

MEDICAID DURABLE MEDICAL EQUIPMENT (DME) AND SUPPLIES LISTING

The following listing, based upon the Healthcare Common Procedure Coding System (HCPCS), describes equipment and supplies, coverage limitations, and pre-authorization requirements. The DME Listing HCPCS codes must be used for all Medicaid claims, regardless of whether Medicare uses the same HCPCS code for the item. Pre-authorization by Medicaid is not required when Medicare is the primary payer. Reimbursement for Medicare crossover claims will be made in accordance with established Medicare HCPCS codes and guidelines.

When extended utilization or unusual amounts or types of equipment or supplies are required, the provider must request pre-authorization from KePRO, the Department of Medical Assistance Services' (DMAS) pre-authorization contractor. Instructions regarding preauthorization may also be found in Appendix D of this Provider Manual. Items not identified in the listing require pre-authorization and may be submitted to preauthorization under the appropriate miscellaneous HCPCS code. Lack of a specific HCPCS code for the item does not determine coverage. The appropriate miscellaneous code may be used and submitted for preauthorization.

Providers must maintain documentation in accordance with the coverage criteria, documentation requirements, and Certificate of Medical Necessity (CMN) requirements as defined in Chapter IV and VI of this Provider Manual, regardless of whether or not pre-authorization is required.

The key below identifies the codes used in the DME Listing.

- N = Pre-authorization is not required up to the established limit
- Y = Pre-authorization is required
- P = Purchase
- RR = *Rental
- IC = Individual Consideration
- UCC = Usual and Customary Charge

*Medicaid reimbursement for rental items is a daily rate. DMAS will not provide rental reimbursement for days on which the recipient did not use the item. Please reference rental versus purchase guidelines in Chapter IV of this Provider Manual for additional requirements.

MEDICAID DME AND SUPPLIES LISTING

| Wheelchairs and Accessories UCC = Bill Usual and Customary Charge IC = Individual Consideration | | | | | | |
|---|----------------|---|--------------|---------|--------------------|----------------|
| Old HCPCS Code | New HCPCS Code | Description | Billing Unit | PA Type | Fee | Limit |
| Wheelchairs | | | | | | |
| Wheelchair documentation: Medicaid will not pay for assistive devices, such as wheelchairs and potty chairs for restraint purposes. Documentation must describe mobility impairments, postural impairments, and how the wheelchair is required, and will be used, within the recipient's home environment. Documentation must indicate how needs were met previously, what changed in the recipient's condition to require a wheelchair, and other cost effective alternatives explored. See Chapter IV of the DME and Supplies Manual for additional documentation requirements. | | | | | | |
| Wheelchair Accessories | | | | | | |
| Headrest and Parts | | | | | | |
| | E0955 | Wheelchair Accessory, Headrest, Cushioned, Prefabricated, Including Fixed Mounting Hardware | Each | N | P-\$ 182.97 | 1/60 Months |
| | E0955 RR | Wheelchair Accessory, Headrest, Cushioned, Prefabricated, Including Fixed Mounting Hardware | Day | N | R-\$ 0.59 | 3 Months |
| | E0966 | Manual Wheelchair Accessory, Headrest Extension | Each | N | P-\$ 63.70 | 1/60 Months |
| | E0966 RR | Manual Wheelchair Accessory, Headrest Extension | Day | N | R-\$ 0.20 | 3 Months |
| Arm Rest/Arm Trough | | | | | | |
| | E0973 | Wheelchair Accessory, Adjustable Height, Detachable Armrests, Complete Assembly, Each | Each | N | P-\$ 99.09 | 2/60 Months |
| | E0973 RR | Wheelchair Accessory, Adjustable Height, Detachable Armrests, Complete Assembly, Each | Day | N | R-\$ 0.32 | 3 Months |
| | E0994 | Arm Rests, Each | Each | N | P-\$ 16.83 | 2/24 Months |
| | E0994 RR | Arm Rests, Each | Day | N | R-\$ 0.05 | 3 Months |
| | E2209 | Accessory, Arm Trough, With Or Without Hand Support, Each | Each | N | P-\$96.98 | 2/24 Months |
| | E2209 RR | Accessory, Arm Trough, With Or Without Hand Support, Each | Day | N | R-\$0.31 | 3 Months |
| | K0015 | Detachable, Nonadjustable Height Armrest, Each | Each | N | P-\$ 164.44 | 2/36 Months |
| | K0015 RR | Detachable, Nonadjustable Height Armrest, Each | Day | N | R-\$ 0.53 | 3 Months |
| | K0017 | Detachable, Adjustable Height Armrest, Base, Each | Each | N | P-\$ 46.25 | 2/36 Months |
| | K0017 RR | Detachable, Adjustable Height Armrest, Base, Each | Day | N | R-\$ 0.15 | 3 Months |
| | K0018 | Detachable, Adjustable Height Armrest, Upper Portion, Each | Each | N | P-\$ 25.83 | 2/36 Months |
| | K0018 RR | Detachable, Adjustable Height Armrest, Upper Portion, Each | Day | N | R-\$ 0.08 | 3 Months |
| | K0019 | Arm Pad, Each | Each | N | P-\$ 14.80 | 2/24 Months |
| | K0019 RR | Arm Pad, Each | Day | N | R-\$ 0.05 | 3 Months |
| Legrest/Footplate/Leg Trough/Other Leg and Foot Accessories | | | | | | |
| | E0951 | Heel Loop/Holder, With Or Without Ankle Strap, Each | Each | N | P-\$ 17.18 | 2/24 Months |
| | E0951 RR | Heel Loop/Holder, With Or Without Ankle Strap, Each | Day | N | R-\$0.06 | 3/Months/ Year |
| | E0952 | Toe Loop/Holder, Each | Each | N | P-\$ 17.04 | 2/24 Months |
| | E0952 RR | Toe Loop/Holder, Each | Day | N | R-\$0.06 | 3/Months/ Year |

MEDICAID DME AND SUPPLIES LISTING

| Wheelchairs and Accessories UCC = Bill Usual and Customary Charge IC = Individual Consideration | | | | | | |
|--|----------------|--|--------------|---------|--------------------|-------------|
| Old HCPCS Code | New HCPCS Code | Description | Billing Unit | PA Type | Fee | Limit |
| | E0970 | No. 2 Footplates, Except For Elevating Leg Rests | Each | N | P-\$ 28.12 | 2/60 Months |
| | E0990 | Wheelchair Accessory, Elevating Leg Rest, Complete Assembly, Each | Each | N | P-\$ 100.19 | 2/60 Months |
| | E0990 RR | Wheelchair Accessory, Elevating Leg Rest, Complete Assembly, Each | Day | N | R-\$ 0.36 | 3 Months |
| | E0995 | Wheelchair Accessory, Calf Rest/Pad, Each | Each | N | P-\$ 23.38 | 2/24 Months |
| | E0995 RR | Wheelchair Accessory, Calf Rest/Pad, Each | Day | N | R-\$0.08 | 3 Months |
| | E1009 | Wheelchair Accessory, Addition To Power Seating System, Mechanically Linked Leg Elevation System, Including Pushrod And Leg Rest, Each | Each | Y | P-\$ UCC | 1/60 Months |
| | E1009 RR | Wheelchair Accessory, Addition To Power Seating System, Mechanically Linked Leg Elevation System, Including Pushrod And Leg Rest, Each | Day | Y | R-\$ UCC | 3 Months |
| | E1010 | Wheelchair Accessory, Addition To Power Seating System, Power Leg Elevation System, Including Leg Rest, Pair | Pair | N | P-\$1035.13 | 1/60 Months |
| | E1010 RR | Wheelchair Accessory, Addition To Power Seating System, Power Leg Elevation System, Including Leg Rest, Each | Day | N | R-\$3.34 | 3 Months |
| | K0037 | High Mount Flip-Up Footrest, Each | Each | N | P-\$ 37.04 | 2/60 Months |
| | K0037 RR | High Mount Flip-Up Footrest, Each | Day | N | R-\$ 0.11 | 3 Months |
| | K0038 | Leg Strap, Each | Each | N | P-\$ 21.96 | 2/24 Months |
| | K0038 RR | Leg Strap, Each | Day | N | R-\$ 0.07 | 3 Months |
| | K0039 | Leg Strap, H Style, Each | Each | N | P-\$ 48.76 | 2/24 Months |
| | K0039 RR | Leg Strap, H Style, Each | Day | N | R-\$ 0.16 | 3 Months |
| | K0040 | Adjustable Angle Footplate, Each | Each | N | P-\$ 67.58 | 2/60 Months |
| | K0040 RR | Adjustable Angle Footplate, Each | Day | N | R-\$ 0.22 | 3 Months |
| | K0041 | Large Size Footplate, Each | Each | N | P-\$ 47.89 | 2/60 Months |
| | K0041 RR | Large Size Footplate, Each | Day | N | R-\$ 0.16 | 3 Months |
| | K0042 | Standard Size Footplate, Each | Each | N | P-\$ 32.96 | 2/60 Months |
| | K0042 RR | Standard Size Footplate, Each | Day | N | R-\$ 0.11 | 3 Months |
| | K0043 | Footrest, Lower Extension Tube, Each | Each | N | P-\$ 17.67 | 2/36 Months |
| | K0043 RR | Footrest, Lower Extension Tube, Each | Day | N | R-\$ 0.06 | 3 Months |
| | K0044 | Footrest, Upper Hanger Bracket, Each | Each | N | P-\$ 15.06 | 2/36 Months |
| | K0044 RR | Footrest, Upper Hanger Bracket, Each | Day | N | R-\$ 0.05 | 3 Months |
| | K0045 | Footrest, Complete Assembly | Each | N | P-\$ 51.24 | 2/36 Months |
| | K0045 RR | Footrest, Complete Assembly | Day | N | R-\$ 0.17 | 3 Months |
| | K0046 | Elevating Legrest, Lower Extension Tube, Each | Each | N | P-\$ 17.67 | 2/36 Months |
| | K0046 RR | Elevating Legrest, Lower Extension Tube, Each | Day | N | R-\$ 0.06 | 3 Months |
| | K0047 | Elevating Legrest, Upper Hanger Bracket, Each | Each | N | P-\$ 69.21 | 2/36 Months |
| | K0047 RR | Elevating Legrest, Upper Hanger Bracket, Each | Day | N | R-\$ 0.22 | 3 Months |
| | K0050 | Ratchet Assembly | Each | N | P-\$ 29.41 | 2/36 Months |

