machine, pump recirculat- ing, air removal syst, flowrate meter, power off, heater and temperature control with alarm, i.v.poles, pressure gauge, concentrate cotainer	0-999	N	\$992.87	\$992.87	\$992.87	\$992.87
J	E1520		heparin infusion pump for hemodialysis	0-999	N	\$372.70	\$372.70	\$340.31	\$340.31
L	E1520		heparin infusion pump for hemodialysis	0-999	N	\$37.27	\$37.27	\$34.03	\$34.03

CFR ATTACHMENT 6 - DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS, AND SUPPLIES - E CODES

						CURRENT		PROPOSED	
TOS*	Proce- dure Code	Mod- ifier	Long Description	Age Range	Non- Facility (N)/ Facility (F)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
J	E1530		air bubble detector for hemodialysis, each, replacement	0-999	N	\$536.28	\$536.28	\$489.67	\$489.67
J	E1540		pressure alarm for hemodialysis, each, replacement	0-999	N	\$22.50	\$22.50	\$22.50	\$22.50
L	E1540		pressure alarm for hemodialysis, each, replacement	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
J	E1550		bath conductivity meter for hemodialysis, each	0-999	N	\$274.08	\$274.08	\$274.08	\$274.08
L	E1550		bath conductivity meter for hemodialysis, each	0-999	N	\$27.41	\$27.41	\$27.41	\$27.41
J	E1560		blood leak detector for hemodialysis, each, replacement	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
L	E1560		blood leak detector for hemodialysis, each, replacement	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
J	E1570		adjustable chair, for esrd patients	0-999	N	\$556.28	\$556.28	\$556.28	\$556.28
L	E1570		adjustable chair, for esrd patients	0-999	N	\$55.63	\$55.63	\$55.63	\$55.63
J	E1575		transducer protectors/fluid barriers, for hemodialysis, any size, per 10	0-999	N/F	\$1.60	\$1.60	\$1.60	\$1.60
L	E1575		transducer protectors/fluid barriers, for hemodialysis, any size, per 10	0-999	N/F	\$0.16	\$0.16	\$0.16	\$0.16
J	E1580		unipuncture control system for hemodialysis	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
L	E1580		unipuncture control system for hemodialysis	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
J	E1590		hemodialysis machine	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
L	E1590		hemodialysis machine	0-999	N	\$284.20	\$284.20	\$284.20	\$284.20
J	E1592		automatic intermittent peritoneal dialysis system	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
L	E1592		automatic intermittent peritoneal dialysis system	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
J	E1594		cycler dialysis machine for peritoneal dialysis	0-999	N	\$6,020.48	\$6,020.48	\$6,020.48	\$6,020.48
L	E1594		cycler dialysis machine for peritoneal dialysis	0-999	N	\$602.05	\$602.05	\$602.05	\$602.05
L	E1600		delivery and/or installation charges for hemodialysis equipment	0-999	N	\$35.75	\$35.75	\$35.75	\$35.75
J	E1620		blood pump for hemodialysis, replacement	0-999	N	\$1,719.65	\$1,719.65	\$1,719.65	\$1,719.65
L	E1620		blood pump for hemodialysis, replacement	0-999	N	\$171.97	\$171.97	\$171.97	\$171.97
J	E1630		reciprocating peritoneal dialysis system	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
L	E1630		reciprocating peritoneal dialysis system	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
J	E1632		wearable artificial kidney, each	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
L	E1632		wearable artificial kidney, each	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced

CFR ATTACHMENT 6 - DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS, AND SUPPLIES - E CODES

