

IHCP *bulletin*

Note: This bulletin has been updated. The RA date was changed from May 1, 2024, to May 22, 2024.

INDIANA HEALTH COVERAGE PROGRAMS BT202448 APRIL 23, 2024

IHCP to update rates for certain DME and medical supply items effective Jan. 1, 2024

As announced in *Indiana Health Coverage Programs (IHCP) Bulletin BT2023150*, the IHCP will change the rates for select durable medical equipment (DME) and medical supply Healthcare Common Procedure Coding System (HCPCS) procedure codes effective for dates of service (DOS) on or after **Jan. 1, 2024**. These HCPCS procedure codes are subject to the *21st Century Cures Act*. The HCPCS procedure codes impacted by this change, as well as their respective rates, are shown in [Table 1](#).



To determine the Medicaid allowed amount for covered DME and medical supplies that are subject to the *21st Century Cures Act*, the IHCP will use the lowest non-zero 2024 Indiana Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Fee Schedule amount or competitive bidding single payment amount as the Medicaid allowed amount for DOS on or after Jan. 1, 2024. The 2024 DMEPOS Fee Schedule will be available on the [CMS website](#) at cms.gov.

The fee-for-service (FFS) claim-processing system has been updated with the new rates. Claims processed during the indicated time frame for the procedure codes in Table 1 will be mass adjusted, as appropriate. Providers should see adjusted claims on remittance advices (RAs) beginning May 22, 2024, with internal control numbers (ICNs)/Claim IDs that begin with 52 (mass replacements non-check related).

This information will be reflected in the next regular update to the Professional Fee Schedule, accessible from the [IHCP Fee Schedules](#) page. Updates will also be made to the applicable tables in *Durable and Home Medical Equipment and Supplies Codes*, accessible from the [Code Sets](#) page at in.gov/medicaid/providers.

Prior authorization (PA), billing and reimbursement information applies to services delivered under the FFS delivery system. Individual managed care entities (MCEs) establish PA requirements and billing criteria within the managed care delivery system. Questions about managed care PA, billing and reimbursement should be directed to the MCE with which the member is enrolled.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 800-457-4584.

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Table 1 – DME and medical supply procedure codes
with updated rates, effective for DOS on or after Jan. 1, 2024

HCPCS code	Description	Modifier (if applicable)*	Max fee
A5514	For diabetics only, multiple density insert, made by direct carving with cam technology from a rectified cad model created from a digitized scan of the patient, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each		\$52.81
A7007	Large volume nebulizer, disposable, unfilled, used with aerosol compressor	NU	\$4.14
A7017	Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen	NU	\$146.33
		RR	\$14.63
E0100	Cane, includes canes of all materials, adjustable or fixed, with tip	NU	\$28.29
		RR	\$8.08
E0105	Cane, quad or three prong, includes canes of all materials, adjustable or fixed, with tips	NU	\$62.97
		RR	\$12.10
E0110	Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips	NU	\$105.87
		RR	\$18.54
E0111	Crutch forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrips	NU	\$72.65
		RR	\$9.78
E0112	Crutches underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips	NU	\$45.80
		RR	\$11.53
E0113	Crutch underarm, wood, adjustable or fixed, each, with pad, tip and handgrip	NU	\$24.52
		RR	\$5.96
E0114	Crutches underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips	NU	\$64.39
		RR	\$9.94
E0116	Crutch, underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each	NU	\$32.72
		RR	\$6.28
E0130	Walker, rigid (pickup), adjustable or fixed height	NU	\$55.27
		RR	\$5.53
E0135	Walker, folding (pickup), adjustable or fixed height	NU	\$55.48
		RR	\$5.55
E0140	Walker, with trunk support, adjustable or fixed height, any type	NU	\$359.70
		RR	\$35.97
E0141	Walker, rigid, wheeled, adjustable or fixed height	NU	\$56.96
		RR	\$5.70

* NU = New durable medical equipment purchase

RR = Rental of durable medical equipment

QB = Prescribed amounts of stationary oxygen for daytime use while at rest and nighttime use differ and the average of the two amounts exceeds four liters per minute (LPM) and portable oxygen is prescribed

