



Connecticut Medical Assistance Program
Policy Transmittal 2018-07

Roderick L. Bremby, Commissioner

Provider Bulletin 2018-18
March 2018

Effective Date: April 1, 2018
Contact: Ginny Mahoney @ 860-424-5145

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

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

This policy transmittal replaces and supersedes provider bulletin PB 2018-15 “Reductions and Adjustment to Payment for DME to Remain Compliant with Federal Law and Additional Reimbursement Reductions to MEDS,” which was issued by the Department of Social Services (DSS) on February 28, 2018.

DME Changes Necessary to Comply with Federal Law

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

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

Competitive Bidding Program for applicable items and geographic areas.

In making these changes, DSS will ensure that the rates and payment methodologies comply with all applicable law. A spreadsheet has been attached to this policy transmittal in order to provide information on the revised reimbursement amounts to various categories of procedure codes on the DME fee schedule. Specifically, the fees for all MEDS procedure codes which, based on available guidance and information, are subject to the provisions of 42 U.S.C. § 1396b(i)(27), as amended, are being reduced to 100% of the lowest applicable Medicare fee (including Medicare competitive bid pricing for codes that are part of that program).

This reimbursement level supersedes the lower methodology that was announced in February 2018 by PB 2018-15. For most codes, that change reflects a significant reduction in payment level. However, if the current Medicaid rate is lower than 100% of Medicare, that fee will not change.

Additional MEDS Reimbursement Reductions

In addition to making changes necessary to comply with the federal law described above, DSS will also research reimbursement in order to revise fees for codes on all of the MEDS fee schedules including the DME, orthotics and prosthetics, hearing aids, parenteral/enteral

supplies, medical surgical supplies and miscellaneous fee schedules in the near future.

The Department met with MEDS providers on March 16, 2018 and has requested voluntary cost information which will assist the Department in determining appropriate levels of MEDS reimbursement while ensuring compliance with the federal changes that are necessary to obtain federal matching funds for DME services provided through Connecticut's Medicaid program. Please find information at the website link, including options for sending this information to the Department: <http://portal.ct.gov/DSS/Health-And-Home-Care/Reimbursement-and-Certificate-of-Need/DME-Medicaid-Reimbursement>.

The Department also announced this process in an Important Message that was issued on March 20, 2018. As a reminder, a separate bulletin (PB 2018-14) was published outlining changes being made to the pricing methodology for certain miscellaneous custom wheelchair components billed under procedure code K0108. That bulletin remains in effect and will be implemented effective for dates of service on and after April 1, 2018, as set forth in that bulletin. The miscellaneous custom wheelchair component pricing list is posted on the HUSKY Health Web site at www.ct.gov/husky. To access the link, click on "**For Providers**" followed by "**Policies, Procedures and Guidelines**" under the "**Medical Management**" menu item. Scroll down to the "Clinical Policies" and click on the "**DSS Pricing Policy for MEDS Items**".

In addition, effective April 1, 2018, DSS is revising and introducing new pricing modifiers for oxygen flow rates per Medicare guidance. These modifiers are the following:

- QA – Prescribed amounts of stationary oxygen for daytime use while at rest and nighttime use differ and the average of the two amounts is less than 1 liter per minute (LPM).

- QB – Prescribed amounts of stationary oxygen for daytime used while at rest and nighttime use differ and the average of the two amounts exceeds 4 liters per minute (LPM) and portable oxygen is prescribed.
- QE – Prescribed amount of stationary oxygen while at rest is less than 1 liter per minute (LPM).
- QF - Prescribed amount of stationary oxygen while at rest exceeds 4 liters per minute (LPM) and portable oxygen is prescribed.
- QG - Prescribed amount of stationary oxygen while at rest is greater than 4 liters per minute (LPM).
- QR - Prescribed amounts of stationary oxygen for daytime use while at rest and nighttime use differ and the average of the two amounts is greater than 4 liters per minute (LPM).

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

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

box appears with the option to open or save the fee schedule.

Posting Instructions: Policy transmittals can be downloaded from the CMAP Web site at www.ctdssmap.com.

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

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

Date Issued: March 2018

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

Procedur	Description	Modif	New Medicaid Rates
A7007	Lg vol nebulizer disposable		\$ 3.13
A7009	Nebulizer reservoir bottle		\$ 35.73
A7017	Nebulizer not used w oxygen		\$ 110.66
E0100	Cane includes canes of all materials adjustable or fixed with tip		\$ 17.91
E0100	Cane includes canes of all materials adjustable or fixed with tip	RR	\$ 1.79
E0105	Cane quad or three prong includes canes of all materials adjustable or fixed wit		\$ 41.74
E0105	Cane quad or three prong includes canes of all materials adjustable or fixed wit	RB	\$ 25.04
E0105	Cane quad or three prong includes canes of all materials adjustable or fixed wit	RR	\$ 4.17
E0110	Crutches forearm includes crutches of various materials adjustable or fixed pair		\$ 62.65
E0110	Crutches forearm includes crutches of various materials adjustable or fixed pair	RB	\$ 37.59
E0110	Crutches forearm includes crutches of various materials adjustable or fixed pair	RR	\$ 6.27
E0111	Crutch forearm includes crutches of various materials adjustable or fixed each w		\$ 43.01
E0111	Crutch forearm includes crutches of various materials adjustable or fixed each w	RB	\$ 25.81
E0111	Crutch forearm includes crutches of various materials adjustable or fixed each w	RR	\$ 4.30
E0112	Crutches underarm wood adjustable or fixed pair with pads tips and handgrips		\$ 29.88
E0112	Crutches underarm wood adjustable or fixed pair with pads tips and handgrips	RB	\$ 17.93
E0112	Crutches underarm wood adjustable or fixed pair with pads tips and handgrips	RR	\$ 2.99
E0113	Crutch underarm wood adjustable or fixed each with pad tip and handgrip		\$ 17.06
E0113	Crutch underarm wood adjustable or fixed each with pad tip and handgrip	RR	\$ 1.71
E0114	Crutches underarm other than wood adjustable or fixed pair with pads tips and ha		\$ 38.10
E0114	Crutches underarm other than wood adjustable or fixed pair with pads tips and ha	RR	\$ 3.81
E0116	Crutch underarm other than wood adjustable or fixed with pad tip handgrip with o		\$ 22.40
E0116	Crutch underarm other than wood adjustable or fixed with pad tip handgrip with o	RR	\$ 2.24
E0130	Walker rigid (pickup) adjustable or fixed height		\$ 42.99
E0130	Walker rigid (pickup) adjustable or fixed height	RB	\$ 25.79
E0130	Walker rigid (pickup) adjustable or fixed height	RR	\$ 4.30
E0135	Walker folding (pickup) adjustable or fixed height		\$ 40.58
E0135	Walker folding (pickup) adjustable or fixed height	RB	\$ 24.35
E0135	Walker folding (pickup) adjustable or fixed height	RR	\$ 4.06
E0140	Walker with trunk support adjustable or fixed height any type		\$ 251.50
E0140	Walker with trunk support adjustable or fixed height any type	RB	\$ 150.90
E0140	Walker with trunk support adjustable or fixed height any type	RR	\$ 25.15
E0141	Walker rigid wheeled adjustable or fixed height		\$ 43.38
E0141	Walker rigid wheeled adjustable or fixed height	RB	\$ 26.03
E0141	Walker rigid wheeled adjustable or fixed height	RR	\$ 4.34
E0143	Walker folding wheeled adjustable or fixed height		\$ 42.56
E0143	Walker folding wheeled adjustable or fixed height	RB	\$ 25.54
E0143	Walker folding wheeled adjustable or fixed height	RR	\$ 4.26
E0144	Walker enclosed four sided framed rigid or folding wheeled with posterior seat		\$ 257.15
E0144	Walker enclosed four sided framed rigid or folding wheeled with posterior seat	RB	\$ 154.29
E0144	Walker enclosed four sided framed rigid or folding wheeled with posterior seat	RR	\$ 25.72
E0147	Walker heavy duty multiple braking system variable wheel resistance		\$ 389.46
E0147	Walker heavy duty multiple braking system variable wheel resistance	RB	\$ 233.68
E0147	Walker heavy duty multiple braking system variable wheel resistance	RR	\$ 38.95
E0148	Walker heavy duty without wheels rigid or folding any type each		\$ 77.20
E0148	Walker heavy duty without wheels rigid or folding any type each	RB	\$ 46.32
E0148	Walker heavy duty without wheels rigid or folding any type each	RR	\$ 7.72
E0149	Walker heavy duty wheeled rigid or folding any type		\$ 90.00
E0149	Walker heavy duty wheeled rigid or folding any type	RB	\$ 54.00
E0149	Walker heavy duty wheeled rigid or folding any type	RR	\$ 9.00
E0160	Sitz type bath or equipment portable used with or without commode		\$ 26.64
E0160	Sitz type bath or equipment portable used with or without commode	RR	\$ 2.66
E0161	Sitz type bath or equipment portable used with or without commode with faucet at		\$ 21.19
E0161	Sitz type bath or equipment portable used with or without commode with faucet at	RR	\$ 2.12
E0163	Commode chair mobile or stationary with fixed arms		\$ 46.97
E0163	Commode chair mobile or stationary with fixed arms	RB	\$ 28.18
E0163	Commode chair mobile or stationary with fixed arms	RR	\$ 4.70
E0165	Commode chair mobile or stationary with detachable arms		\$ 107.50
E0165	Commode chair mobile or stationary with detachable arms	RB	\$ 64.50
E0165	Commode chair mobile or stationary with detachable arms	RR	\$ 10.75
E0167	Pail or pan for use with commode chair replacement only		\$ 9.69
E0167	Pail or pan for use with commode chair replacement only	RR	\$ 0.97
E0168	Commode chair extra wide and/or heavy duty stationary or mobile with or without		\$ 106.88
E0168	Commode chair extra wide and/or heavy duty stationary or mobile with or without	RB	\$ 64.13
E0168	Commode chair extra wide and/or heavy duty stationary or mobile with or without	RR	\$ 10.69