MEDICAID DME AND SUPPLIES LISTING

| Wheelchairs and Accessories UCC = Bill Usual and Customary Charge IC = Individual Consideration | | | | | | |
|--|----------------|---|--------------|---------|-------------|-------------|
| Old HCPCS Code | New HCPCS Code | Description | Billing Unit | PA Type | Fee | Limit |
| | K0050 RR | Ratchet Assembly | Day | N | R-\$ 0.09 | 3 Months |
| | K0051 | Cam Release Assembly, Footrest Or Legrest, Each | Each | N | P-\$ 47.61 | 2/36 Months |
| | K0051 RR | Cam Release Assembly, Footrest Or Legrest, Each | Day | N | R-\$ 0.15 | 3 Months |
| | K0052 | Swing Away Detachable Footrest | Each | N | P-\$ 83.66 | 2/36 Months |
| | K0052 RR | Swing Away Detachable Footrest | Day | N | R-\$ 0.27 | 3 Months |
| | K0053 | Elevating Foot Rests, Articulating (Telescoping), Each | Each | Y | P-\$ 92.32 | 2/36 Months |
| | K0053 RR | Elevating Foot Rests, Articulating (Telescoping), Each | Day | Y | R-\$0.30 | 3 Months |
| | K0195 | Elevating Leg rest, Pair | pair | N | P-\$262.63 | 1/36 Months |
| | | Planar Back/Back Cushion and Upholstery | | | | |
| | E0982 | Wheelchair Accessory, Back Upholstery, Replacement Only, Each | Each | N | P-\$ 46.19 | 1/24 Months |
| | E2291 | Back, Planar, For Pediatric Size Wheelchair Including Fixed Attaching Hardware | Each | Y | P-\$ UCC | 1/24 Months |
| | E2291 RR | Back, Planar, For Pediatric Size Wheelchair Including Fixed Attaching Hardware | Day | Y | R-\$ UCC | 3 Months |
| | E2293 | Back, Contoured, For Pediatric Size Wheelchair Including Fixed Attaching Hardware | Each | Y | P-\$ UCC | 1/24 Months |
| | E2293 RR | Back, Contoured, For Pediatric Size Wheelchair Including Fixed Attaching Hardware | Day | Y | R-\$ UCC | 3 Months |
| | E2611 | General Use Wheelchair Back Cushion, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware | Each | Y | P-\$ 282.68 | 1/24 Months |
| | E2612 | General Use Wheelchair Back Cushion, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardw | Each | Y | P-\$ 382.40 | 1/24 Months |
| | E2613 | Positioning Wheelchair Back Cushion, Posterior, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware | Each | Y | P-\$ 355.70 | 1/24 Months |
| | E2614 | Positioning Wheelchair Back Cushion, Posterior, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware | Each | Y | P-\$ 492.26 | 1/24 Months |
| | E2615 | Positioning Wheelchair Back Cushion, Posterior-Lateral, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware | Each | Y | P-\$ 409.35 | 1/24 Months |
| | E2616 | Positioning Wheelchair Back Cushion, Posterior-Lateral, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware | Each | Y | P-\$ 550.76 | 1/24 Months |
| | E2617 | Custom Fabricated Wheelchair Back Cushion, Any Size, Including Any Type Mounting Hardware | Each | Y | P-\$ UCC | 1/24 Months |
| | E2620 | Positioning Wheelchair Back Cushion, Planar Back With Lateral Supports, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware | Each | Y | P-\$ 495.67 | 1/24 Months |

MEDICAID DME AND SUPPLIES LISTING

| Wheelchairs and Accessories UCC = Bill Usual and Customary Charge IC = Individual Consideration | | | | | | |
|--|----------------|--|--------------|---------|--------------------|-------------|
| Old HCPCS Code | New HCPCS Code | Description | Billing Unit | PA Type | Fee | Limit |
| | E2621 | Positioning Wheelchair Back Cushion, Planar Back With Lateral Supports, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware | Each | Y | P-\$ 520.16 | 1/24 Months |
| | | Seat Insert/ Seat Cushion and Upholstery | | | | |
| | E0981 | Wheelchair Accessory, Seat Upholstery, Replacement Only, Each | Each | N | P-\$ 42.67 | 1/60 Months |
| | E0992 | Manual Wheelchair Accessory, Solid Seat Insert | Each | N | P-\$ 84.92 | 1/24 Months |
| | E0992 RR | Manual Wheelchair Accessory, Solid Seat Insert | Day | N | R-\$ 0.27 | 3 Months |
| | E2601 | General Use Wheelchair Seat Cushion, Width Less Than 22 Inches, Any Depth | Each | Y | P-\$ 55.35 | 1/24 Months |
| | E2602 | General Use Wheelchair Seat Cushion, Width 22 Inches Or Greater, Any Depth | Each | Y | P-\$ 108.06 | 1/24 Months |
| | E2603 | Skin Protection Wheelchair Seat Cushion, Width Less Than 22 Inches, Any Depth | Each | Y | P-\$ 137.19 | 1/24 Months |
| | E2604 | Skin Protection Wheelchair Seat Cushion, Width 22 Inches Or Greater, Any Depth | Each | Y | P-\$ 170.51 | 1/24 Months |
| | E2605 | Positioning Wheelchair Seat Cushion, Width Less Than 22 Inches, Any Depth | Each | Y | P-\$ 243.60 | 1/24 Months |
| | E2606 | Positioning Wheelchair Seat Cushion, Width 22 Inches Or Greater, Any Depth | Each | Y | P-\$ 380.04 | 1/24 Months |
| | E2607 | Skin Protection And Positioning Wheelchair Seat Cushion, Width Less Than 22 Inches, Any Depth | Each | Y | P-\$ 262.31 | 1/24 Months |
| | E2608 | Skin Protection And Positioning Wheelchair Seat Cushion, Width 22 Inches Or Greater, Any Depth | Each | Y | P-\$ 315.02 | 1/24 Months |
| | E2609 | Custom Fabricated Wheelchair Seat Cushion, Any Size | Each | Y | P-\$ UCC | 1/24 Months |
| | E2610 | Wheelchair Seat Cushion, Powered | Each | Y | P-\$ UCC | 1/24 Months |
| | E2619 | Replacement Cover For Wheelchair Seat Cushion Or Back Cushion, Each | Each | Y | P-\$ 46.44 | 1/24 Months |
| | K0734 | Skin Protection Wheelchair Seat Cushion, Adjustable, Width Less Than 22 Inches, Any Depth | Each | Y | P-\$ 299.98 | 1/24 Months |
| | K0735 | Skin Protection Wheelchair Seat Cushion, Adjustable, Width 22 Inches Or Greater, Any Depth | Each | Y | P-\$ 381.71 | 1/24 Months |
| | K0736 | Skin Protection And Positioning Wheelchair Seat Cushion, Adjustable, Width Less Than 22 Inches, Any Depth | Each | Y | P-\$ 302.44 | 1/24 Months |
| | K0737 | Skin Protection And Positioning Wheelchair Seat Cushion, Adjustable, Width 22 Inches Or Greater, Any Depth | Each | Y | P-\$ 382.87 | 1/24 Months |
| | | Seat Width/Depth/Seat Height | | | | |
| | E1296 | Special Wheelchair Seat, Height From Floor | Each | N | P-\$ 438.81 | 1/60 Months |