QF = Prescribed amount of stationary oxygen while at rest exceeds four LPM and portable oxygen is prescribed

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HCPCS code	Description	Modifier (if applicable)*	Max fee
E0143	Walker, folding, wheeled, adjustable or fixed height	NU	\$56.96
		RR	\$5.70
E0144	Walker, enclosed, four sided framed, rigid or folding, wheeled with posterior seat	NU	\$324.80
		RR	\$32.48
E0147	Walker, heavy duty, multiple braking system, variable wheel resistance	NU	\$484.46
		RR	\$48.45
E0148	Walker, heavy duty, without wheels, rigid or folding, any type, each	NU	\$99.65
		RR	\$9.96
E0149	Walker, heavy duty, wheeled, rigid or folding, any type	NU	\$141.70
		RR	\$14.17
E0160	Sitz type bath or equipment, portable, used with or without commode	NU	\$35.79
		RR	\$3.58
E0163	Commode chair, mobile or stationary, with fixed arms	NU	\$62.99
		RR	\$6.30
E0165	Commode chair, mobile or stationary, with detachable arms	NU	\$147.40
		RR	\$14.74
E0167	Pail or pan for use with commode chair, replacement only	NU	\$13.66
		RR	\$1.37
E0168	Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each	NU	\$139.96
		RR	\$14.00
E0170	Commode chair electric	NU	\$1,972.80
		RR	\$197.28
E0171	Commode chair non-electric	NU	\$369.90
			\$36.99
E0181	Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy duty	NU	\$182.40
		RR	\$18.24
E0184	Dry pressure mattress	NU	\$183.96
		RR	\$18.40
E0185	Gel or gel-like pressure pad for mattress, standard mattress length and width	NU	\$196.79
		RR	\$19.68
E0186	Air pressure mattress	NU	\$227.30
		RR	\$22.73
E0188	Synthetic sheepskin pad	NU	\$30.74
		RR	\$3.07

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HCPCS code	Description	Modifier (if applicable)*	Max fee
E0189	Lambswool sheepskin pad, any size	NU	\$57.85
		RR	\$5.78
E0196	Gel pressure mattress	NU	\$398.70
		RR	\$39.87
E0197	Air pressure pad for mattress, standard mattress length and width	NU	\$222.10
		RR	\$22.21
E0199	Dry pressure pad for mattress, standard mattress length and width	NU	\$34.44
		RR	\$3.44
E0210	Electric heat pad, standard	NU	\$37.88
		RR	\$3.57
E0235	Paraffin bath unit, portable (see medical supply code A4265 for paraffin)	NU	\$235.40
		RR	\$23.54
E0250	Hospital bed, fixed height, with any type side rails, with mattress	NU	\$709.00
		RR	\$70.90
E0251	Hospital bed, fixed height, with any type side rails, without mattress	NU	\$688.20
		RR	\$68.82
E0255	Hospital bed, variable height, hi-lo, with any type side rails, with mattress	NU	\$717.50
		RR	\$71.75
E0256	Hospital bed, variable height, hi-lo, with any type side rails, without mattress	NU	\$693.90
		RR	\$69.39
E0260	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress	NU	\$717.50
		RR	\$71.75
E0261	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress	NU	\$717.50
		RR	\$71.75
E0265	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress	NU	\$1,739.50
		RR	\$173.95
E0266	Hospital bed total electric w/o mattress	NU	\$1,513.60
		RR	\$151.36
E0277	Powered pressure-reducing air mattress	NU	\$2,174.50
		RR	\$217.45
E0290	Hospital bed, fixed height, without side rails, with mattress	NU	\$680.40
		RR	\$68.04
E0291	Hospital bed, fixed height, without side rails, without mattress	NU	\$520.90
		RR	\$52.09