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

Procedur	Description	Modif	New Medicaid Rates
E0171	Commode chair with integrated seat lift mechanism non-electric any type		\$ 233.51
E0171	Commode chair with integrated seat lift mechanism non-electric any type	RB	\$ 140.11
E0171	Commode chair with integrated seat lift mechanism non-electric any type	RR	\$ 23.35
E0181	Powered pressure reducing mattress overlay/pad alternating with pump includes he		\$ 135.50
E0181	Powered pressure reducing mattress overlay/pad alternating with pump includes he	RB	\$ 81.30
E0181	Powered pressure reducing mattress overlay/pad alternating with pump includes he	RR	\$ 13.55
E0184	Dry pressure mattress		\$ 150.00
E0184	Dry pressure mattress	RB	\$ 90.00
E0184	Dry pressure mattress	RR	\$ 15.00
E0185	Gel or gel-like pressure pad for mattress standard mattress length and width		\$ 155.00
E0185	Gel or gel-like pressure pad for mattress standard mattress length and width	RB	\$ 93.00
E0185	Gel or gel-like pressure pad for mattress standard mattress length and width	RR	\$ 15.50
E0186	Air pressure mattress		\$ 163.97
E0186	Air pressure mattress	RB	\$ 98.38
E0186	Air pressure mattress	RR	\$ 16.40
E0188	Synthetic sheepskin pad		\$ 21.35
E0188	Synthetic sheepskin pad	RR	\$ 2.13
E0189	Lambswool sheepskin pad any size		\$ 41.96
E0189	Lambswool sheepskin pad any size	RR	\$ 4.20
E0193	Powered air flotation bed (low air loss therapy)		\$ 6,160.00
E0193	Powered air flotation bed (low air loss therapy)	RB	\$ 3,696.00
E0193	Powered air flotation bed (low air loss therapy)	RR	\$ 616.00
E0194	Air fluidized bed		\$ 26,278.81
E0194	Air fluidized bed	RB	\$ 15,767.29
E0194	Air fluidized bed	RR	\$ 2,627.88
E0196	Gel pressure mattress		\$ 262.39
E0196	Gel pressure mattress	RB	\$ 157.43
E0196	Gel pressure mattress	RR	\$ 26.24
E0197	Air pressure pad for mattress standard mattress length and width		\$ 167.20
E0197	Air pressure pad for mattress standard mattress length and width	RB	\$ 100.32
E0197	Air pressure pad for mattress standard mattress length and width	RR	\$ 16.72
E0199	Dry pressure pad for mattress standard mattress length and width		\$ 25.88
E0199	Dry pressure pad for mattress standard mattress length and width	RR	\$ 2.59
E0210	Electric heat pad standard		\$ 26.35
E0210	Electric heat pad standard	RR	\$ 2.61
E0235	Paraffin bath unit portable (see medical supply code a4265 for paraffin)		\$ 139.37
E0235	Paraffin bath unit portable (see medical supply code a4265 for paraffin)	RB	\$ 83.62
E0235	Paraffin bath unit portable (see medical supply code a4265 for paraffin)	RR	\$ 13.94
E0250	Hospital bed fixed height with any type side rails with mattress		\$ 568.50
E0250	Hospital bed fixed height with any type side rails with mattress	RB	\$ 341.10
E0250	Hospital bed fixed height with any type side rails with mattress	RR	\$ 56.85
E0251	Hospital bed fixed height with any type side rails without mattress		\$ 500.00
E0251	Hospital bed fixed height with any type side rails without mattress	RB	\$ 300.00
E0251	Hospital bed fixed height with any type side rails without mattress	RR	\$ 50.00
E0255	Hospital bed variable height hi-lo with any type side rails with mattress		\$ 568.50
E0255	Hospital bed variable height hi-lo with any type side rails with mattress	RB	\$ 341.10
E0255	Hospital bed variable height hi-lo with any type side rails with mattress	RR	\$ 56.85
E0256	Hospital bed variable height hi-lo with any type side rails without mattress		\$ 543.40
E0256	Hospital bed variable height hi-lo with any type side rails without mattress	RB	\$ 326.04
E0256	Hospital bed variable height hi-lo with any type side rails without mattress	RR	\$ 54.34
E0260	Hospital bed semi-electric (head and foot adjustment) with any type side rails w		\$ 567.50
E0260	Hospital bed semi-electric (head and foot adjustment) with any type side rails w	RB	\$ 340.50
E0260	Hospital bed semi-electric (head and foot adjustment) with any type side rails w	RR	\$ 56.75
E0261	Hospital bed semi-electric (head and foot adjustment) with any type side rails w		\$ 528.00
E0261	Hospital bed semi-electric (head and foot adjustment) with any type side rails w	RB	\$ 316.80
E0261	Hospital bed semi-electric (head and foot adjustment) with any type side rails w	RR	\$ 52.80
E0265	Hospital bed total electric (head foot and height adjustments) with any type sid		\$ 1,396.40
E0265	Hospital bed total electric (head foot and height adjustments) with any type sid	RB	\$ 837.84
E0265	Hospital bed total electric (head foot and height adjustments) with any type sid	RR	\$ 139.64
E0266	Hospital bed total electric (head foot and height adjustments) with any type sid		\$ 1,215.10
E0266	Hospital bed total electric (head foot and height adjustments) with any type sid	RB	\$ 729.06
E0266	Hospital bed total electric (head foot and height adjustments) with any type sid	RR	\$ 121.51
E0277	Powered pressure-reducing air mattress		\$ 1,831.50
E0277	Powered pressure-reducing air mattress	RB	\$ 1,098.90
E0277	Powered pressure-reducing air mattress	RR	\$ 183.15