						CURRENT		PROPOSED	
TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
J	E1635		compact (portable) travel hemodialyzer system	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
L	E1635		compact (portable) travel hemodialyzer system	0-999	N	\$616.30	\$616.30	\$616.30	\$616.30
J	E1637		hemostats, each	0-999	N	\$3.92	\$3.92	\$3.92	\$3.92
J	E1639		scale, each	0-999	N	\$252.47	\$252.47	\$252.47	\$252.47
L	E1639		scale, each	0-999	N	\$25.25	\$25.25	\$25.25	\$25.25
J	E1699		dialysis equipment, not otherwise specified	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
L	E1699		dialysis equipment, not otherwise specified	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
L	E1700		jaw motion rehabilitation system	0-999	N	\$27.77	\$27.77	\$27.77	\$27.77
L	E1701		replacement cushions for jaw motion rehabilitation system, pkg. of 6	0-999	N	\$1.06	\$1.06	\$1.06	\$1.06
L	E1702		replacement measuring scales for jaw motion rehabilitation system, pkg. of 200	0-999	N	\$2.02	\$2.02	\$2.02	\$2.02
J	E1800		dynamic adjustable elbow extension/flexion device, includes soft interface material	0-999	N	\$1,026.35	\$1,026.35	\$1,026.35	\$1,026.35
L	E1800		dynamic adjustable elbow extension/flexion device, includes soft interface material	0-999	N	\$102.64	\$102.64	\$102.64	\$102.64
J	E1801		static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	0-999	N/F	\$1,327.41	\$1,327.41	\$1,327.41	\$1,327.41
L	E1801		static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	0-999	N/F	\$132.74	\$132.74	\$132.74	\$132.74
J	E1802		dynamic adjustable forearm pronation/supination device, includes soft interface material	0-999	N	\$3,156.89	\$3,156.89	\$3,156.89	\$3,156.89
L	E1802		dynamic adjustable forearm pronation/supination device, includes soft interface material	0-999	N	\$315.69	\$315.69	\$315.69	\$315.69
J	E1805		dynamic adjustable wrist extension/flexion device, includes soft interface material	0-999	N	\$1,037.39	\$1,037.39	\$1,037.39	\$1,037.39
L	E1805		dynamic adjustable wrist extension/flexion device, includes soft interface material	0-999	N	\$103.74	\$103.74	\$103.74	\$103.74

CFR ATTACHMENT 6 - DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS, AND SUPPLIES - E CODES

						CURRENT		PROPOSED	
TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
J	E1806		static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	0-999	N/F	\$974.37	\$974.37	\$974.37	\$974.37
L	E1806		static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	0-999	N/F	\$97.44	\$97.44	\$97.44	\$97.44
J	E1810		dynamic adjustable knee extension/flexion device, includes soft interface material	0-999	N	\$1,040.43	\$1,040.43	\$1,040.43	\$1,040.43
L	E1810		dynamic adjustable knee extension/flexion device, includes soft interface material	0-999	N	\$104.04	\$104.04	\$104.04	\$104.04
J	E1811		static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	0-999	N/F	\$1,314.38	\$1,314.38	\$1,314.38	\$1,314.38
L	E1811		static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	0-999	N/F	\$131.44	\$131.44	\$131.44	\$131.44
J	E1812		dynamic knee, extension/flexion device with active resistance control	0-999	N	\$842.70	\$842.70	\$842.70	\$842.70
L	E1812		dynamic knee, extension/flexion device with active resistance control	0-999	N	\$84.27	\$84.27	\$84.27	\$84.27
J	E1815		dynamic adjustable ankle extension/flexion device, includes soft interface material	0-999	N	\$1,040.43	\$1,040.43	\$1,040.43	\$1,040.43
L	E1815		dynamic adjustable ankle extension/flexion device, includes soft interface material	0-999	N	\$104.04	\$104.04	\$104.04	\$104.04
J	E1816		static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	0-999	N/F	\$1,335.15	\$1,335.15	\$1,335.15	\$1,335.15
L	E1816		static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	0-999	N/F	\$133.52	\$133.52	\$133.52	\$133.52

CFR ATTACHMENT 6 - DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS, AND SUPPLIES - E CODES