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HCPCS code	Description	Modifier (if applicable)*	Max fee
E0292	Hospital bed, variable height, hi-lo, without side rails, with mattress	NU	\$704.50
		RR	\$70.45
E0293	Hospital bed, variable height, hi-lo, without side rails, without mattress	NU	\$664.60
		RR	\$66.46
E0294	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress	NU	\$717.50
		RR	\$71.75
E0295	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress	NU	\$717.50
		RR	\$71.75
E0297	Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress	NU	\$1,197.70
		RR	\$119.77
E0300	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure	NU	\$3,024.30
		RR	\$302.43
E0301	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, without mattress	NU	\$1,904.10
		RR	\$190.41
E0302	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress	NU	\$5,450.70
		RR	\$545.07
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	NU	\$1,938.00
		RR	\$193.80
E0304	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress	NU	\$5,753.20
		RR	\$575.32
E0371	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width	NU	\$2,174.50
		RR	\$217.45
E0372	Powered air overlay for mattress, standard mattress length and width	NU	\$2,174.50
		RR	\$217.45
E0373	Nonpowered advanced pressure reducing mattress	NU	\$2,174.50
		RR	\$217.45
E0424	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	RR	\$93.89
		RR QB	\$93.89
		RR QF	\$93.89
E0431	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing	RR	\$20.91
		RR QB	\$46.95
		RR QF	\$46.95

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HCPCS code	Description	Modifier (if applicable)*	Max fee
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, with or without supply reservoir and contents gauge	RR	\$43.75
		RR QB	\$46.95
		RR QF	\$46.95
E0434	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing	RR	\$43.75
		RR QB	\$46.95
		RR QF	\$46.95
E0439	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing	RR	\$93.89
		RR QB	\$93.89
		RR QF	\$93.89
E0441	Stationary oxygen contents, gaseous, 1 month's supply = 1 unit		\$63.87
E0442	Stationary oxygen contents, liquid, 1 month's supply = 1 unit		\$63.87
E0443	Portable oxygen contents, gaseous, 1 month's supply = 1 unit		\$57.34
E0444	Portable oxygen contents, liquid, 1 month's supply = 1 unit		\$57.34
E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	RR	\$1,107.04
E0466	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)	RR	\$1,107.04
E0467	Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions	RR	\$1,310.05
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)	NU	\$1,292.00
		RR	\$129.20
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)	NU	\$3,252.20
		RR	\$325.22
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)	NU	\$5,047.80
		RR	\$504.78
E0482	Cough stimulating device, alternating positive and negative airway pressure	NU	\$5,867.60
		RR	\$586.76
E0483	High frequency chest wall oscillation system, includes all accessories and supplies, each	NU	\$14,506.00
		RR	\$1,450.60

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HCPCS code	Description	Modifier (if applicable)*	Max fee
E0500	IPPB machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source	RR	\$142.69
E0570	Nebulizer, with compressor	NU	\$72.90
		RR	\$7.29
E0572	Aerosol compressor, adjustable pressure, light duty for intermittent use	NU	\$372.90
		RR	\$37.29
E0574	Ultrasonic/electronic aerosol generator with small volume nebulizer	NU	\$549.20
		RR	\$54.92
E0585	Nebulizer, with compressor and heater	NU	\$363.90
		RR	\$36.39
E0600	Respiratory suction pump, home model, portable or stationary, electric	NU	\$531.00
		RR	\$53.10
E0601	Continuous positive airway pressure (CPAP) device	NU	\$497.70
		RR	\$49.77
E0607	Home blood glucose monitor	NU	\$91.17
		RR	\$9.11
E0617	Automatic ext defibrillator	NU	\$4,148.40
		RR	\$414.48
		NU KF	\$4,606.00
		RR KF	\$460.60
E0627	Seat lift mechanism, electric, any type	NU	\$319.76
		RR	\$31.98
E0629	Seat lift mechanism, non-electric, any type	NU	\$315.99
		RR	\$31.60
E0630	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s)	NU	\$701.30
		RR	\$70.13
E0635	Patient lift, electric with seat or sling	NU	\$1,364.90
		RR	\$136.49
E0636	Multi-positional patient support system, with integrated lift, patient accessible controls	NU	\$11,788.30
		RR	\$1,178.83
E0639	Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories	NU	\$1,522.10
		RR	\$152.21
E0640	Patient lift, fixed system, includes all components/accessories	NU	\$1,522.10
		RR	\$152.21