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

Procedur	Description	Modif	New Medicaid Rates
E0290	Hospital bed fixed height without side rails with mattress		\$ 517.40
E0290	Hospital bed fixed height without side rails with mattress	RB	\$ 310.44
E0290	Hospital bed fixed height without side rails with mattress	RR	\$ 51.74
E0291	Hospital bed fixed height without side rails without mattress		\$ 400.00
E0291	Hospital bed fixed height without side rails without mattress	RB	\$ 240.00
E0291	Hospital bed fixed height without side rails without mattress	RR	\$ 40.00
E0292	Hospital bed variable height hi-lo without side rails with mattress		\$ 568.50
E0292	Hospital bed variable height hi-lo without side rails with mattress	RB	\$ 341.10
E0292	Hospital bed variable height hi-lo without side rails with mattress	RR	\$ 56.85
E0293	Hospital bed variable height hi-lo without side rails without mattress		\$ 493.40
E0293	Hospital bed variable height hi-lo without side rails without mattress	RB	\$ 296.04
E0293	Hospital bed variable height hi-lo without side rails without mattress	RR	\$ 49.34
E0294	Hospital bed semi-electric (head and foot adjustment) without side rails with ma		\$ 568.50
E0294	Hospital bed semi-electric (head and foot adjustment) without side rails with ma	RB	\$ 341.10
E0294	Hospital bed semi-electric (head and foot adjustment) without side rails with ma	RR	\$ 56.85
E0295	Hospital bed semi-electric (head and foot adjustment) without side rails without		\$ 568.50
E0295	Hospital bed semi-electric (head and foot adjustment) without side rails without	RB	\$ 341.10
E0295	Hospital bed semi-electric (head and foot adjustment) without side rails without	RR	\$ 56.85
E0296	Hospital bed total electric (head foot and height adjustments). without side rai		\$ 1,089.50
E0296	Hospital bed total electric (head foot and height adjustments). without side rai	RB	\$ 653.70
E0296	Hospital bed total electric (head foot and height adjustments). without side rai	RR	\$ 108.95
E0297	Hospital bed total electric (head foot and height adjustments) without side rail		\$ 641.00
E0297	Hospital bed total electric (head foot and height adjustments) without side rail	RB	\$ 384.60
E0297	Hospital bed total electric (head foot and height adjustments) without side rail	RR	\$ 64.10
E0301	Hospital bed heavy duty extra wide with weight capacity greater than 350 pounds		\$ 1,462.50
E0301	Hospital bed heavy duty extra wide with weight capacity greater than 350 pounds	RB	\$ 877.50
E0301	Hospital bed heavy duty extra wide with weight capacity greater than 350 pounds	RR	\$ 146.25
E0302	Hospital bed extra heavy duty extra wide with weight capacity greater than 600 p		\$ 4,574.90
E0302	Hospital bed extra heavy duty extra wide with weight capacity greater than 600 p	RB	\$ 2,744.94
E0302	Hospital bed extra heavy duty extra wide with weight capacity greater than 600 p	RR	\$ 457.49
E0303	Hospital bed heavy duty extra wide with weight capacity greater than 350 pounds		\$ 1,454.10
E0303	Hospital bed heavy duty extra wide with weight capacity greater than 350 pounds	RB	\$ 872.46
E0303	Hospital bed heavy duty extra wide with weight capacity greater than 350 pounds	RR	\$ 145.41
E0304	Hospital bed extra heavy duty extra wide with weight capacity greater than 600 p		\$ 4,649.00
E0304	Hospital bed extra heavy duty extra wide with weight capacity greater than 600 p	RB	\$ 2,789.40
E0304	Hospital bed extra heavy duty extra wide with weight capacity greater than 600 p	RR	\$ 464.90
E0371	Nonpowered advanced pressure reducing overlay for mattress standard mattress len		\$ 1,831.50
E0371	Nonpowered advanced pressure reducing overlay for mattress standard mattress len	RB	\$ 1,098.90
E0371	Nonpowered advanced pressure reducing overlay for mattress standard mattress len	RR	\$ 183.15
E0372	Powered air overlay for mattress standard mattress length and width		\$ 1,831.50
E0372	Powered air overlay for mattress standard mattress length and width	RB	\$ 1,098.90
E0372	Powered air overlay for mattress standard mattress length and width	RR	\$ 183.15
E0373	Nonpowered advanced pressure reducing mattress		\$ 1,831.50
E0373	Nonpowered advanced pressure reducing mattress	RB	\$ 1,098.90
E0373	Nonpowered advanced pressure reducing mattress	RR	\$ 183.15
E0424	Stationary compressed gaseous oxygen system rental; includes container contents	RR	\$ 69.62
E0431	Portable gaseous oxygen system rental; includes portable container regulator flo	RR	\$ 16.79
E0433	Portable liquid oxygen system rental; home liquefier used to fill portable liqui		\$ 39.19
E0434	Portable liquid oxygen system rental; includes portable container supply reservo	RR	\$ 16.79
E0439	Stationary liquid oxygen system rental; includes container contents regulator fl	RR	\$ 69.62
E0441	Stationary oxygen contents gaseous 1 month's supply = 1 unit		\$ 47.01
E0442	Stationary oxygen contents liquid 1 month's supply = 1 unit		\$ 47.01
E0443	Portable oxygen contents gaseous 1 month's supply = 1 unit		\$ 43.62
E0444	Portable oxygen contents liquid 1 month's supply = 1 unit		\$ 43.62
E0465	Home ventilator any type used with invasive interface (e.g. tracheostomy tube)	RR	\$ 896.95
E0466	Home ventilator any type used with non-invasive interface (e.g. mask chest shell	RR	\$ 896.95
E0470	Respiratory assist device bi-level pressure capability without backup rate featu		\$ 1,011.90
E0470	Respiratory assist device bi-level pressure capability without backup rate featu	RB	\$ 607.14
E0470	Respiratory assist device bi-level pressure capability without backup rate featu	RR	\$ 101.19
E0471	Respiratory assist device bi-level pressure capability with back-up rate feature		\$ 2,501.60
E0471	Respiratory assist device bi-level pressure capability with back-up rate feature	RB	\$ 1,500.96
E0471	Respiratory assist device bi-level pressure capability with back-up rate feature	RR	\$ 250.16
E0472	Respiratory assist device bi-level pressure capability with backup rate feature		\$ 3,290.30
E0472	Respiratory assist device bi-level pressure capability with backup rate feature	RB	\$ 1,974.18
E0472	Respiratory assist device bi-level pressure capability with backup rate feature	RR	\$ 329.03