MEDICAID DME AND SUPPLIES LISTING

| Wheelchairs and Accessories UCC = Bill Usual and Customary Charge IC = Individual Consideration | | | | | | |
|--|----------------|---|--------------|---------|-------------|-------------|
| Old HCPCS Code | New HCPCS Code | Description | Billing Unit | PA Type | Fee | Limit |
| | E1296 RR | Special Wheelchair Seat, Height From Floor | Day | N | R-\$ 1.44 | 3 Months |
| | E1297 | Special Wheelchair Seat Depth, By Upholstery | Each | N | P-\$ 109.84 | 1/60 Months |
| | E1297 RR | Special Wheelchair Seat Depth, By Upholstery | Day | N | R-\$ 0.39 | 3 Months |
| | E1298 | Special Wheelchair Seat Depth And/Or Width, By Construction | Each | N | P-\$ 444.83 | 1/60 Months |
| | E1298 RR | Special Wheelchair Seat Depth And/Or Width, By Construction | Day | N | R-\$ 1.47 | 3 Months |
| | E2201 | Manual Wheelchair Accessory, Nonstandard Seat Frame, Width Greater Than Or Equal To 20 Inches And Less Than 24 Inches | Each | N | P-\$ 391.76 | 1/60 Months |
| | E2201 RR | Manual Wheelchair Accessory, Nonstandard Seat Frame, Width Greater Than Or Equal To 20 Inches And Less Than 24 Inches | Day | N | R-\$ 1.26 | 3 Months |
| | E2202 | Manual Wheelchair Accessory, Nonstandard Seat Frame Width, 24-27 Inches | Each | N | P-\$ 497.68 | 1/60 Months |
| | E2202 RR | Manual Wheelchair Accessory, Nonstandard Seat Frame Width, 24-27 Inches | Day | N | R-\$ 1.61 | 3 Months |
| | E2203 | Manual Wheelchair Accessory, Nonstandard Seat Frame Depth, 20 To Less Than 22 Inches | Each | N | P-\$ 503.00 | 1/60 Months |
| | E2203 RR | Manual Wheelchair Accessory, Nonstandard Seat Frame Depth, 20 To Less Than 22 Inches | Day | N | R-\$ 1.62 | 3 Months |
| | E2204 | Manual Wheelchair Accessory, Nonstandard Seat Frame Depth, 22 To 25 Inches | Each | N | P-\$ 854.07 | 1/60 Months |
| | E2204 RR | Manual Wheelchair Accessory, Nonstandard Seat Frame Depth, 22 To 25 Inches | Day | N | R-\$ 2.76 | 3 Months |
| | E2292 | Seat, Planar, For Pediatric Size Wheelchair Including Fixed Attaching Hardware | Each | Y | P-\$ UCC | 1/60 Months |
| | E2292 RR | Seat, Planar, For Pediatric Size Wheelchair Including Fixed Attaching Hardware | Day | Y | R-\$ UCC | 3 Months |
| | E2294 | Seat, Contoured, For Pediatric Size Wheelchair Including Fixed Attaching Hardware | Each | Y | P-\$ UCC | 1/60 Months |
| | E2294 RR | Seat, Contoured, For Pediatric Size Wheelchair Including Fixed Attaching Hardware | Day | Y | R-\$ UCC | 3 Months |
| | E2340 | Power Wheelchair Accessory, Nonstandard Seat Frame Width, 20-23 Inches | Each | Y | P-\$ 376.28 | 1/60 Months |
| | E2340 RR | Power Wheelchair Accessory, Nonstandard Seat Frame Width, 20-23 Inches | Day | Y | R-\$ 1.21 | 3 Months |
| | E2341 | Power Wheelchair Accessory, Nonstandard Seat Frame Width, 24-27 Inches | Each | Y | P-\$ 564.46 | 1/60 Months |
| | E2341 RR | Power Wheelchair Accessory, Nonstandard Seat Frame Width, 24-27 Inches | Day | Y | R-\$ 1.82 | 3 Months |

MEDICAID DME AND SUPPLIES LISTING

| Wheelchairs and Accessories UCC = Bill Usual and Customary Charge IC = Individual Consideration | | | | | | |
|--|----------------|--|--------------|---------|--------------------|-------------|
| Old HCPCS Code | New HCPCS Code | Description | Billing Unit | PA Type | Fee | Limit |
| | E2342 | Power Wheelchair Accessory, Nonstandard Seat Frame Depth, 20 Or 21 Inches | Each | Y | P-\$ 470.38 | 1/60 Months |
| | E2342 RR | Power Wheelchair Accessory, Nonstandard Seat Frame Depth, 20 Or 21 Inches | Day | Y | R-\$ 1.52 | 3 Months |
| | E2343 | Power Wheelchair Accessory, Nonstandard Seat Frame Depth, 22-25 Inches | Each | Y | P-\$ 752.62 | 1/60 Months |
| | E2343 RR | Power Wheelchair Accessory, Nonstandard Seat Frame Depth, 22-25 Inches | Day | Y | R-\$ 2.43 | 3 Months |
| | K0056 | Seat Height Less Than 17 Or Equal To Or Greater Than 21 For A High Strength, Lightweight, Or Ultralightweight Wheelchair | Each | N | P-\$ 99.86 | 1/60 Months |
| | K0056 RR | Seat Height Less Than 17 Or Equal To Or Greater Than 21 For A High Strength, Lightweight, Or Ultralightweight Wheelchair | Day | N | R-\$ 0.32 | 3 Months |
| | | Support Pads | | | | |
| | E0956 | Wheelchair Accessory, Lateral Trunk Or Hip Support, Prefabricated, Including Fixed Mounting Hardware | Each | Y | P-\$ 89.21 | 2/36 Months |
| | E0956 RR | Wheelchair Accessory, Lateral Trunk Or Hip Support, Prefabricated, Including Fixed Mounting Hardware | Day | N | R-\$ 0.29 | 3 Months |
| | E0957 | Wheelchair Accessory, Medial Thigh Support, Prefabricated, Including Fixed Mounting Hardware | Each | Y | P-\$ 124.83 | 1/36 Months |
| | E0957 RR | Wheelchair Accessory, Medial Thigh Support, Prefabricated, Including Fixed Mounting Hardware | Day | Y | R-\$ 0.40 | 3 Months |
| | | Harness/Vest/Positioning Belt | | | | |
| | E0960 | Wheelchair Accessory, Shoulder Harness/Straps Or Chest Strap, Including Any Type Mounting Hardware | Each | N | P-\$ 82.34 | 1/60 Months |
| | E0960 RR | Wheelchair Accessory, Shoulder Harness/Straps Or Chest Strap, Including Any Type Mounting Hardware | Day | N | R-\$0.27 | 3 Months |
| | E0978 | Wheelchair Accessory, Safety Belt/Pelvic Strap, Each | Each | N | P-\$ 34.90 | 1/36 Months |
| | E0978 RR | Wheelchair Accessory, Safety Belt/Pelvic Strap, Each | Day | N | R-\$ 0.11 | 3 Months |
| | E0980 | Safety Vest, Wheelchair | Each | N | P-\$ 34.30 | 1/60 Months |
| | E0980 RR | Safety Vest, Wheelchair | Day | N | R-\$ 0.11 | 3 Months |
| | | Tray | | | | |
| | E0950 | Wheelchair Accessory, Tray, Each | Each | N | P-\$ 94.07 | 1/60 Months |
| | E0950 RR | Wheelchair Accessory, Tray, Each | Day | N | R-\$0.30 | 3 Months |
| | E1029 | Wheelchair Accessory, Ventilator Tray, Fixed | Each | Y | P-\$ 334.43 | 1/60 Months |
| | E1029 RR | Wheelchair Accessory, Ventilator Tray, Fixed | Day | Y | R-\$ 1.08 | 3 Months |
| | E1030 | Wheelchair Accessory, Ventilator Tray, Gimbaled | Each | Y | P-\$1054.57 | 1/60 Months |
| | E1030 RR | Wheelchair Accessory, Ventilator Tray, Gimbaled | Day | Y | R-\$ 3.40 | 3 Months |
| | | Electronic Controls | | | | |

MEDICAID DME AND SUPPLIES LISTING

| Wheelchairs and Accessories UCC = Bill Usual and Customary Charge IC = Individual Consideration | | | | | | |
|--|----------------|--|--------------|---------|---------------------|-------------|
| Old HCPCS Code | New HCPCS Code | Description | Billing Unit | PA Type | Fee | Limit |
| | E2300 | Power Wheelchair Accessory, Power Seat Elevation System | Each | Y | P-\$ UCC | 1/60 Months |
| | E2300 RR | Power Wheelchair Accessory, Power Seat Elevation System | Day | Y | R-\$ UCC | 3 Months |
| | E2301 | Power Wheelchair Accessory, Power Standing System | Each | Y | P-\$ UCC | 1/60 Months |
| | E2301 RR | Power Wheelchair Accessory, Power Standing System | Day | Y | R-\$ UCC | 3 Months |
| | E2310 | Power Wheelchair Accessory, Electronic Connection Between Wheelchair Controller And One Power Seating System Motor, Including All Related Electronics, Indicator Feature, Mechanical Function Selection Switch, And Fixed Mounting Hardware | Each | Y | P-\$ 1059.07 | 1/60 Months |
| | E2310 RR | Power Wheelchair Accessory, Electronic Connection Between Wheelchair Controller And One Power Seating System Motor, Including All Related Electronics, Indicator Feature, Mechanical Function Selection Switch, And Fixed Mounting Hardware | Day | Y | R-\$3.42 | 3 Months |
| | E2311 | Power Wheelchair Accessory, Electronic Connection Between Wheelchair Controller And Two Or More Power Seating System Motors, Including All Related Electronics, Indicator Feature, Mechanical Function Selection Switch, And Fixed Mounting Hardware | Each | Y | P-\$ 2144.13 | 1/60 Months |
| | E2311 RR | Power Wheelchair Accessory, Electronic Connection Between Wheelchair Controller And Two Or More Power Seating System Motors, Including All Related Electronics, Indicator Feature, Mechanical Function Selection Switch, And Fixed Mounting Hardware | Day | Y | P-\$ 6.92 | 3 Months |
| | E2312 | Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware | Each | Y | P-\$2036.14 | 1/60 Months |
| | E2312 RR | Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware | Day | Y | R-\$6.57 | 3 Months |
| | E2313 | Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each | Each | Y | P-\$-323.33 | 1/60 Months |
| | E2313 RR | Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each | Day | Y | R\$1.04 | 3 Months |
| | E2321 | Power Wheelchair Accessory, Hand Control Interface, Remote Joystick, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, And Fixed Mounting Hardware | Each | Y | P-\$ 1438.14 | 1/60 Months |