						CURRENT		PROPOSED	
TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
J	E1818		static progressive stretch forearm pronation / supination device, with or without range of motion adjustment, includes all components and accessories	0-999	N/F	\$1,363.08	\$1,363.08	\$1,363.08	\$1,363.08
L	E1818		static progressive stretch forearm pronation / supination device, with or without range of motion adjustment, includes all components and accessories	0-999	N/F	\$136.31	\$136.31	\$136.31	\$136.31
J	E1820		replacement soft interface material, dynamic adjustable extension/flexion device	0-999	N	\$69.78	\$69.78	\$69.78	\$69.78
L	E1820		replacement soft interface material, dynamic adjustable extension/flexion device	0-999	N	\$6.98	\$6.98	\$6.98	\$6.98
J	E1821		replacement soft interface material/cuffs for bi-directional static progressive stretch device	0-999	N/F	\$108.30	\$108.30	\$108.30	\$108.30
J	E1825		dynamic adjustable finger extension/flexion device, includes soft interface material	0-999	N	\$1,037.39	\$1,037.39	\$1,037.39	\$1,037.39
L	E1825		dynamic adjustable finger extension/flexion device, includes soft interface material	0-999	N	\$103.74	\$103.74	\$103.74	\$103.74
J	E1830		dynamic adjustable toe extension/flexion device, includes soft interface material	0-999	N	\$1,037.39	\$1,037.39	\$1,037.39	\$1,037.39
L	E1830		dynamic adjustable toe extension/flexion device, includes soft interface material	0-999	N	\$103.74	\$103.74	\$103.74	\$103.74
L	E1831		static progressive stretch toe device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	0-999	N	\$62.79	\$62.79	\$62.79	\$62.79
J	E1840		dynamic adjustable shoulder flexion / abduction / rotation device, includes soft interface material	0-999	N	\$3,697.02	\$3,697.02	\$3,697.02	\$3,697.02
L	E1840		dynamic adjustable shoulder flexion / abduction / rotation device, includes soft interface material	0-999	N	\$369.70	\$369.70	\$369.70	\$369.70
J	E1841		static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories	0-999	N	\$3,678.45	\$3,678.45	\$3,678.45	\$3,678.45

CFR ATTACHMENT 6 - DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS, AND SUPPLIES - E CODES

						CURRENT		PROPOSED	
TOS*	Proce- dure Code	Mod- ifier	Long Description	Age Range	Non- Facility (N)/ Facility (F)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
L	E1841		static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories	0-999	N	\$367.85	\$367.85	\$367.85	\$367.85
J	E2100		blood glucose monitor with integrated voice synthesizer	0-999	N	\$312.80	\$312.80	\$312.80	\$312.80
J	E2101		blood glucose monitor with integrated lancing/blood sample	0-999	N	\$173.48	\$173.48	\$173.48	\$173.48
J	E2208		wheelchair accessory, cylinder tank carrier, each	0-999	N	\$115.83	\$115.83	\$105.58	\$105.58
L	E2208		wheelchair accessory, cylinder tank carrier, each	0-999	N	\$11.58	\$11.58	\$10.56	\$10.56
J	E2215		manual wheelchair accessory, tube for pneumatic caster tire, any size, each	0-999	N	\$9.36	\$9.36	\$8.41	\$8.41
J	E2218		manual wheelchair accessory, foam propulsion tire, any size, each	0-999	N	\$43.98	\$43.98	\$35.03	\$35.03
J	E2222		manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, each	0-999	N	\$59.18	\$59.18	\$18.54	\$18.54
J	E2224		manual wheelchair accessory, propulsion wheel excludes tire, any size, each	0-999	N	\$43.91	\$43.91	\$78.37	\$78.37
J	E2225		manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	0-999	N	\$39.98	\$39.98	\$16.36	\$16.36
J	E2226		manual wheelchair accessory, caster fork, any size, replacement only, each	0-999	N	\$50.63	\$50.63	\$34.90	\$34.90
J	E2291		back, planar, for pediatric size wheelchair including fixed attaching hardware	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
J	E2292		seat, planar, for pediatric size wheelchair including fixed attaching hardware	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
J	E2293		back, contoured, for pediatric size wheelchair including fixed attaching hardware	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
J	E2294		seat, contoured, for pediatric size wheelchair including fixed attaching hardware	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
J	E2300		wheelchair accessory, power seat elevation system, any type	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
J	E2342		power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches	0-999	N	\$436.92	\$436.92	\$436.92	\$436.92
J	E2359		power wheelchair accessory, group 34 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat)	0-999	N	\$134.87	\$134.87	\$171.07	\$171.07