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HCPCS code	Description	Modifier (if applicable)*	Max fee
E0650	Pneumatic compressor, non-segmental home model	NU	\$982.68
		RR	\$121.27
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure	NU	\$1,097.97
		RR	\$128.02
E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure	NU	\$7,220.49
		RR	\$714.89
E0691	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 square feet or less	NU	\$1,226.07
		RR	\$122.60
E0692	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 foot panel	NU	\$1,539.62
		RR	\$153.94
E0693	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 foot panel	NU	\$1,897.91
		RR	\$189.80
E0694	Ultraviolet multidirectional light therapy system in 6 foot cabinet, includes bulbs/lamps, timer and eye protection	NU	\$6,040.88
		RR	\$604.08
E0720	Transcutaneous electrical nerve stimulation (tens) device, two lead, localized stimulation	NU	\$86.39
E0730	Transcutaneous electrical nerve stimulation (tens) device, four or more leads, for multiple nerve stimulation	NU	\$87.29
E0740	Non-implanted pelvic floor electrical stimulator, complete system	NU	\$713.50
		RR	\$71.35
E0745	Neuromuscular stimulator, electronic shock unit	NU	\$1,221.50
		RR	\$122.15
E0747	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications	NU KF	\$5,185.64
		RR KF	\$518.53
E0748	Osteogenesis stimulator, electrical, non-invasive, spinal applications	NU KF	\$5,308.67
		RR KF	\$530.83
E0760	Osteogenesis stimulator, low intensity ultrasound, non-invasive	NU KF	\$4,411.40
E0760		RR KF	\$441.14
E0779	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater	NU	\$225.30
		RR	\$22.53
E0780	Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours	NU	\$14.15
E0781	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient	NU	\$2,924.20
		RR	\$292.42

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HCPCS code	Description	Modifier (if applicable)*	Max fee
E0784	External ambulatory infusion pump, insulin	NU	\$5,272.70
		RR	\$527.27
E0791	Parenteral infusion pump, stationary, single or multi-channel	NU	\$3,473.90
		RR	\$347.39
E0849	Traction equipment, cervical, free-standing stand/frame, pneumatic, applying traction force to other than mandible	NU	\$703.20
		RR	\$70.32
E0855	Cervical traction equipment not requiring additional stand or frame	NU	\$685.80
		RR	\$68.58
E0860	Traction equipment, overdoor, cervical	NU	\$52.58
		RR	\$8.90
E0870	Traction frame, attached to footboard, extremity traction, (e.g., buck's)	NU	\$158.71
		RR	\$18.30
E0900	Traction stand, free standing, pelvic traction, (e.g., buck's)	NU	\$162.86
		RR	\$37.70
E0910	Trapeze bars, a/k/a patient helper, attached to bed, with grab bar	NU	\$136.10
		RR	\$13.61
E0911	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar	NU	\$494.70
		RR	\$49.47
E0912	Trapeze bar, heavy duty, for patient	NU	\$973.50
		RR	\$97.35
E0920	Fracture frame, attached to bed, includes weights	NU	\$585.70
		RR	\$58.57
E0935	Continuous passive motion exercise device for use on knee only	RR	\$31.04
E0940	Trapeze bar, free standing, complete with grab bar	NU	\$253.30
		RR	\$25.33
E0941	Gravity assisted traction device, any type	NU	\$581.20
		RR	\$58.12
E0947	Fracture frame, attachments for complex pelvic traction	NU	\$703.36
		RR	\$72.92
E1031	Rollabout chair, any and all types with casters 5" or greater	NU	\$508.20
		RR	\$50.82
E1035	Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs	NU	\$6,918.70
		RR	\$691.87
E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs	NU	\$10,168.40
		RR	\$1,016.84