MEDICAID DME AND SUPPLIES LISTING

| Wheelchairs and Accessories UCC = Bill Usual and Customary Charge IC = Individual Consideration | | | | | | |
|--|----------------|---|--------------|---------|---------------------|-------------|
| Old HCPCS Code | New HCPCS Code | Description | Billing Unit | PA Type | Fee | Limit |
| | E2321 RR | Power Wheelchair Accessory, Hand Control Interface, Remote Joystick, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, And Fixed Mounting Hardware | Day | Y | R-\$4.64 | 3 Months |
| | E2322 | Power Wheelchair Accessory, Hand Control Interface, Multiple Mechanical Switches, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, And Fixed Mounting Hardware | Each | Y | P-\$1276.38 | 1/60 Months |
| | E2322 RR | Power Wheelchair Accessory, Hand Control Interface, Multiple Mechanical Switches, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, And Fixed Mounting Hardware | Day | Y | R-\$ 4.12 | 3 Months |
| | E2323 | Power Wheelchair Accessory, Specialty Joystick Handle For Hand Control Interface, Prefabricated | Each | Y | P-\$ 62.59 | 1/60 Months |
| | E2323 RR | Power Wheelchair Accessory, Specialty Joystick Handle For Hand Control Interface, Prefabricated | Day | Y | R-\$ 0.20 | 3 Months |
| | E2324 | Power Wheelchair Accessory, Chin Cup For Chin Control Interface | Each | Y | P-\$ 39.66 | 1/60 Months |
| | E2324 RR | Power Wheelchair Accessory, Chin Cup For Chin Control Interface | Day | Y | R-\$ 0.13 | 3 Months |
| | E2325 | Power Wheelchair Accessory, Sip And Puff Interface, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, And Manual Swing Away Mounting Hardware | Each | Y | P-\$1218.88 | 1/60 Months |
| | E2325 RR | Power Wheelchair Accessory, Sip And Puff Interface, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, And Manual Swing Away Mounting Hardware | Day | Y | R-\$3.93 | 6 Months |
| | E2326 | Power Wheelchair Accessory, Breathe Tube Kit For Sip And Puff Interface | Each | Y | P-\$314.16 | 1/60 months |
| | E2326 RR | Power Wheelchair Accessory, Breathe Tube Kit For Sip And Puff Interface | Day | Y | R-\$1.01 | 6 Months |
| | E2327 | Power Wheelchair Accessory, Head Control Interface, Mechanical, Proportional, Including All Related Electronics, Mechanical Direction Change Switch, And Fixed Mounting Hardware | Each | Y | P-\$ 2364.20 | 1/60 Months |
| | E2327 RR | Power Wheelchair Accessory, Head Control Interface, Mechanical, Proportional, Including All Related Electronics, Mechanical Direction Change Switch, And Fixed Mounting Hardware | Day | Y | R-\$ 7.63 | 3 Months |
| | E2328 | Power Wheelchair Accessory, Head Control Or Extremity Control Interface, Electronic, Proportional, Including All Related Electronics And Fixed Mounting Hardware | Each | Y | P-\$ 4484.56 | 1/60 Months |
| | E2328 RR | Power Wheelchair Accessory, Head Control Or Extremity Control Interface, Electronic, Proportional, Including All Related Electronics And Fixed Mounting Hardware | Day | Y | R-\$ 14.47 | 3 Months |

MEDICAID DME AND SUPPLIES LISTING

| Wheelchairs and Accessories UCC = Bill Usual and Customary Charge IC = Individual Consideration | | | | | | |
|--|----------------|---|--------------|---------|---------------------|-------------|
| Old HCPCS Code | New HCPCS Code | Description | Billing Unit | PA Type | Fee | Limit |
| | E2329 | Power Wheelchair Accessory, Head Control Interface, Contact Switch Mechanism, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, Mechanical Direction Change Switch, Head Array, And Fixed Mounting Hardware | Each | Y | P-\$ 1598.35 | 1/60 Months |
| | E2329 RR | Power Wheelchair Accessory, Head Control Interface, Contact Switch Mechanism, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, Mechanical Direction Change Switch, Head Array, And Fixed Mounting Hardware | Day | Y | R-\$ 5.16 | 3 Months |
| | E2330 | Power Wheelchair Accessory, Head Control Interface, Proximity Switch Mechanism, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, Mechanical Direction Change Switch, Head Array, And Fixed Mounting Hardware | Each | Y | P-\$ 3096.99 | 1/60 Months |
| | E2330 RR | Power Wheelchair Accessory, Head Control Interface, Proximity Switch Mechanism, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, Mechanical Direction Change Switch, Head Array, And Fixed Mounting Hardware | Day | Y | R-\$ 9.99 | 3 Months |
| | E2331 | Power Wheelchair Accessory, Attendant Control, Proportional, Including All Related Electronics And Fixed Mounting Hardware | Each | Y | P-\$ UCC | 1/60 Months |
| | E2331 RR | Power Wheelchair Accessory, Attendant Control, Proportional, Including All Related Electronics And Fixed Mounting Hardware | Day | Y | R-\$ UCC | 3 Months |
| | E2351 | Power Wheelchair Accessory, Electronic Interface To Operate Speech Generating Device Using Power Wheelchair Control Interface | Each | Y | P-\$ 632.26 | 1/60 Months |
| | E2351 RR | Power Wheelchair Accessory, Electronic Interface To Operate Speech Generating Device Using Power Wheelchair Control Interface | Day | Y | R-\$ 2.04 | 3 Months |
| | E2373 | Power Wheelchair Accessory, Hand Or Chin Control Interface, compact remote joystick, proportional, including fixed mounting hardware | Each | Y | P-\$709.72 | 1/60 Months |
| | E2373 RR | Power Wheelchair Accessory, Hand Or Chin Control Interface, Mini-Proportional, Compact, Or Short Throw Remote Joystick Or Touchpad, Proportional, Including All Related Electronics And Fixed Mounting Hardware | Day | Y | R-\$ 2.29 | 3 Months |
| | E2374 | Power Wheelchair Accessory, Hand Or Chin Control Interface, Standard Remote Joystick (Not Including Controller), Proportional, Including All Related Electronics And Fixed Mounting Hardware, Replacement Only | Each | Y | P-\$ 483.29 | 1/60 Months |
| | E2375 | Power Wheelchair Accessory, Non-Expandable Controller, Including All Related Electronics And Mounting Hardware, Replacement Only | Each | Y | P-\$ 775.19 | 1/60 Months |

MEDICAID DME AND SUPPLIES LISTING

| Wheelchairs and Accessories UCC = Bill Usual and Customary Charge IC = Individual Consideration | | | | | | |
|--|----------------|---|--------------|---------|---------------------|-------------|
| Old HCPCS Code | New HCPCS Code | Description | Billing Unit | PA Type | Fee | Limit |
| | E2376 | Power Wheelchair Accessory, Expandable Controller, Including All Related Electronics And Mounting Hardware, Replacement Only | Each | Y | P-\$1214.75 | 1/60 Months |
| | E2377 | Power Wheelchair Accessory, Expandable Controller, Including All Related Electronics And Mounting Hardware, Upgrade Provided At Initial Issue | Each | Y | P-\$ 439.57 | 1/60 Months |
| | E2377 RR | Power Wheelchair Accessory, Expandable Controller, Including All Related Electronics And Mounting Hardware, Upgrade Provided At Initial Issue | Day | Y | R-\$1.42 | 3 Months |
| | E2399 | Power Wheelchair Accessory, Not Otherwise Classified Interface, Including All Related Electronics And Any Type Mounting Hardware | Each | Y | P-\$ UCC | 1/60 Months |
| | E2399 RR | Power Wheelchair Accessory, Not Otherwise Classified Interface, Including All Related Electronics And Any Type Mounting Hardware | Day | Y | R-\$ UCC | 3 Months |
| | | Tilt and/or Recline | | | | |
| | E1002 | Wheelchair Accessory, Power Seating System, Tilt Only | Each | Y | P-\$ 3668.16 | 1/60 Months |
| | E1002 RR | Wheelchair Accessory, Power Seating System, Tilt Only | Day | Y | R-\$ 11.83 | 3 Months |
| | E1003 | Wheelchair Accessory, Power Seating System, Recline Only, Without Shear Reduction | Each | Y | P-\$ 3974.13 | 1/60 Months |
| | E1003 RR | Wheelchair Accessory, Power Seating System, Recline Only, Without Shear Reduction | Day | Y | R-\$ 12.82 | 3 Months |
| | E1004 | Wheelchair Accessory, Power Seating System, Recline Only, With Mechanical Shear Reduction | Each | Y | P-\$ 4406.49 | 1/60 Months |
| | E1004 RR | Wheelchair Accessory, Power Seating System, Recline Only, With Mechanical Shear Reduction | Day | Y | R-\$14.21 | 3 Months |
| | E1005 | Wheelchair Accessory, Power Seating System, Recline Only, With Power Shear Reduction | Each | Y | P-\$4769.68 | 1/60 Months |
| | E1005 RR | Wheelchair Accessory, Power Seating System, Recline Only, With Power Shear Reduction | Day | Y | R-\$15.39 | 3 Months |
| | E1006 | Wheelchair Accessory, Power Seating System, Combination Tilt And Recline, Without Shear Reduction | Each | Y | P-\$5842.41 | 1/60 Months |
| | E1006 RR | Wheelchair Accessory, Power Seating System, Combination Tilt And Recline, Without Shear Reduction | Day | Y | R-\$18.85 | 3/Months |
| | E1007 | Wheelchair Accessory, Power Seating System, Combination Tilt And Recline, With Mechanical Shear Reduction | Each | Y | P-\$7910.85 | 1/60 Months |
| | E1007 RR | Wheelchair Accessory, Power Seating System, Combination Tilt And Recline, With Mechanical Shear Reduction | Day | Y | R-\$25.52 | 3 Months |
| | E1008 | Wheelchair Accessory, Power Seating System, Combination Tilt And Recline, With Power Shear Reduction | Each | Y | P-\$7911.56 | 1/60 Months |