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

Procedur	Description	Modif	New Medicaid Rates
E0482	Cough stimulating device alternating positive and negative airway pressure		\$ 3,472.44
E0482	Cough stimulating device alternating positive and negative airway pressure	RB	\$ 2,083.46
E0482	Cough stimulating device alternating positive and negative airway pressure	RR	\$ 347.24
E0483	High frequency chest wall oscillation air-pulse generator system (includes hoses		\$ 8,584.77
E0483	High frequency chest wall oscillation air-pulse generator system (includes hoses	RB	\$ 5,150.86
E0483	High frequency chest wall oscillation air-pulse generator system (includes hoses	RR	\$ 858.48
E0500	Ippb machine all types with built-in nebulization; manual or automatic valves;	RR	\$ 88.64
E0570	Nebulizer with compressor		\$ 58.40
E0570	Nebulizer with compressor	RB	\$ 35.04
E0570	Nebulizer with compressor	RR	\$ 5.84
E0572	Aerosol compressor adjustable pressure light duty for intermittent use		\$ 262.50
E0572	Aerosol compressor adjustable pressure light duty for intermittent use	RB	\$ 157.50
E0572	Aerosol compressor adjustable pressure light duty for intermittent use	RR	\$ 26.25
E0574	Ultrasonic/electronic aerosol generator with small volume nebulizer		\$ 341.34
E0574	Ultrasonic/electronic aerosol generator with small volume nebulizer	RB	\$ 204.80
E0574	Ultrasonic/electronic aerosol generator with small volume nebulizer	RR	\$ 34.13
E0580	Nebulizer durable glass or autoclavable plastic bottle type for use with regulat		\$ 84.47
E0580	Nebulizer durable glass or autoclavable plastic bottle type for use with regulat	RB	\$ 50.68
E0580	Nebulizer durable glass or autoclavable plastic bottle type for use with regulat	RR	\$ 8.45
E0585	Nebulizer with compressor and heater		\$ 276.40
E0585	Nebulizer with compressor and heater	RB	\$ 165.84
E0585	Nebulizer with compressor and heater	RR	\$ 27.64
E0600	Respiratory suction pump home model portable or stationary electric		\$ 369.74
E0600	Respiratory suction pump home model portable or stationary electric	RB	\$ 221.84
E0600	Respiratory suction pump home model portable or stationary electric	RR	\$ 36.97
E0601	Continuous positive airway pressure (cpap) device		\$ 381.50
E0601	Continuous positive airway pressure (cpap) device	RB	\$ 228.90
E0601	Continuous positive airway pressure (cpap) device	RR	\$ 38.15
E0607	Home blood glucose monitor		\$ 53.96
E0607	Home blood glucose monitor	RR	\$ 5.40
E0617	External defibrillator with integrated electrocardiogram analysis	RR	\$ 271.36
E0627	Seat lift mechanism electric any type		\$ 237.43
E0627	Seat lift mechanism electric any type	RB	\$ 142.46
E0627	Seat lift mechanism electric any type	RR	\$ 23.74
E0629	Seat lift mechanism non-electric any type		\$ 244.29
E0629	Seat lift mechanism non-electric any type	RB	\$ 146.57
E0629	Seat lift mechanism non-electric any type	RR	\$ 24.43
E0630	Patient lift hydraulic or mechanical includes any seat sling strap(s) or pad(s)		\$ 565.70
E0630	Patient lift hydraulic or mechanical includes any seat sling strap(s) or pad(s)	RB	\$ 339.42
E0630	Patient lift hydraulic or mechanical includes any seat sling strap(s) or pad(s)	RR	\$ 56.57
E0635	Patient lift electric with seat or sling		\$ 1,040.10
E0635	Patient lift electric with seat or sling	RB	\$ 624.06
E0635	Patient lift electric with seat or sling	RR	\$ 104.01
E0636	Multipositional patient support system with integrated lift patient accessible c		\$ 9,364.10
E0636	Multipositional patient support system with integrated lift patient accessible c	RB	\$ 5,618.46
E0636	Multipositional patient support system with integrated lift patient accessible c	RR	\$ 936.41
E0639	Patient lift moveable from room to room with disassembly and reassembly includes		\$ 1,077.50
E0639	Patient lift moveable from room to room with disassembly and reassembly includes	RB	\$ 646.50
E0639	Patient lift moveable from room to room with disassembly and reassembly includes	RR	\$ 107.75
E0640	Patient lift fixed system includes all components/accessories		\$ 1,077.50
E0640	Patient lift fixed system includes all components/accessories	RB	\$ 646.50
E0640	Patient lift fixed system includes all components/accessories	RR	\$ 107.75
E0650	Pneumatic compressor non-segmental home model		\$ 581.58
E0650	Pneumatic compressor non-segmental home model	RB	\$ 348.95
E0650	Pneumatic compressor non-segmental home model	RR	\$ 58.16
E0651	Pneumatic compressor segmental home model without calibrated gradient pressure		\$ 741.63
E0651	Pneumatic compressor segmental home model without calibrated gradient pressure	RB	\$ 444.98
E0651	Pneumatic compressor segmental home model without calibrated gradient pressure	RR	\$ 74.16
E0652	Pneumatic compressor segmental home model with calibrated gradient pressure		\$ 4,280.92
E0652	Pneumatic compressor segmental home model with calibrated gradient pressure	RB	\$ 2,568.55
E0652	Pneumatic compressor segmental home model with calibrated gradient pressure	RR	\$ 428.09
E0691	Ultraviolet light therapy system includes bulbs/lamps timer and eye protection;		\$ 725.61
E0691	Ultraviolet light therapy system includes bulbs/lamps timer and eye protection;	RB	\$ 435.37
E0691	Ultraviolet light therapy system includes bulbs/lamps timer and eye protection;	RR	\$ 72.56
E0692	Ultraviolet light therapy system panel includes bulbs/lamps timer and eye protec		\$ 911.15