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HCPCS code	Description	Modifier (if applicable)*	Max fee
E1037	Transport chair, pediatric size	NU	\$1,306.10
		RR	\$130.61
E1038	Transport chair, adult size, patient weight capacity up to and including 300 pounds	NU	\$169.10
		RR	\$16.91
E1039	Transport chair, adult size, heavy duty, patient weight capacity greater than 300 pounds	NU	\$388.80
		RR	\$38.88
E1088	Wheelchair lightweight det a	NU	\$1,748.60
		RR	\$174.86
E1093	Wheelchair wide w/foot rest	NU	\$1,508.00
		RR	\$150.08
E1161	Manual adult size wheelchair, includes tilt in space	NU	\$3,228.30
		RR	\$322.83
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system	NU	\$2,918.00
		RR	\$291.80
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system	NU	\$3,023.10
		RR	\$302.31
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system	NU	\$2,632.00
		RR	\$263.20
E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system	NU	\$2,534.50
		RR	\$253.45
E1236	Wheelchair, pediatric size, folding, adjustable, with seating system	NU	\$2,236.00
		RR	\$223.60
E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system	NU	\$2,255.40
		RR	\$225.54
E1238	Wheelchair, pediatric size, folding, adjustable, without seating system	NU	\$2,236.00
		RR	\$223.60
E1390	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	RR	\$93.89
		RR QB	\$93.89
		RR QF	\$93.89
E1391	Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each	RR	\$93.89
		RR QB	\$93.89
		RR QF	\$93.89

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HCPCS code	Description	Modifier (if applicable)*	Max fee
E1392	Portable oxygen concentrator, rental	RR	\$43.75
		RR QB	\$46.95
		RR QF	\$46.95
E1405	O2/water vapor enrich w/heat	RR	\$130.28
E1800	Dynamic adjustable elbow extension/flexion device, includes soft interface material	NU	\$1,671.50
		RR	\$167.15
E1801	Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	NU	\$1,760.30
		RR	\$176.03
E1802	Dynamic adjustable forearm pronation/supination device, includes soft interface material	NU	\$4,459.20
		RR	\$445.92
E1805	Dynamic adjustable wrist extension / flexion device, includes soft interface material	NU	\$1,724.00
		RR	\$172.40
E1806	Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	NU	\$1,445.40
		RR	\$144.54
E1810	Dynamic adjustable knee extension / flexion device, includes soft interface material	NU	\$1,700.00
		RR	\$170.00
E1811	Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	NU	\$1,829.90
		RR	\$182.99
E1815	Dynamic adjustable ankle extension/flexion device, includes soft interface material	NU	\$1,724.00
		RR	\$172.40
E1816	Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	NU	\$1,859.00
		RR	\$185.90
E1818	Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	NU	\$1,897.70
		RR	\$189.77
E1820	Replacement soft interface material, dynamic adjustable extension/flexion device	NU	\$110.51
		RR	\$11.05
E1825	Dynamic adjustable finger extension/flexion device, includes soft interface material	NU	\$1,724.00
		RR	\$172.40
E1830	Dynamic adjustable toe extension/flexion device, includes soft interface material	NU	\$1,724.00
		RR	\$172.40
E1831	Static progressive stretch toe device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	NU	\$901.40
		RR	\$90.14
E1840	Dynamic adjustable shoulder flexion / abduction / rotation device, includes soft interface material	NU	\$5,222.00
		RR	\$522.20

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Table 1 – DME and medical supply procedure codes
with updated rates, effective for DOS on or after Jan. 1, 2024

HCPCS code	Description	Modifier (if applicable)*	Max fee
E1841	Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories	NU	\$6,180.80
		RR	\$618.08
E2000	Gastric suction pump, home model, portable or stationary, electric	NU	\$707.20
		RR	\$70.72
E2100	Blood glucose monitor with integrated voice synthesizer	NU	\$745.94
		RR	\$74.61
E2101	Blood glucose monitor with integrated lancing/blood sample	NU	\$257.27
		RR	\$25.73
E2102	Adju cgm receiver/monitor	NU KF	\$181.03
		RR KF	\$18.11
E2103	Non-adju cgm receiver/monitor	NU	\$245.19
		NU KF	\$272.20
		RR	\$24.52
		RR KF	\$27.22
E2402	Negative pressure wound therapy electrical pump, stationary or portable	NU	\$7,771.80
		RR	\$777.18
E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	NU	\$4,880.09
		RR	\$488.01
E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	NU	\$9,234.92
		RR	\$923.49
K0001	Standard Wheelchair	NU	\$279.70
		RR	\$27.97
K0002	Stnd hemi (low seat) whlchr	NU	\$472.60
		RR	\$47.26
K0003	Lightweight wheelchair	NU	\$410.90
		RR	\$41.09
K0004	High strength ltwt whlchr	NU	\$493.70
		RR	\$49.37
K0005	Ultralightweight wheelchair	NU	\$2,522.56
		RR	\$252.23
K0006	Heavy duty wheelchair	NU	\$727.20
		RR	\$72.72
K0007	Extra heavy-duty wheelchair	NU	\$1,034.60
		RR	\$103.46