MEDICAID DME AND SUPPLIES LISTING

| Wheelchairs and Accessories UCC = Bill Usual and Customary Charge IC = Individual Consideration | | | | | | |
|--|----------------|---|--------------|---------|--------------------|-------------|
| Old HCPCS Code | New HCPCS Code | Description | Billing Unit | PA Type | Fee | Limit |
| | E1008 RR | Wheelchair Accessory, Power Seating System, Combination Tilt And Recline, With Power Shear Reduction | Day | Y | R-\$ 25.52 | 3 Months |
| | E1014 | Reclining Back, Addition To Pediatric Size Wheelchair | Each | Y | P-\$ 383.40 | 1/60 Months |
| | E1014 RR | Reclining Back, Addition To Pediatric Size Wheelchair | Day | Y | R-\$ 1.24 | 3 Months |
| | | Wheel/Tire/Caster | | | | |
| | E2211 | Manual Wheelchair Accessory, Pneumatic Propulsion Tire, Any Size, Each | Each | N | P-\$ 42.96 | 2/24 Months |
| | E2211 RR | Manual Wheelchair Accessory, Pneumatic Propulsion Tire, Any Size, Each | Day | N | R-\$ 0.14 | 3 Months |
| | E2212 | Manual Wheelchair Accessory, Tube For Pneumatic Propulsion Tire, Any Size, Each | Each | N | P-\$ 6.17 | 2/24 Months |
| | E2212 RR | Manual Wheelchair Accessory, Tube For Pneumatic Propulsion Tire, Any Size, Each | Day | N | R-\$ 0.02 | 3 Months |
| | E2213 | Manual Wheelchair Accessory, Insert For Pneumatic Propulsion Tire (Removable), Any Type, Any Size, Each | Each | N | P-\$ 31.93 | 2/24 Months |
| | E2213 RR | Manual Wheelchair Accessory, Insert For Pneumatic Propulsion Tire (Removable), Any Type, Any Size, Each | Day | N | R-\$ 0.10 | 3 Months |
| | E2214 | Manual Wheelchair Accessory, Pneumatic Caster Tire, Any Size, Each | Each | N | P-\$ 32.13 | 2/24 Months |
| | E2214 RR | Manual Wheelchair Accessory, Pneumatic Caster Tire, Any Size, Each | Day | N | R-\$ 0.11 | 3 Months |
| | E2215 | Manual Wheelchair Accessory, Tube For Pneumatic Caster Tire, Any Size, Each | Each | N | P-\$ 10.08 | 2/24 Months |
| | E2215 RR | Manual Wheelchair Accessory, Tube For Pneumatic Caster Tire, Any Size, Each | Day | N | R-\$ 0.03 | 3 Months |
| | E2216 | Manual Wheelchair Accessory, Foam Filled Propulsion Tire, Any Size, Each | Each | Y | P-\$ UCC | 2/24 Months |
| | E2216 RR | Manual Wheelchair Accessory, Foam Filled Propulsion Tire, Any Size, Each | Day | Y | R-\$ UCC | 3 Months |
| | E2217 | Manual Wheelchair Accessory, Foam Filled Caster Tire, Any Size, Each | Each | Y | P-\$ UCC | 2/24 Months |
| | E2217 RR | Manual Wheelchair Accessory, Foam Filled Caster Tire, Any Size, Each | Day | Y | R-\$ UCC | 3 Months |
| | E2218 | Manual Wheelchair Accessory, Foam Propulsion Tire, Any Size, Each | Each | Y | P-\$ UCC | 2/24 Months |
| | E2218 RR | Manual Wheelchair Accessory, Foam Propulsion Tire, Any Size, Each | Day | Y | R-\$ UCC | 3 Months |
| | E2219 | Manual Wheelchair Accessory, Foam Caster Tire, Any Size, Each | Each | N | P-\$ 43.94 | 2/24 Months |

MEDICAID DME AND SUPPLIES LISTING

| Wheelchairs and Accessories UCC = Bill Usual and Customary Charge IC = Individual Consideration | | | | | | |
|--|----------------|---|--------------|---------|--------------------|-------------|
| Old HCPCS Code | New HCPCS Code | Description | Billing Unit | PA Type | Fee | Limit |
| | E2219 RR | Manual Wheelchair Accessory, Foam Caster Tire, Any Size, Each | Day | N | R-\$ 0.16 | 3 Months |
| | E2220 | Manual Wheelchair Accessory, Solid (Rubber/Plastic) Propulsion Tire, Any Size, Each | Each | N | P-\$ 25.46 | 2/24 Months |
| | E2220 RR | Manual Wheelchair Accessory, Solid (Rubber/Plastic) Propulsion Tire, Any Size, Each | Day | N | R-\$ 0.08 | 3 Months |
| | E2221 | Manual Wheelchair Accessory, Solid (Rubber/Plastic) Caster Tire (Removable), Any Size, Each | Each | N | P-\$ 26.83 | 2/24 Months |
| | E2221 RR | Manual Wheelchair Accessory, Solid (Rubber/Plastic) Caster Tire (Removable), Any Size, Each | Day | N | R-\$ 0.09 | 3 Months |
| | E2222 | Manual Wheelchair Accessory, Solid (Rubber/Plastic) Caster Tire With Integrated Wheel, Any Size, Each | Each | N | P-\$ 22.11 | 2/24 Months |
| | E2222 RR | Manual Wheelchair Accessory, Solid (Rubber/Plastic) Caster Tire With Integrated Wheel, Any Size, Each | Day | N | R-\$ 0.07 | 3 Months |
| | E2223 | Manual Wheelchair Accessory, Valve, Any Type, Replacement Only, Each | Each | N | P-\$5.89 | 2/24 Months |
| | E2224 | Manual Wheelchair Accessory, Propulsion Wheel Excludes Tire, Any Size, Each | Each | N | P-\$ 87.52 | 2/24 Months |
| | E2224 RR | Manual Wheelchair Accessory, Propulsion Wheel Excludes Tire, Any Size, Each | Day | N | R-\$0.30 | 3 Months |
| | E2225 | Manual Wheelchair Accessory, Caster Wheel Excludes Tire, Any Size, Replacement Only, Each | Each | N | P-\$ 18.27 | 2/24 Months |
| | E2226 | Manual Wheelchair Accessory, Caster Fork, Any Size, Replacement Only, Each | Each | N | P-\$ 39.84 | 2/24 Months |
| | E2227 | Manual wheelchair accessory, gear reduction drive wheel, each | Each | Y | P-\$1647.59 | 2/24 Months |
| | E2228 | Manual wheelchair accessory, wheel braking system and lock, complete, each | Each | Y | P-\$983.07 | 2/24 Months |
| | E2381 | Power Wheelchair Accessory, Pneumatic Drive Wheel Tire, Any Size, Replacement Only, Each | Each | N | P-\$ 68.94 | 2/24 Months |
| | E2382 | Power Wheelchair Accessory, Tube For Pneumatic Drive Wheel Tire, Any Size, Replacement Only, Each | Each | N | P-\$ 18.80 | 2/24 Months |
| | E2383 | Power Wheelchair Accessory, Insert For Pneumatic Drive Wheel Tire (Removable), Any Type, Any Size, Replacement Only, Each | Each | N | P-\$ 137.45 | 2/24 Months |
| | E2384 | Power Wheelchair Accessory, Pneumatic Caster Tire, Any Size, Replacement Only, Each | Each | N | P-\$ 73.22 | 2/24 Months |
| | E2385 | Power Wheelchair Accessory, Tube For Pneumatic Caster Tire, Any Size, Replacement Only, Each | Each | N | P-\$ 44.80 | 2/24 Months |
| | E2386 | Power Wheelchair Accessory, Foam Filled Drive Wheel Tire, Any Size, Replacement Only, Each | Each | N | P-\$ 136.21 | 2/24 Months |