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

Procedur	Description	Modif	New Medicaid Rates
E0692	Ultraviolet light therapy system panel includes bulbs/lamps timer and eye protec	RB	\$ 546.69
E0692	Ultraviolet light therapy system panel includes bulbs/lamps timer and eye protec	RR	\$ 91.12
E0693	Ultraviolet light therapy system panel includes bulbs/lamps timer and eye protec		\$ 1,123.21
E0693	Ultraviolet light therapy system panel includes bulbs/lamps timer and eye protec	RB	\$ 673.93
E0693	Ultraviolet light therapy system panel includes bulbs/lamps timer and eye protec	RR	\$ 112.32
E0694	Ultraviolet multidirectional light therapy system in 6 foot cabinet includes bul		\$ 3,575.08
E0694	Ultraviolet multidirectional light therapy system in 6 foot cabinet includes bul	RB	\$ 2,145.05
E0694	Ultraviolet multidirectional light therapy system in 6 foot cabinet includes bul	RR	\$ 357.51
E0720	Transcutaneous electrical nerve stimulation (tens) device two lead localized sti		\$ 64.15
E0720	Transcutaneous electrical nerve stimulation (tens) device two lead localized sti	RR	\$ 6.42
E0730	Transcutaneous electrical nerve stimulation (tens) device four or more leads for		\$ 64.15
E0730	Transcutaneous electrical nerve stimulation (tens) device four or more leads for	RR	\$ 6.42
E0740	Non-implanted pelvic floor electrical stimulator complete system		\$ 443.33
E0740	Non-implanted pelvic floor electrical stimulator complete system	RB	\$ 266.00
E0740	Non-implanted pelvic floor electrical stimulator complete system	RR	\$ 44.33
E0745	Neuromuscular stimulator electronic shock unit		\$ 722.76
E0745	Neuromuscular stimulator electronic shock unit	RB	\$ 433.66
E0745	Neuromuscular stimulator electronic shock unit	RR	\$ 72.28
E0747	Osteogenesis stimulator electrical non-invasive other than spinal applications		\$ 2,898.72
E0747	Osteogenesis stimulator electrical non-invasive other than spinal applications	RR	\$ 289.87
E0748	Osteogenesis stimulator electrical non-invasive spinal applications		\$ 2,753.19
E0748	Osteogenesis stimulator electrical non-invasive spinal applications	RR	\$ 275.32
E0760	Osteogenesis stimulator low intensity ultrasound non-invasive		\$ 2,287.89
E0760	Osteogenesis stimulator low intensity ultrasound non-invasive	RR	\$ 228.79
E0779	Ambulatory infusion pump mechanical reusable for infusion 8 hours or greater		\$ 154.00
E0779	Ambulatory infusion pump mechanical reusable for infusion 8 hours or greater	RB	\$ 92.40
E0779	Ambulatory infusion pump mechanical reusable for infusion 8 hours or greater	RR	\$ 15.40
E0781	Ambulatory infusion pump single or multiple channels electric or battery operate		\$ 2,138.83
E0781	Ambulatory infusion pump single or multiple channels electric or battery operate	RB	\$ 1,283.30
E0781	Ambulatory infusion pump single or multiple channels electric or battery operate	RR	\$ 213.88
E0784	External ambulatory infusion pump insulin		\$ 3,966.92
E0784	External ambulatory infusion pump insulin	RB	\$ 2,380.15
E0784	External ambulatory infusion pump insulin	RR	\$ 396.69
E0791	Parenteral infusion pump stationary single or multi-channel		\$ 2,553.32
E0791	Parenteral infusion pump stationary single or multi-channel	RB	\$ 1,531.99
E0791	Parenteral infusion pump stationary single or multi-channel	RR	\$ 255.33
E0849	Traction equipment cervical free-standing stand/frame pneumatic applying tractio		\$ 474.25
E0849	Traction equipment cervical free-standing stand/frame pneumatic applying tractio	RB	\$ 284.55
E0849	Traction equipment cervical free-standing stand/frame pneumatic applying tractio	RR	\$ 47.43
E0855	Cervical traction equipment not requiring additional stand or frame		\$ 405.88
E0855	Cervical traction equipment not requiring additional stand or frame	RB	\$ 243.53
E0855	Cervical traction equipment not requiring additional stand or frame	RR	\$ 40.59
E0860	Traction equipment overdoor cervical		\$ 31.11
E0860	Traction equipment overdoor cervical	RR	\$ 3.11
E0870	Traction frame attached to footboard extremity traction (e.g. buck's)		\$ 93.92
E0870	Traction frame attached to footboard extremity traction (e.g. buck's)	RB	\$ 56.35
E0870	Traction frame attached to footboard extremity traction (e.g. buck's)	RR	\$ 9.39
E0880	Traction stand free standing extremity traction (e.g. buck's)		\$ 101.37
E0880	Traction stand free standing extremity traction (e.g. buck's)	RB	\$ 60.82
E0880	Traction stand free standing extremity traction (e.g. buck's)	RR	\$ 10.14
E0900	Traction stand free standing pelvic traction (e.g. buck's)		\$ 103.46
E0900	Traction stand free standing pelvic traction (e.g. buck's)	RB	\$ 62.08
E0900	Traction stand free standing pelvic traction (e.g. buck's)	RR	\$ 10.35
E0910	Trapeze bars a/k/a patient helper attached to bed with grab bar		\$ 104.20
E0910	Trapeze bars a/k/a patient helper attached to bed with grab bar	RB	\$ 62.52
E0910	Trapeze bars a/k/a patient helper attached to bed with grab bar	RR	\$ 10.42
E0911	Trapeze bar heavy duty for patient weight capacity greater than 250 pounds attac		\$ 363.85
E0911	Trapeze bar heavy duty for patient weight capacity greater than 250 pounds attac	RB	\$ 218.31
E0911	Trapeze bar heavy duty for patient weight capacity greater than 250 pounds attac	RR	\$ 36.39
E0912	Trapeze bar heavy duty for patient weight capacity greater than 250 pounds free		\$ 725.00
E0912	Trapeze bar heavy duty for patient weight capacity greater than 250 pounds free	RB	\$ 435.00
E0912	Trapeze bar heavy duty for patient weight capacity greater than 250 pounds free	RR	\$ 72.50
E0920	Fracture frame attached to bed includes weights		\$ 372.59
E0920	Fracture frame attached to bed includes weights	RB	\$ 223.55
E0920	Fracture frame attached to bed includes weights	RR	\$ 37.26