CFR ATTACHMENT 6 - DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS, AND SUPPLIES - E CODES

						CURRENT		PROPOSED	
TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
J	E2378		power wheelchair component, actuator, replacement only	0-999	N	\$692.90	\$692.90	\$511.76	\$511.76
L	E2378		power wheelchair component, actuator, replacement only	0-999	N	\$69.29	\$69.29	\$51.18	\$51.18
J	E2386		power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each	0-999	N	\$139.34	\$139.34	\$121.69	\$121.69
L	E2402		negative pressure wound therapy electrical pump, stationary or portable	0-999	N	\$1,289.32	\$1,289.32	\$1,256.24	\$1,256.24
J	E2500		speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time	0-999	N	\$344.20	\$344.20	\$344.20	\$344.20
L	E2500		speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time	0-999	N	\$34.42	\$34.42	\$34.42	\$34.42
J	E2502		speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time	0-999	N	\$1,155.14	\$1,155.14	\$1,155.14	\$1,155.14
L	E2502		speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time	0-999	N	\$115.51	\$115.51	\$115.51	\$115.51
J	E2504		speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	0-999	N	\$1,545.87	\$1,545.87	\$1,545.87	\$1,545.87
L	E2504		speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	0-999	N	\$154.59	\$154.59	\$154.59	\$154.59
J	E2506		speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time	0-999	N	\$2,127.92	\$2,127.92	\$2,127.92	\$2,127.92
L	E2506		speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time	0-999	N	\$212.79	\$212.79	\$212.79	\$212.79

CFR ATTACHMENT 6 - DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS, AND SUPPLIES - E CODES

						CURRENT		PROPOSED	
TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
J	E2508		speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	0-999	N	\$3,290.48	\$3,290.48	\$3,290.48	\$3,290.48
L	E2508		speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	0-999	N	\$329.05	\$329.05	\$329.05	\$329.05
J	E2510		speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	0-999	N	\$6,226.79	\$6,226.79	\$6,226.79	\$6,226.79
L	E2510		speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	0-999	N	\$622.68	\$622.68	\$622.68	\$622.68
J	E2511		speech generating software program, for personal computer or personal digital assistant	0-999	N	\$354.37	\$354.37	\$374.12	\$374.12
J	E2512		accessory for speech generating device, mounting system	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
L	E2512		accessory for speech generating device, mounting system	0-999	N	\$82.71	\$82.71	\$116.28	\$116.28
J	E2599		accessory for speech generating device, not otherwise classified	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
J	E2599	U1	accessory for speech generating device, not otherwise classified	0-999	N	\$139.00	\$139.00	\$216.96	\$216.96
L	E2599		accessory for speech generating device, not otherwise classified	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
J	E2602		general use wheelchair seat cushion, width 22 inches or greater, any depth	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
J	E2603		skin protection wheelchair seat cushion, width less than 22 inches, any depth	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
J	E2604		skin protection wheelchair seat cushion, width 22 inches or greater, any depth	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
J	E2605		positioning wheelchair seat cushion, width less than 22 inches, any depth	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
J	E2606		positioning wheelchair seat cushion, width 22 inches or greater, any depth	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced

CFR ATTACHMENT 6 - DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS, AND SUPPLIES - E CODES