MEDICAID DME AND SUPPLIES LISTING

| Wheelchairs and Accessories UCC = Bill Usual and Customary Charge IC = Individual Consideration | | | | | | |
|--|----------------|--|--------------|---------|--------------------|-------------|
| Old HCPCS Code | New HCPCS Code | Description | Billing Unit | PA Type | Fee | Limit |
| | E2387 | Power Wheelchair Accessory, Foam Filled Caster Tire, Any Size, Replacement Only, Each | Each | N | P-\$ 58.76 | 2/24 Months |
| | E2388 | Power Wheelchair Accessory, Foam Drive Wheel Tire, Any Size, Replacement Only, Each | Each | Y | P-\$ 45.60 | 2/24 Months |
| | E2389 | Power Wheelchair Accessory, Foam Caster Tire, Any Size, Replacement Only, Each | Each | Y | P-\$ 24.76 | 2/24 Months |
| | E2390 | Power Wheelchair Accessory, Solid (Rubber/Plastic) Drive Wheel Tire, Any Size, Replacement Only, Each | Each | Y | P-\$ 38.72 | 2/24 Months |
| | E2391 | Power Wheelchair Accessory, Solid (Rubber/Plastic) Caster Tire (Removable), Any Size, Replacement Only, Each | Each | Y | P-\$ 18.55 | 2/24 Months |
| | E2392 | Power Wheelchair Accessory, Solid (Rubber/Plastic) Caster Tire With Integrated Wheel, Any Size, Replacement Only, Each | Each | Y | P-\$ 48.76 | 2/24 Months |
| | E2393 | Power Wheelchair Accessory, Valve For Pneumatic Tire Tube, Any Type, Replacement Only, Each | Each | Y | P-\$ UCC | 2/24 Months |
| | E2394 | Power Wheelchair Accessory, Drive Wheel Excludes Tire, Any Size, Replacement Only, Each | Each | Y | P-\$ 69.46 | 2/24 Months |
| | E2395 | Power Wheelchair Accessory, Caster Wheel Excludes Tire, Any Size, Replacement Only, Each | Each | Y | P-\$ 49.37 | 2/24 Months |
| | E2396 | Power Wheelchair Accessory, Caster Fork, Any Size, Replacement Only, Each | Each | N | P-\$ 53.91 | 2/24 Months |
| | K0065 | Spoke Protectors, Each | Each | N | P-\$ 46.68 | 2/24 Months |
| | K0065 RR | Spoke Protectors, Each | Day | N | R-\$ 0.15 | 3 Months |
| | K0069 | Rear Wheel Assembly, Complete, With Solid Tire, Spokes Or Molded, Each | Each | N | P-\$ 104.92 | 2/24 Months |
| | K0069 RR | Rear Wheel Assembly, Complete, With Solid Tire, Spokes Or Molded, Each | Day | N | R-\$ 0.35 | 3 Months |
| | K0070 | Rear Wheel Assembly, Complete, With Pneumatic Tire, Spokes Or Molded, Each | Each | N | P-\$ 192.32 | 2/24 Months |
| | K0070 RR | Rear Wheel Assembly, Complete, With Pneumatic Tire, Spokes Or Molded, Each | Day | N | R-\$ 0.62 | 3 Months |
| | K0071 | Front Caster Assembly, Complete, With Pneumatic Tire, Each | Each | N | P-\$ 114.71 | 2/24 Months |
| | K0071 RR | Front Caster Assembly, Complete, With Pneumatic Tire, Each | Day | N | R-\$ 0.37 | 3 Months |
| | K0072 | Front Caster Assembly, Complete, With Semi-Pneumatic Tire, Each | Each | N | P-\$ 69.05 | 2/24 Months |
| | K0072 RR | Front Caster Assembly, Complete, With Semi-Pneumatic Tire, Each | Day | N | R-\$ 0.22 | 3 Months |
| | K0073 | Caster Pin Lock,Each | Each | N | P-\$ 35.14 | 2/24 Months |
| | K0073 RR | Caster Pin Lock,Each | Day | N | R-\$ 0.11 | 3 Months |
| | K0077 | Front Caster Assembly, Complete, With Solid Tire, Each | Each | N | P-\$ 61.79 | 2/24 Months |
| | K0077 RR | Front Caster Assembly, Complete, With Solid Tire, Each | Day | N | R-\$ 0.20 | 3 Months |

MEDICAID DME AND SUPPLIES LISTING

| Wheelchairs and Accessories UCC = Bill Usual and Customary Charge IC = Individual Consideration | | | | | | |
|--|----------------|---|--------------|---------|--------------------|-------------|
| Old HCPCS Code | New HCPCS Code | Description | Billing Unit | PA Type | Fee | Limit |
| Brakes/Shock Absorber | | | | | | |
| | E0961 | Manual Wheelchair Accessory, Wheel Lock Brake Extension (Handle), Each | Each | N | P-\$ 26.55 | 2/24 Months |
| | E0961 RR | Manual Wheelchair Accessory, Wheel Lock Brake Extension (Handle), Each | Day | N | R-\$ 0.09 | 3 Months |
| | E2206 | Manual Wheelchair Accessory, Wheel Lock Assembly, Complete, Each | Each | N | P-\$ 42.71 | 2/24 Months |
| | E2206 RR | Manual Wheelchair Accessory, Wheel Lock Assembly, Complete, Each | Day | N | R-\$ 0.14 | 3 Months |
| | E1015 | Shock Absorber For Manual Wheelchair, Each | Each | N | P-\$ 120.44 | 2/24 Months |
| | E1015 RR | Shock Absorber For Manual Wheelchair, Each | Day | N | R-\$ 0.39 | 3 Months |
| | E1016 | Shock Absorber For Power Wheelchair, Each | Each | N | P-\$ 118.84 | 2/24 Months |
| | E1016 RR | Shock Absorber For Power Wheelchair, Each | Day | N | R-\$ 0.38 | 3 Months |
| | E1017 | Heavy Duty Shock Absorber For Heavy Duty Or Extra Heavy Duty Manual Wheelchair, Each | Each | Y | P-\$ UCC | 2/24 Months |
| | E1017 RR | Heavy Duty Shock Absorber For Heavy Duty Or Extra Heavy Duty Manual Wheelchair, Each | Day | Y | R-\$ UCC | 3 Months |
| | E1018 | Heavy Duty Shock Absorber For Heavy Duty Or Extra Heavy Duty Power Wheelchair, Each | Each | Y | P-\$ UCC | 2/24 Months |
| | E1018 RR | Heavy Duty Shock Absorber For Heavy Duty Or Extra Heavy Duty Power Wheelchair, Each | Day | Y | R-\$ UCC | 3 Months |
| Hardware Only | | | | | | |
| | E1028 | Wheelchair Accessory, Manual Swingaway, Retractable Or Removable Mounting Hardware For Joystick, Other Control Interface Or Positioning Accessory | Each | Y | P-\$ 186.92 | 1/36 Months |
| | E1028 RR | Wheelchair Accessory, Manual Swingaway, Retractable Or Removable Mounting Hardware For Joystick, Other Control Interface Or Positioning Accessory | Day | Y | R-\$ 0.60 | 6 Months |
| Other Accessories | | | | | | |
| | E0958 | Manual Wheelchair Accessory, One-Arm Drive Attachment | Each | N | P-\$ \$525.25 | 1/60 Months |
| | E0958 RR | Manual Wheelchair Accessory, One-Arm Drive Attachment | Day | N | R-\$ 1.26 | 3 Months |
| | E0959 | Manual Wheelchair Accessory, Adapter For Amputee | Each | N | P-\$ 39.46 | 1/60 Months |
| | E0959 RR | Manual Wheelchair Accessory, Adapter For Amputee | Day | N | R-\$ 0.13 | 3 Months |
| | E0967 | Manual Wheelchair Accessory, Hand Rim With Projections, any type, each | Pair | N | P-\$ 68.97 | 2/60 Months |
| | E0967 RR | Manual Wheelchair Accessory, Hand Rim With Projections, any type, each | Day | N | R-\$ 0.22 | 2/60 Months |