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Procedure	Description	Modif	New Medicaid Rates
E0930	Fracture frame free standing includes weights		\$ 368.98
E0930	Fracture frame free standing includes weights	RB	\$ 221.39
E0930	Fracture frame free standing includes weights	RR	\$ 36.90
E0935	Continuous passive motion exercise device for use on knee only	RR	\$ 18.35
E0940	Trapeze bar free standing complete with grab bar		\$ 198.80
E0940	Trapeze bar free standing complete with grab bar	RB	\$ 119.28
E0940	Trapeze bar free standing complete with grab bar	RR	\$ 19.88
E0941	Gravity assisted traction device any type		\$ 350.55
E0941	Gravity assisted traction device any type	RB	\$ 210.33
E0941	Gravity assisted traction device any type	RR	\$ 35.06
E0946	Fracture frame dual with cross bars attached to bed (e.g. balken 4 poster)		\$ 501.62
E0946	Fracture frame dual with cross bars attached to bed (e.g. balken 4 poster)	RB	\$ 300.97
E0946	Fracture frame dual with cross bars attached to bed (e.g. balken 4 poster)	RR	\$ 50.16
E0947	Fracture frame attachments for complex pelvic traction		\$ 489.72
E0947	Fracture frame attachments for complex pelvic traction	RB	\$ 293.83
E0947	Fracture frame attachments for complex pelvic traction	RR	\$ 48.97
E0948	Fracture frame attachments for complex cervical traction		\$ 373.93
E0948	Fracture frame attachments for complex cervical traction	RB	\$ 224.36
E0948	Fracture frame attachments for complex cervical traction	RR	\$ 37.39
E1031	Rollabout chair any and all types with castors 5" or greater		\$ 347.50
E1031	Rollabout chair any and all types with castors 5" or greater	RB	\$ 208.50
E1031	Rollabout chair any and all types with castors 5" or greater	RR	\$ 34.75
E1035	Multi-positional patient transfer system with integrated seat operated by care g		\$ 5,250.00
E1035	Multi-positional patient transfer system with integrated seat operated by care g	RB	\$ 3,150.00
E1035	Multi-positional patient transfer system with integrated seat operated by care g	RR	\$ 525.00
E1036	Multi-positional patient transfer system extra-wide with integrated seat operate		\$ 7,990.60
E1036	Multi-positional patient transfer system extra-wide with integrated seat operate	RB	\$ 4,794.36
E1036	Multi-positional patient transfer system extra-wide with integrated seat operate	RR	\$ 799.06
E1037	Transport chair pediatric size		\$ 876.09
E1037	Transport chair pediatric size	RB	\$ 525.65
E1037	Transport chair pediatric size	RR	\$ 87.61
E1038	Transport chair adult size patient weight capacity up to and including 300 pound		\$ 125.40
E1038	Transport chair adult size patient weight capacity up to and including 300 pound	RB	\$ 75.24
E1038	Transport chair adult size patient weight capacity up to and including 300 pound	RR	\$ 12.54
E1039	Transport chair adult size heavy duty patient weight capacity greater than 300 p		\$ 276.17
E1039	Transport chair adult size heavy duty patient weight capacity greater than 300 p	RB	\$ 165.70
E1039	Transport chair adult size heavy duty patient weight capacity greater than 300 p	RR	\$ 27.62
E1084	Hemi-wheelchair detachable arms desk or full length arms swing away detachable e		\$ 736.07
E1084	Hemi-wheelchair detachable arms desk or full length arms swing away detachable e	RR	\$ 73.61
E1086	Hemi-wheelchair detachable arms desk or full length swing away detachable footre		\$ 700.03
E1086	Hemi-wheelchair detachable arms desk or full length swing away detachable footre	RR	\$ 70.00
E1088	High strength lightweight wheelchair detachable arms desk or full length swing a		\$ 1,217.43
E1088	High strength lightweight wheelchair detachable arms desk or full length swing a	RR	\$ 121.74
E1161	Manual adult size wheelchair includes tilt in space		\$ 2,023.01
E1161	Manual adult size wheelchair includes tilt in space	RR	\$ 202.30
E1232	Wheelchair pediatric size tilt-in-space folding adjustable with seating system		\$ 1,828.34
E1232	Wheelchair pediatric size tilt-in-space folding adjustable with seating system	RR	\$ 182.83
E1233	Wheelchair pediatric size tilt-in-space rigid adjustable without seating system		\$ 1,894.45
E1233	Wheelchair pediatric size tilt-in-space rigid adjustable without seating system	RR	\$ 189.45
E1234	Wheelchair pediatric size tilt-in-space folding adjustable without seating syste		\$ 1,649.26
E1234	Wheelchair pediatric size tilt-in-space folding adjustable without seating syste	RR	\$ 164.93
E1235	Wheelchair pediatric size rigid adjustable with seating system		\$ 1,588.11
E1235	Wheelchair pediatric size rigid adjustable with seating system	RR	\$ 158.81
E1236	Wheelchair pediatric size folding adjustable with seating system		\$ 1,401.12
E1236	Wheelchair pediatric size folding adjustable with seating system	RR	\$ 140.11
E1237	Wheelchair pediatric size rigid adjustable without seating system		\$ 1,413.36
E1237	Wheelchair pediatric size rigid adjustable without seating system	RR	\$ 141.34
E1238	Wheelchair pediatric size folding adjustable without seating system		\$ 1,401.12
E1238	Wheelchair pediatric size folding adjustable without seating system	RR	\$ 140.11
E1390	Oxygen concentrator single delivery port capable of delivering 85 percent or gre	RR	\$ 69.62
E1391	Oxygen concentrator dual delivery port capable of delivering 85 percent or great	RR	\$ 69.62
E1392	Portable oxygen concentrator rental	RR	\$ 39.68
E1800	Dynamic adjustable elbow extension/flexion device includes soft interface materi		\$ 989.24
E1800	Dynamic adjustable elbow extension/flexion device includes soft interface materi	RB	\$ 593.54
E1800	Dynamic adjustable elbow extension/flexion device includes soft interface materi	RR	\$ 98.92

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

Procedur	Description	Modif	New Medicaid Rates
E1801	Static progressive stretch elbow device extension and/or flexion with or without		\$ 1,187.20
E1801	Static progressive stretch elbow device extension and/or flexion with or without	RB	\$ 712.32
E1801	Static progressive stretch elbow device extension and/or flexion with or without	RR	\$ 118.72
E1802	Dynamic adjustable forearm pronation/supination device includes soft interface m		\$ 3,000.00
E1802	Dynamic adjustable forearm pronation/supination device includes soft interface m	RB	\$ 1,800.00
E1802	Dynamic adjustable forearm pronation/supination device includes soft interface m	RR	\$ 300.00
E1805	Dynamic adjustable wrist extension / flexion device includes soft interface mate		\$ 1,020.21
E1805	Dynamic adjustable wrist extension / flexion device includes soft interface mate	RB	\$ 612.13
E1805	Dynamic adjustable wrist extension / flexion device includes soft interface mate	RR	\$ 102.02
E1806	Static progressive stretch wrist device flexion and/or extension with or without		\$ 974.80
E1806	Static progressive stretch wrist device flexion and/or extension with or without	RB	\$ 584.88
E1806	Static progressive stretch wrist device flexion and/or extension with or without	RR	\$ 97.48
E1810	Dynamic adjustable knee extension / flexion device includes soft interface mater		\$ 1,005.96
E1810	Dynamic adjustable knee extension / flexion device includes soft interface mater	RB	\$ 603.58
E1810	Dynamic adjustable knee extension / flexion device includes soft interface mater	RR	\$ 100.60
E1811	Static progressive stretch knee device extension and/or flexion with or without		\$ 1,234.40
E1811	Static progressive stretch knee device extension and/or flexion with or without	RB	\$ 740.64
E1811	Static progressive stretch knee device extension and/or flexion with or without	RR	\$ 123.44
E1812	Dynamic knee extension/flexion device with active resistance control		\$ 791.40
E1812	Dynamic knee extension/flexion device with active resistance control	RB	\$ 474.84
E1812	Dynamic knee extension/flexion device with active resistance control	RR	\$ 79.14
E1815	Dynamic adjustable ankle extension/flexion device includes soft interface materi		\$ 1,020.21
E1815	Dynamic adjustable ankle extension/flexion device includes soft interface materi	RB	\$ 612.13
E1815	Dynamic adjustable ankle extension/flexion device includes soft interface materi	RR	\$ 102.02
E1816	Static progressive stretch ankle device flexion and/or extension with or without		\$ 1,253.80
E1816	Static progressive stretch ankle device flexion and/or extension with or without	RB	\$ 752.28
E1816	Static progressive stretch ankle device flexion and/or extension with or without	RR	\$ 125.38
E1818	Static progressive stretch forearm pronation / supination device with or without		\$ 1,280.00
E1818	Static progressive stretch forearm pronation / supination device with or without	RB	\$ 768.00
E1818	Static progressive stretch forearm pronation / supination device with or without	RR	\$ 128.00
E1820	Replacement soft interface material dynamic adjustable extension/flexion device		\$ 66.01
E1820	Replacement soft interface material dynamic adjustable extension/flexion device	RB	\$ 39.61
E1820	Replacement soft interface material dynamic adjustable extension/flexion device	RR	\$ 6.60
E1825	Dynamic adjustable finger extension/flexion device includes soft interface mater		\$ 1,020.21
E1825	Dynamic adjustable finger extension/flexion device includes soft interface mater	RB	\$ 612.13
E1825	Dynamic adjustable finger extension/flexion device includes soft interface mater	RR	\$ 102.02
E1830	Dynamic adjustable toe extension/flexion device includes soft interface material		\$ 1,020.21
E1830	Dynamic adjustable toe extension/flexion device includes soft interface material	RB	\$ 612.13
E1830	Dynamic adjustable toe extension/flexion device includes soft interface material	RR	\$ 102.02
E1831	Static progressive stretch toe device extension and/or flexion with or without r		\$ 573.04
E1831	Static progressive stretch toe device extension and/or flexion with or without r	RB	\$ 343.82
E1831	Static progressive stretch toe device extension and/or flexion with or without r	RR	\$ 57.30
E1840	Dynamic adjustable shoulder flexion / abduction / rotation device includes soft		\$ 3,522.10
E1840	Dynamic adjustable shoulder flexion / abduction / rotation device includes soft	RB	\$ 2,113.26
E1840	Dynamic adjustable shoulder flexion / abduction / rotation device includes soft	RR	\$ 352.21
E1841	Static progressive stretch shoulder device with or without range of motion adjus		\$ 4,904.60
E1841	Static progressive stretch shoulder device with or without range of motion adjus	RB	\$ 2,942.76
E1841	Static progressive stretch shoulder device with or without range of motion adjus	RR	\$ 490.46
E2000	Gastric suction pump home model portable or stationary electric		\$ 418.57
E2000	Gastric suction pump home model portable or stationary electric	RB	\$ 251.14
E2000	Gastric suction pump home model portable or stationary electric	RR	\$ 41.86
E2100	Blood glucose monitor with integrated voice synthesizer		\$ 519.37
E2100	Blood glucose monitor with integrated voice synthesizer	RB	\$ 311.62
E2100	Blood glucose monitor with integrated voice synthesizer	RR	\$ 51.94
E2101	Blood glucose monitor with integrated lancing/blood sample		\$ 152.27
E2101	Blood glucose monitor with integrated lancing/blood sample	RB	\$ 91.36
E2101	Blood glucose monitor with integrated lancing/blood sample	RR	\$ 15.23
E2402	Negative pressure wound therapy electrical pump stationary or portable		\$ 4,500.00
E2402	Negative pressure wound therapy electrical pump stationary or portable	RB	\$ 2,700.00
E2402	Negative pressure wound therapy electrical pump stationary or portable	RR	\$ 450.00
E2500	Speech generating device digitized speech using pre-recorded messages less than		\$ 332.40
E2500	Speech generating device digitized speech using pre-recorded messages less than	RB	\$ 199.44
E2500	Speech generating device digitized speech using pre-recorded messages less than	RR	\$ 33.24
E2502	Speech generating device digitized speech using pre-recorded messages greater th		\$ 1,016.43
E2502	Speech generating device digitized speech using pre-recorded messages greater th	RB	\$ 609.86