						CURRENT		PROPOSED	
TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
J	E2607		skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
J	E2608		skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
J	E2609		custom fabricated wheelchair seat cushion, any size	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
J	E2611		general use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
J	E2612		general use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
J	E2613		positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
J	E2614		positioning wheelchair back cushion, posterior, width 22 inches or greater, any height, including any type mounting hardware	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
J	E2615		positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
J	E2616		positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
J	E2617		custom fabricated wheelchair back cushion, any size, including any type mounting hardware	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
J	E2620		positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
J	E2625		skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth	0-999	N	\$412.58	\$412.58	\$374.84	\$374.84
J	E2626		wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable	0-999	N	\$446.66	\$446.66	\$567.09	\$567.09

CFR ATTACHMENT 6 - DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS, AND SUPPLIES - E CODES

						CURRENT		PROPOSED	
TOS*	Proce- dure Code	Mod- ifier	Long Description	Age Range	Non- Facility (N)/ Facility (F)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
J	E2627		wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable rancho type	0-999	N	\$773.31	\$773.31	\$839.65	\$839.65
J	E2628		wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining	0-999	N	\$527.86	\$527.86	\$714.04	\$714.04
J	E2629		wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)	0-999	N	\$705.36	\$705.36	\$945.56	\$945.56
J	E2630		wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support	0-999	N	\$513.92	\$513.92	\$572.95	\$572.95
J	E2631		wheelchair accessory, addition to mobile arm support, elevating proximal arm	0-999	N	\$204.43	\$204.43	\$245.90	\$245.90
J	E2632		wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control	0-999	N	\$172.94	\$172.94	\$155.69	\$155.69
J	E2633		wheelchair accessory, addition to mobile arm support, supinator	0-999	N	\$138.56	\$138.56	\$129.10	\$129.10
J	E8001		gait trainer, pediatric size, upright support, includes all accessories and components	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced
L	E8001		gait trainer, pediatric size, upright support, includes all accessories and components	0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced

*Type of Service (TOS)		
9	Other Medical Items or Services	
J	Durable Medical Equipment Purchase - New	
L	Durable Medical Equipment Rental - Monthly	
*Modifier		
J	E0163-	Custom stationary or mobile commode chair
J	E0165-	Custom stationary or mobile commode chair
J	E0168-TF	Mobile extra-wide, heavy-duty commode chair
J	E0168-	Custom extra-wide, heavy-duty commode chair
J	E0190-UD	Reflex wedges and position devices (pillows & cushions)
J	E0240-TF	Intermediate Level
J	E0240-	Complex/high Level
J	E0445-	Oximeter Device - Complex/high level of care

CFR ATTACHMENT 6 - DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS, AND SUPPLIES - E CODES

						CURRENT		PROPOSED	
TOS*	Proce- dure Code	Mod- ifier	Long Description	Age Range	Non- Facility (N)/ Facility (F)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
L	E0445-		Oximeter Device - Complex/high level of care						
J	E0625-U1		In-tub bath lift (hydraulic or electric); client weighing up to 300 pounds						
J	E0625-U2		Bariatric lift (hydraulic or electric, out of tub type); client weighing more than 300 pounds						
J	E0625-U3		Bariatric lift (hydraulic or electric, in tub type); client weighing more than 300 pounds						
J	E0638-UA		Standing frame/table system (Upright or prone system stander)						
J	E0638-UB		Standing frame/table system (Supine stander)						
J	E0784-U1		Tubeless external insulin pump						
L	E0784-U1		Tubeless external insulin pump						
J	E1035-TF		Stroller with tray for oxygen or ventilator						
J	E1035-TG		Stroller with positioning inserts						
J	E2599-U1		Carrying case						

¹ Please refer to the respiratory equipment and supplies rate hearing packet for more information regarding a policy change associated with procedure code.