MEDICAID DME AND SUPPLIES LISTING

| Wheelchairs and Accessories UCC = Bill Usual and Customary Charge IC = Individual Consideration | | | | | | |
|--|----------------|--|--------------|---------|---------------------|-------------|
| Old HCPCS Code | New HCPCS Code | Description | Billing Unit | PA Type | Fee | Limit |
| | E0969 | Narrowing Devices, Wheelchair | Each | N | P-\$ 148.24 | 1/60 Months |
| | E0969 RR | Narrowing Devices, Wheelchair | Day | N | R-\$ 0.48 | 3 Months |
| | E0971 | Anti-Tipping Device Wheelchairs | Pair | N | P-\$ 45.56 | 1/60 Months |
| | E0971 RR | Anti-Tipping Device Wheelchairs | Day | N | R-\$ 0.15 | 3 Months |
| | E0983 | Manual Wheelchair Accessory, Power Add-On To Convert Manual Wheelchair To Motorized Wheelchair, Joystick Control | Each | Y | P-\$ UCC | 1/60 Months |
| | E0984 | Manual Wheelchair Accessory, Power Add-On To Convert Manual Wheelchair To Motorized Wheelchair, Tiller Control | Each | Y | P-\$ 1705.19 | 1/60 Months |
| | E0985 | Wheelchair Accessory, Seat Lift Mechanism | Each | Y | P-\$212.99 | 1/60 Months |
| | E0985 RR | Wheelchair Accessory, Seat Lift Mechanism | Day | Y | R-\$0.69 | 3 Months |
| | E0986 | Manual Wheelchair Accessory, Push Activated Power Assist, Each | Each | Y | P-\$ 5107.45 | 1/60 Months |
| | E0986 RR | Manual Wheelchair Accessory, Push Activated Power Assist, Each | Day | Y | R-\$ 16.48 | 3 Months |
| | E1011 | Modification To Pediatric Size Wheelchair, Width Adjustment Package(Not To Be Dispensed With Initial Chair) | Each | Y | P-\$ UCC | 1/60 Months |
| | E1020 | Residual Limb Support System For Wheelchair | Each | N | P-\$220.29 | 1/60 Months |
| | E1020 RR | Residual Limb Support System For Wheelchair | Day | N | R-\$0.71 | 3 Months |
| | E2205 | Manual Wheelchair Accessory, Handrim Without Projections (Includes ergonomic or contoured), Any Type, Replacement Only, Each | Each | N | P-\$ 34.30 | 1/60 Months |
| | E2205 RR | Manual Wheelchair Accessory, Handrim Without Projections, Any Type, Replacement Only, Each | Day | N | R-\$ 0.11 | 3 Months |
| | E2207 | Wheelchair Accessory, Crutch And Cane Holder, Each | Each | N | P-\$ 45.52 | 1/60 Months |
| | E2207 RR | Wheelchair Accessory, Crutch And Cane Holder, Each | Day | N | R-\$ 0.15 | 3 Months |
| | E2210 | Wheelchair Accessory, Bearings, Any Type, Replacement Only, Each | Each | N | P-\$ 5.93 | 1/60 Months |
| | K0105 | Iv Hanger, Each | Each | N | P-\$ 104.40 | 1/60 Months |
| | K0105 RR | Iv Hanger, Each | Day | N | R-\$ 0.34 | 3 Months |
| Batteries/Motor/Gear Box/Charges | | | | | | |
| | E2360 | Power Wheel Chair Accessory, 22 Nf Non-Sealed Lead Acid Battery, Each | Each | N | P-\$ 100.27 | 2/6 Months |
| | E2360 RR | Power Wheel Chair Accessory, 22 Nf Non-Sealed Lead Acid Battery, Each | Day | N | R-\$0.32 | 3 Months |
| | E2361 | Power Wheel Chair Accessory, 22 Nf Sealed Lead Acid Battery, Each (E.G. Gel Cell, Absorbed Glassmat) | Each | N | P-\$126.22 | 2/6 Months |
| | E2361 RR | Power Wheel Chair Accessory, 22 Nf Sealed Lead Acid Battery, Each (E.G. Gel Cell, Absorbed Glassmat) | Day | N | R-\$0.41 | 3 Months |
| | E2362 | Power Wheel Chair Accessory, Group 24 Non-Sealed Lead Acid Battery, Each | Each | N | P-\$96.58 | 2/6 Months |

MEDICAID DME AND SUPPLIES LISTING

| Wheelchairs and Accessories UCC = Bill Usual and Customary Charge IC = Individual Consideration | | | | | | |
|--|----------------|--|--------------|---------|--------------------|-------------|
| Old HCPCS Code | New HCPCS Code | Description | Billing Unit | PA Type | Fee | Limit |
| | E2362 RR | Power Wheel Chair Accessory, Group 24 Non-Sealed Lead Acid Battery, Each | Day | N | R-\$0.31 | 3 Months |
| | E2363 | Power Wheel Chair Accessory, Group 24 Sealed Lead Acid Battery, Each (E.G. Gel Cell, Absorbed Glassmat) | Each | N | P-\$168.33 | 2/6 Months |
| | E2363 RR | Power Wheel Chair Accessory, Group 24 Sealed Lead Acid Battery, Each (E.G. Gel Cell, Absorbed Glassmat) | Day | N | R-\$0.54 | 3 Months |
| | E2364 | Power Wheel Chair Accessory, U-1 Non-Sealed Lead Acid Battery Each | Each | N | P-\$100.27 | 2/6 Months |
| | E2364 RR | Power Wheel Chair Accessory, U-1 Non-Sealed Lead Acid Battery Each | Day | N | R-\$0.32 | 3 Months |
| | E2365 | Power Wheel Chair Accessory, U-1 Sealed Lead Acid Battery (E.G. Gel Cell, Absorbed Glassmat) | Each | N | P-\$101.51 | 2/6 Months |
| | E2365 RR | Power Wheel Chair Accessory, U-1 Sealed Lead Acid Battery (E.G. Gel Cell, Absorbed Glassmat) | Day | N | R-\$0.33 | 3 Months |
| | E2366 | Power Wheel Chair Accessory, Battery Charger, Single Mode, For Use With Only One Battery Type, Sealed Or Non-Sealed, Each , Replacement only | Each | Y | P-\$202.79 | 2/6 Months |
| | E2366 RR | Power Wheel Chair Accessory, Battery Charger, Single Mode, For Use With Only One Battery Type, Sealed Or Non-Sealed, Each , Replacement only | Day | Y | R-\$0.66 | 3 Months |
| | E2367 | Power Wheel Chair Accessory, Battery Charger, Dual Mode, For Use With Either Battery Type, Sealed Or Non-Sealed, Each, Replacement only | Each | Y | P-\$379.27 | 2/6 Months |
| | E2367 RR | Power Wheel Chair Accessory, Battery Charger, Dual Mode, For Use With Either Battery Type, Sealed Or Non-Sealed, Each, Replacement only | Day | Y | R-\$1.22 | 3 Months |
| | E2368 | Power Wheelchair Component, Motor, Replacement Only | Each | Y | P-\$ 467.50 | 1/36 Months |
| | E2369 | Power Wheelchair Component, Gear Box, Replacement Only | Each | Y | P-\$ 407.20 | 1/36 Months |
| | E2370 | Power Wheelchair Component, Motor And Gear Box Combination, Replacement Only | Each | Y | P-\$726.57 | 1/36 Months |
| | E2371 | Power Wheelchair Accessory, Group 27 Sealed Lead Acid Battery, (E.G. Gel Cell, Absorbed Glassmat), Each | Each | N | P-\$ 136.42 | 2/6 Months |
| | E2371 RR | Power Wheelchair Accessory, Group 27 Sealed Lead Acid Battery, (E.G. Gel Cell, Absorbed Glassmat), Each | Day | N | R-\$ 0.44 | 3 Months |
| | E2372 | Power Wheelchair Accessory, Group 27 Non-Sealed Lead Acid Battery, Each | Each | Y | P-\$ UCC | 2/6 Months |

MEDICAID DME AND SUPPLIES LISTING

| Wheelchairs and Accessories UCC = Bill Usual and Customary Charge IC = Individual Consideration | | | | | | |
|--|----------------|---|--------------|---------|---------------------|-------------|
| Old HCPCS Code | New HCPCS Code | Description | Billing Unit | PA Type | Fee | Limit |
| | E2372 RR | Power Wheelchair Accessory, Group 27 Non-Sealed Lead Acid Battery, Each | Day | Y | R-\$ UCC | 3 Months |
| | E2397 | Power Wheelchair accessory, lithium-based battery, each | Each | Y | P-\$ 434.84 | 2/6 Months |
| | E2397 RR | Power Wheelchair accessory, lithium-based battery, each | Day | Y | R-\$ 1.40 | 3 Months |
| | K0733 | Power Wheelchair Accessory, 12 To 24 Amp Hour Sealed Lead Acid Battery, Each (E.G. Gel Cell, Absorbed Glassmat) | Each | N | P-\$ 27.34 | 2/6 Months |
| | K0733 RR | Power Wheelchair Accessory, 12 To 24 Amp Hour Sealed Lead Acid Battery, Each (E.G. Gel Cell, Absorbed Glassmat) | Day | N | R-\$ 0.09 | 3 Months |
| Manual Wheelchairs | | | | | | |
| Reclining and Tilt in Space | | | | | | |
| | E1050 | Fully-Reclining Wheelchair, Fixed Full Length Arms, Swing Away, Detachable, Elevating Leg Rests | Each | N | P-\$ 933.80 | 1/60 Months |
| | E1050 RR | Fully-Reclining Wheelchair, Fixed Full Length Arms, Swing Away, Detachable, Elevating Leg Rests | Day | N | R-\$ 3.45 | 3 Months |
| | E1060 | Fully-Reclining Wheelchair, Detachable Arms, Desk Or Full Length, Swing Away, Detachable, Elevating Leg Rests | Each | N | P-\$ 1035.32 | 1/60 Months |
| | E1060 RR | Fully Reclining Wheelchair, Detachable Arms, Desk Or Full Length, Swing Away, Detachable, Elevating Leg Rests | Day | N | R-\$ 4.27 | 3 Months |
| | E1070 | Fully Reclining Wheelchair, Detachable Arms, Desk Or Full Length, Swing Away, Detachable Footrests | Each | N | P-\$ 800.67 | 1/60 Months |
| | E1070 RR | Fully Reclining Wheelchair, Detachable Arms, Desk Or Full Length, Swing Away, Detachable Footrests | Day | N | R-\$ 3.39 | 3 Months |
| | E1100 | Semi-Reclining Wheelchair, Fixed Full Length Arms, Swing Away Detachable Elevating Leg Rests | Each | Y | P-\$ UCC | 1/60 Months |
| | E1100 RR | Semi-Reclining Wheelchair, Fixed Full Length Arms, Swing Away Detachable Elevating Leg Rests | Day | N | R-\$ 3.11 | 3 Months |
| | E1161 | Manual Adult Size Wheelchair, Includes Tilt In Space | Each | Y | P-\$ 2484.39 | 1/60 Months |
| | E1161 RR | Manual Adult Size Wheelchair, Includes Tilt In Space | Day | N | R-\$ 8.01 | 3 Months |
| Hemi | | | | | | |
| | E1083 | Hemi Wheelchair, Fixed Full Length Arms, Swing Away Detachable Elevating Leg Rests | Each | N | P-\$ 504.72 | 1/60 Months |
| | E1083 RR | Hemi Wheelchair, Fixed Full Length Arms, Swing Away Detachable Elevating Leg Rests | Day | N | R-\$ 2.33 | 3 Months |
| | E1084 | Hemi-Wheelchair, Detachable Arms, Desk Or Full Length Arms, Swing Away, Detachable, Elevating Leg Rest | Each | N | P-\$ 825.60 | 1/60 Months |
| | E1084 RR | Hemi Wheelchair, Detachable Arms, Desk Or Full Length Arms, Swing Away, Detachable, Elevating Leg Rest | Day | N | P-\$ 3.32 | 3 Months |