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

Procedur	Description	Modif	New Medicaid Rates
E2502	Speech generating device digitized speech using pre-recorded messages greater th	RR	\$ 101.64
E2506	Speech generating device digitized speech using pre-recorded messages greater th		\$ 2,312.96
E2506	Speech generating device digitized speech using pre-recorded messages greater th	RB	\$ 1,387.78
E2506	Speech generating device digitized speech using pre-recorded messages greater th	RR	\$ 231.30
E2508	Speech generating device synthesized speech requiring message formulation by spe		\$ 3,576.61
E2508	Speech generating device synthesized speech requiring message formulation by spe	RB	\$ 2,145.97
E2508	Speech generating device synthesized speech requiring message formulation by spe	RR	\$ 357.66
E2510	Speech generating device synthesized speech permitting multiple methods of messa		\$ 6,768.25
E2510	Speech generating device synthesized speech permitting multiple methods of messa	RB	\$ 4,060.95
E2510	Speech generating device synthesized speech permitting multiple methods of messa	RR	\$ 676.83
K0001	Standard wheelchair		\$ 187.10
K0001	Standard wheelchair	RR	\$ 18.71
K0002	Standard hemi (low seat) wheelchair		\$ 293.10
K0002	Standard hemi (low seat) wheelchair	RR	\$ 29.31
K0003	Lightweight wheelchair		\$ 274.80
K0003	Lightweight wheelchair	RR	\$ 27.48
K0004	High strength lightweight wheelchair		\$ 363.10
K0004	High strength lightweight wheelchair	RR	\$ 36.31
K0005	Ultralightweight wheelchair		\$ 1,492.88
K0005	Ultralightweight wheelchair	RR	\$ 149.29
K0006	Heavy duty wheelchair		\$ 529.70
K0006	Heavy duty wheelchair	RR	\$ 52.97
K0007	Extra heavy duty wheelchair		\$ 731.30
K0007	Extra heavy duty wheelchair	RR	\$ 73.13
K0010	Standard - weight frame motorized/power wheelchair		\$ 3,439.86
K0010	Standard - weight frame motorized/power wheelchair	RR	\$ 343.99
K0011	Standard - weight frame motorized/power wheelchair with programmable control par		\$ 4,136.68
K0011	Standard - weight frame motorized/power wheelchair with programmable control par	RR	\$ 413.67
K0012	Lightweight portable motorized/power wheelchair		\$ 2,623.71
K0012	Lightweight portable motorized/power wheelchair	RR	\$ 262.37
K0730	Controlled dose inhalation drug delivery system		\$ 1,586.63
K0730	Controlled dose inhalation drug delivery system	RB	\$ 951.98
K0730	Controlled dose inhalation drug delivery system	RR	\$ 158.66
K0738	Portable gaseous oxygen system rental; home compressor used to fill portable oxy	RR	\$ 39.68
K0800	Power operated vehicle group 1 standard patient weight capacity up to and includ		\$ 802.76
K0800	Power operated vehicle group 1 standard patient weight capacity up to and includ	RR	\$ 80.28
K0801	Power operated vehicle group 1 heavy duty patient weight capacity 301 to 450 pou		\$ 1,492.12
K0801	Power operated vehicle group 1 heavy duty patient weight capacity 301 to 450 pou	RR	\$ 149.21
K0802	Power operated vehicle group 1 very heavy duty patient weight capacity 451 to 60		\$ 2,015.45
K0802	Power operated vehicle group 1 very heavy duty patient weight capacity 451 to 60	RR	\$ 201.55
K0806	Power operated vehicle group 2 standard patient weight capacity up to and includ		\$ 1,327.19
K0806	Power operated vehicle group 2 standard patient weight capacity up to and includ	RR	\$ 132.72
K0813	Power wheelchair group 1 standard portable sling/solid seat and back patient wei		\$ 1,636.53
K0813	Power wheelchair group 1 standard portable sling/solid seat and back patient wei	RR	\$ 163.65
K0814	Power wheelchair group 1 standard portable captains chair patient weight capacit		\$ 1,670.60
K0814	Power wheelchair group 1 standard portable captains chair patient weight capacit	RR	\$ 167.06
K0815	Power wheelchair group 1 standard sling/solid seat and back patient weight capac		\$ 1,636.53
K0815	Power wheelchair group 1 standard sling/solid seat and back patient weight capac	RR	\$ 163.65
K0816	Power wheelchair group 1 standard captains chair patient weight capacity up to a		\$ 1,670.60
K0816	Power wheelchair group 1 standard captains chair patient weight capacity up to a	RR	\$ 167.06
K0820	Power wheelchair group 2 standard portable sling/solid seat/back patient weight		\$ 1,915.00
K0820	Power wheelchair group 2 standard portable sling/solid seat/back patient weight	RR	\$ 191.50
K0821	Power wheelchair group 2 standard portable captains chair patient weight capacit		\$ 1,708.73
K0821	Power wheelchair group 2 standard portable captains chair patient weight capacit	RR	\$ 170.87
K0822	Power wheelchair group 2 standard sling/solid seat/back patient weight capacity		\$ 1,901.27
K0822	Power wheelchair group 2 standard sling/solid seat/back patient weight capacity	RR	\$ 190.13
K0823	Power wheelchair group 2 standard captains chair patient weight capacity up to a		\$ 1,657.53
K0823	Power wheelchair group 2 standard captains chair patient weight capacity up to a	RR	\$ 165.75
K0824	Power wheelchair group 2 heavy duty sling/solid seat/back patient weight capacit		\$ 2,400.93
K0824	Power wheelchair group 2 heavy duty sling/solid seat/back patient weight capacit	RR	\$ 240.09
K0825	Power wheelchair group 2 heavy duty captains chair patient weight capacity 301 t		\$ 2,364.40
K0825	Power wheelchair group 2 heavy duty captains chair patient weight capacity 301 t	RR	\$ 236.44
K0826	Power wheelchair group 2 very heavy duty sling/solid seat/back patient weight ca		\$ 3,989.20
K0826	Power wheelchair group 2 very heavy duty sling/solid seat/back patient weight ca	RR	\$ 398.92
K0827	Power wheelchair group 2 very heavy duty captains chair patient weight capacity		\$ 3,663.33