[illegible]

Percent Change from Current Medicaid Fee
-10.69%
-10.74%
-17.24%
0.00%
0.00%
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0.00%
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0.00%
0.00%
0.00%
-28.18%
-28.19%
0.00%
0.00%
8.42%
8.38%
0.00%
-8.96%
-6.58%
35.03%
0.00%
0.00%
-51.75%
0.00%
0.00%

Percent Change from Current Medicaid Fee
0.00%
-8.61%
0.00%
-13.42%
0.00%
0.00%
0.00%
-9.09%
0.00%
0.00%
0.00%
-20.65%
0.00%
0.00%
-18.00%
-18.00%
20.36%
-67.37%
-36.37%

Percent Change from Current Medicaid Fee
-19.79%
-19.81%
-91.13%
-11.34%
-34.33%
-34.34%
0.00%
-19.21%
8.69%
0.00%
0.00%
-11.05%
0.00%
-24.28%
-24.28%
-9.46%
-9.46%
0.00%
0.00%
-18.04%
0.00%
0.00%
0.00%
0.00%
-27.97%
-27.96%
0.00%
0.00%
0.00%

Percent Change from Current Medicaid Fee
0.00%
3.96%
0.00%
0.00%
53.75%
22.53%
15.38%
15.93%
3.72%
27.18%
19.58%
19.58%
0.00%
0.00%
11.13%
11.13%
-9.70%
-9.70%
10.05%
-30.10%
0.00%
-16.71%
0.00%
0.00%
-12.87%

Percent Change from Current Medicaid Fee
-12.87%
-36.04%
-36.04%
31.65%
-14.18%
-3.83%
14.97%
-2.04%
-7.31%
2.42%
-32.41%
-32.14%
0.00%
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0.00%

Percent Change from Current Medicaid Fee
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0.00%
0.00%
-8.73%
134.62%
134.40%
8.00%
8.00%
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0.00%
0.00%
8.69%
0.00%

Percent Change from Current Medicaid Fee
-13.05%
6.76%
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-100.00%
-100.00%
-100.00%
-100.00%
-100.00%
-100.00%
-100.00%
-21.66%
-21.66%
-22.21%
-22.20%
-18.73%
-18.74%

Percent Change from Current Medicaid Fee
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-6.05%
-6.06%
-29.69%

Percent Change from Current Medicaid Fee
-29.69%
0.00%
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0.00%
-23.10%
0.00%
-27.07%
-5.19%
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13.47%
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-100.00%
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Percent Change from Current Medicaid Fee
0.00%
-6.57%
-6.57%
-19.62%
14.28%
14.27%
21.19%
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-24.66%
-23.83%
-13.40%
-13.39%
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Percent Change from Current Medicaid Fee
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-2.97%
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0.00%
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-8.61%

[illegible]

[illegible]

Percent Change from Current Medicaid Fee
-3.20%
-3.20%
14.18%
14.18%
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-25.20%
-25.20%
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0.00%
10.05%
10.05%
6.98%

Percent Change from Current Medicaid Fee
6.99%
9.85%
9.85%
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-11.09%
-11.09%
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-13.35%
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26.78%
35.60%

Percent Change from Current Medicaid Fee
18.33%
18.39%
0.00%
-23.76%
-28.66%
-9.66%
8.05%
-17.97%
-10.30%
0.00%
0.00%
-13.75%
-9.61%
0.00%
0.00%
-8.59%
-4.66%
-11.27%
-17.29%

Percent Change from Current Medicaid Fee
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-14.18%

Percent Change from Current Medicaid Fee
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-2.72%
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-5.25%
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Percent Change from Current Medicaid Fee
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0.00%
0.00%
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0.00%
-8.00%
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0.00%
25.21%
25.22%
27.96%
27.96%

Percent Change from Current Medicaid Fee
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0.00%
-4.26%
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-28.77%
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-18.68%
-18.67%
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Percent Change from Current Medicaid Fee
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Percent Change from Current Medicaid Fee
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Percent Change from Current Medicaid Fee
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-9.15%
26.96%

Percent Change from Current Medicaid Fee
8.58%
35.27%
34.05%
11.49%
20.29%
-9.97%
-6.83%
0.00%
0.00%

**Percent
Change
from
Current
Medicaid
Fee**

ith this