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K0730	Controlled dose inhalation drug delivery system	NU	\$2,352.20
		RR	\$235.22
K0738	Portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders; includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing	RR	\$43.75
		RR QB	\$46.95
		RR QF	\$46.95
K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	NU	\$965.50
		RR	\$96.55
K0801	Power operated vehicle, group 1 heavy duty, patient weight capacity 301 to 450 pounds	NU	\$1,752.70
		RR	\$172.27
K0802	Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds	NU	\$2,407.02
		RR	\$240.70
K0808	Pov group 2 vhd 451-600 lbs	NU	\$3,960.65
		RR	\$396.07
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	NU	\$2,063.60
		RR	\$309.54
K0814	Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds	NU	\$2,048.73
		RR	\$307.31
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	NU	\$2,263.87
		RR	\$339.58
K0816	Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds	NU	\$2,142.87
		RR	\$321.43
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	NU	\$2,089.27
		RR	\$313.39
K0821	Power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds	NU	\$2,164.20
		RR	\$324.63
K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	NU	\$2,285.53
		RR	\$342.83
K0823	Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds	NU	\$2,166.67
		RR	\$325.00
K0824	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	NU	\$3,263.87
		RR	\$489.58
K0825	Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity 301 to 450 pounds	NU	\$2,978.80
		RR	\$446.82
K0826	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	NU	\$6,040.40
		RR	\$906.06

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Table 1 – DME and medical supply procedure codes
with updated rates, effective for DOS on or after Jan. 1, 2024

HCPCS code	Description	Modifier (if applicable)*	Max fee
K0827	Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds	NU	\$5,206.80
		RR	\$781.02
K0829	Power wheelchair, group 2 extra heavy duty, captains chair, patient weight 601 pounds or more	NU	\$6,986.87
		RR	\$1,048.03
K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	NU	\$2,831.93
		RR	\$424.79
K0836	Power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds	NU	\$2,937.33
		RR	\$440.60
K0837	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	NU	\$3,632.33
		RR	\$544.85
K0838	Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds	NU	\$3,219.47
		RR	\$482.92
K0839	Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	NU	\$4,824.93
		RR	\$723.74
K0840	Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	NU	\$7,407.80
		RR	\$1,111.17
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	NU	\$3,191.33
		RR	\$478.70
K0842	Power wheelchair, group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds	NU	\$3,186.73
		RR	\$478.01
K0843	Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	nu	\$3,783.07
		RR	\$567.46
K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	NU	\$6,214.67
		RR	\$932.20
K0849	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds	NU	\$5,974.93
		RR	\$896.24
K0850	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	NU	\$7,208.60
		RR	\$1,081.29
K0851	Power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds	NU	\$6,931.20
		RR	\$1,039.68
K0853	Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds	NU	\$8,556.20
		RR	\$1,283.43
K0855	Pwc gp 3 xhd cap chair	NU	\$10,707.60
		RR	\$1,606.14

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with updated rates, effective for DOS on or after Jan. 1, 2024

HCPCS code	Description	Modifier (if applicable)*	Max fee
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	NU	\$6,670.60
		RR	\$1,000.59
K0857	Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds	NU	\$6,804.33
		RR	\$1,020.65
K0858	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds	NU	\$8,276.33
		RR	\$1,241.45
K0859	Power wheelchair, group 3 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds	NU	\$7,893.07
		RR	\$1,183.96
K0860	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	NU	\$11,823.80
		RR	\$1,773.57
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	NU	\$6,681.33
		RR	\$1,002.20
K0862	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	NU	\$8,276.33
		RR	\$1,241.45
K0863	Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	NU	\$11,823.80
		RR	\$1,773.57
K0864	Pwc gp3 xhd mult pow opt s/b	NU	\$14,070.33
		RR	\$2,110.55

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