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Procedur	Description	Modif	New Medicaid Rates
K0827	Power wheelchair group 2 very heavy duty captains chair patient weight capacity	RR	\$ 366.33
K0828	Power wheelchair group 2 extra heavy duty sling/solid seat/back patient weight c		\$ 5,906.53
K0828	Power wheelchair group 2 extra heavy duty sling/solid seat/back patient weight c	RR	\$ 590.65
K0829	Power wheelchair group 2 extra heavy duty captains chair patient weight 601 poun		\$ 5,423.84
K0829	Power wheelchair group 2 extra heavy duty captains chair patient weight 601 poun	RR	\$ 542.38
K0835	Power wheelchair group 2 standard single power option sling/solid seat/back pati		\$ 2,273.40
K0835	Power wheelchair group 2 standard single power option sling/solid seat/back pati	RR	\$ 227.34
K0836	Power wheelchair group 2 standard single power option captains chair patient wei		\$ 2,358.00
K0836	Power wheelchair group 2 standard single power option captains chair patient wei	RR	\$ 235.80
K0837	Power wheelchair group 2 heavy duty single power option sling/solid seat/back pa		\$ 2,915.87
K0837	Power wheelchair group 2 heavy duty single power option sling/solid seat/back pa	RR	\$ 291.59
K0838	Power wheelchair group 2 heavy duty single power option captains chair patient w		\$ 2,584.47
K0838	Power wheelchair group 2 heavy duty single power option captains chair patient w	RR	\$ 258.45
K0839	Power wheelchair group 2 very heavy duty single power option sling/solid seat/ba		\$ 3,873.27
K0839	Power wheelchair group 2 very heavy duty single power option sling/solid seat/ba	RR	\$ 387.33
K0840	Power wheelchair group 2 extra heavy duty single power option sling/solid seat/b		\$ 5,946.80
K0840	Power wheelchair group 2 extra heavy duty single power option sling/solid seat/b	RR	\$ 594.68
K0841	Power wheelchair group 2 standard multiple power option sling/solid seat/back pa		\$ 2,561.93
K0841	Power wheelchair group 2 standard multiple power option sling/solid seat/back pa	RR	\$ 256.19
K0842	Power wheelchair group 2 standard multiple power option captains chair patient w		\$ 2,558.20
K0842	Power wheelchair group 2 standard multiple power option captains chair patient w	RR	\$ 255.82
K0843	Power wheelchair group 2 heavy duty multiple power option sling/solid seat/back		\$ 3,036.93
K0843	Power wheelchair group 2 heavy duty multiple power option sling/solid seat/back	RR	\$ 303.69
K0848	Power wheelchair group 3 standard sling/solid seat/back patient weight capacity		\$ 4,645.69
K0848	Power wheelchair group 3 standard sling/solid seat/back patient weight capacity	RR	\$ 464.57
K0849	Power wheelchair group 3 standard captains chair patient weight capacity up to a		\$ 4,343.97
K0849	Power wheelchair group 3 standard captains chair patient weight capacity up to a	RR	\$ 434.40
K0850	Power wheelchair group 3 heavy duty sling/solid seat/back patient weight capacit		\$ 5,249.61
K0850	Power wheelchair group 3 heavy duty sling/solid seat/back patient weight capacit	RR	\$ 524.96
K0851	Power wheelchair group 3 heavy duty captains chair patient weight capacity 301 t		\$ 4,908.94
K0851	Power wheelchair group 3 heavy duty captains chair patient weight capacity 301 t	RR	\$ 490.89
K0852	Power wheelchair group 3 very heavy duty sling/solid seat/back patient weight ca		\$ 6,055.59
K0852	Power wheelchair group 3 very heavy duty sling/solid seat/back patient weight ca	RR	\$ 605.56
K0853	Power wheelchair group 3 very heavy duty captains chair patient weight capacity		\$ 6,220.60
K0853	Power wheelchair group 3 very heavy duty captains chair patient weight capacity	RR	\$ 622.06
K0856	Power wheelchair group 3 standard single power option sling/solid seat/back pati		\$ 4,849.85
K0856	Power wheelchair group 3 standard single power option sling/solid seat/back pati	RR	\$ 484.99
K0857	Power wheelchair group 3 standard single power option captains chair patient wei		\$ 4,947.03
K0857	Power wheelchair group 3 standard single power option captains chair patient wei	RR	\$ 494.70
K0858	Power wheelchair group 3 heavy duty single power option sling/solid seat/back pa		\$ 6,017.11
K0858	Power wheelchair group 3 heavy duty single power option sling/solid seat/back pa	RR	\$ 601.71
K0859	Power wheelchair group 3 heavy duty single power option captains chair patient w		\$ 5,590.09
K0859	Power wheelchair group 3 heavy duty single power option captains chair patient w	RR	\$ 559.01
K0860	Power wheelchair group 3 very heavy duty single power option sling/solid seat/ba		\$ 8,596.27
K0860	Power wheelchair group 3 very heavy duty single power option sling/solid seat/ba	RR	\$ 859.63
K0861	Power wheelchair group 3 standard multiple power option sling/solid seat/back pa		\$ 4,857.64
K0861	Power wheelchair group 3 standard multiple power option sling/solid seat/back pa	RR	\$ 485.76
K0862	Power wheelchair group 3 heavy duty multiple power option sling/solid seat/back		\$ 6,017.11
K0862	Power wheelchair group 3 heavy duty multiple power option sling/solid seat/back	RR	\$ 601.71
K0863	Power wheelchair group 3 very heavy duty multiple power option sling/solid seat/		\$ 8,596.27
K0863	Power wheelchair group 3 very heavy duty multiple power option sling/solid seat/	RR	\$ 859.63