MEDICAID DME AND SUPPLIES LISTING

| Wheelchairs and Accessories UCC = Bill Usual and Customary Charge IC = Individual Consideration | | | | | | |
|--|----------------|--|--------------|---------|------------------|-------------|
| Old HCPCS Code | New HCPCS Code | Description | Billing Unit | PA Type | Fee | Limit |
| | E1085 | Hemi Wheelchair, Fixed Full Length Arms, Swing Away, Detachable Footrests | Each | N | P-\$ 439.78 | 1/60 Months |
| | E1085 RR | Hemi Wheelchair, Fixed Full Length Arms, Swing Away, Detachable Footrests | Day | N | R-\$ 1.47 | 3 Months |
| | E1086 | Hemi Wheelchair, Detachable Arms, Desk Or Full Length, Swing Away, Detachable Footrests | Each | N | P-\$ 737.74 | 1/60 Months |
| | E1086 RR | Hemi Wheelchair, Detachable Arms, Desk Or Full Length, Swing Away, Detachable Footrests | Day | N | R-\$ 2.46 | 3 Months |
| | K0002 | Standard Hemi (Low Seat) Wheelchair | Each | Y | P-\$ UCC | 1/60 Months |
| | K0002 RR | Standard Hemi (Low Seat) Wheelchair | Day | N | R-\$ 2.77 | 3 Months |
| | | High Strength Light Weight Wheelchair | | | | |
| | E1087 | High Strength Light Weight Wheelchair, Fixed Full Length Arms, Swing Away, Detachable, Elevating Legrests | Each | N | P-\$ 986.23 | 1/60 Months |
| | E1087 RR | High Strength Light Weight Wheelchair, Fixed Full Length Arms, Swing Away, Detachable, Elevating Legrests | Day | N | R-\$ 4.27 | 3 Months |
| | E1088 | High Strength Light Weight Wheelchair, Detachable Arms, Desk Or Full Length, Swing Away, Detachable, Elevating Legrests | Each | N | P-\$ 1081.35 | 1/60 Months |
| | E1088 RR | High Strength Light Weight Wheelchair, Detachable Arms, Desk Or Full Length, Swing Away, Detachable, Elevating Leg Rests | Day | N | R-\$ 4.92 | 3 Months |
| | E1089 | High Strength Light Weight Wheelchair, Fixed Length Arms, Swing Away, Detachable Footrests | Each | N | P-\$ 948.03 | 1/60 Months |
| | E1089 RR | High Strength Light Weight Wheelchair, Fixed Length Arms, Swing Away, Detachable Footrests | Day | N | R-\$ 3.16 | 3 Months |
| | E1090 | High Strength Light Weight Wheelchair, Detachable Arms Desk Or Full Length, Swing Away, Detachable Footrests | Each | N | P-\$ 826.84 | 1/60 Months |
| | E1090 RR | High Strength Light Weight Wheelchair, Detachable Arms, Desk Or Full Length, Swing Away, Detachable Foot Rests | Day | N | R-\$ 2.76 | 3 Months |
| | | Heavy Duty | | | | |
| | E1092 | Wide Heavy Duty Wheelchair, Detachable Arms Desk Or Full Length, Swing Away, Detachable, Elevating Leg Rests | Each | N | P-\$ 891.68 | 1/60 Months |
| | E1092 RR | Wide Heavy Duty Wheelchair, Detachable Arms, Desk Or Full Length, Swing Away, Detachable, Elevating Leg Rest | Day | N | R-\$ 3.88 | 3 Months |
| | E1093 | Wide Heavy Duty Wheelchair, Detachable Arms, Desk Or Full Length Arms, Swing Away Detachable Foot Rests | Each | N | P-\$ 761.14 | 1/60 Months |
| | E1093 RR | Wide Heavy Duty Wheelchair, Detachable Arms, Desk Or Full Length Arms, Swing Away, Detachable Foot Rests | Day | N | R-\$ 3.55 | 3 Months |
| | E1195 | Heavy Duty Wheelchair, Fixed Full Length Arms, Swing Away Detachable, Elevating Leg Rests | Each | N | P-\$ 806.02 | 1/60 Months |

MEDICAID DME AND SUPPLIES LISTING

| Wheelchairs and Accessories UCC = Bill Usual and Customary Charge IC = Individual Consideration | | | | | | |
|--|----------------|--|--------------|---------|------------------|-------------|
| Old HCPCS Code | New HCPCS Code | Description | Billing Unit | PA Type | Fee | Limit |
| | E1195 RR | Heavy Duty Wheelchair, Fixed Full Length Arms, Swing Away, Detachable, Elevating Leg Rests | Day | N | R-\$ 3.59 | 3 Months |
| | E1280 | Heavy Duty Wheelchair, Detachable Arms, Desk Or Full Length, Elevating Legrests | Each | N | P-\$ 1168.92 | 1/60 Months |
| | E1280 RR | Heavy Duty Wheelchair, Detachable Arms, Desk Or Full Length, Elevating Legrests | Day | N | R-\$ 4.45 | 3 Months |
| | E1285 | Heavy Duty Wheelchair, Fixed Full Length Arms, Swing Away, Detachable Foot Rests, | Each | N | P-\$ 583.98 | 1/60 Months |
| | E1285 RR | Heavy Duty Wheelchair, Fixed Full Length Arms, Swing Away, Detachable Foot Rests | Day | N | R-\$ 1.95 | 3 Months |
| | E1290 | Heavy Duty Wheelchair, Detachable Arms, Desk Or Full Length, Swing Away, Detachable Foot Rests | Each | N | P-\$ 876.88 | 1/60 Months |
| | E1290 RR | Heavy Duty Wheelchair, Detachable Arms, Desk Or Full Length, Swing Away, Detachable Foot Rests | Day | N | R-\$ 2.92 | 3 Months |
| | E1295 | Heavy Duty Wheelchair, Fixed Full-Length Arms, Elevating Leg Rests | Each | N | P-\$ 747.29 | 1/60 Months |
| | E1295 RR | Heavy Duty Wheelchair, Fixed Full-Length Arms, Elevating Leg Rests | Day | N | R-\$ 3.50 | 3 Months |
| | K0006 | Heavy-Duty Wheelchair | Each | Y | P-\$ UCC | 1/60 Months |
| | K0006 RR | Heavy-Duty Wheelchair | Day | N | R-\$ 3.61 | 3 Months |
| | K0007 | Extra Heavy-Duty Wheelchair | Each | Y | P-\$ UCC | 1/60 Months |
| | K0007 RR | Extra Heavy-Duty Wheelchair | Day | N | R-\$ 5.79 | 3 Months |
| | | Standard | | | | |
| | E1130 | Standard Wheelchair Fixed Full Length Arms Fixed Or Swing Away Detachable Leg Rest | Each | N | P-\$ 373.21 | 1/60 Months |
| | E1130 RR | Standard Wheelchair, Fixed Full Length Arms, Fixed Or Swing Away Detachable Leg Rest | Day | N | R-\$ 1.12 | 3 Months |
| | E1140 | Wheelchair, Detachable Arms, Desk Or Full Length, Swing Away Detachable Foot Rests | Each | N | P-\$ 523.15 | 1/60 Months |
| | E1140 RR | Wheelchair, Detachable Arms, Desk Or Full Length, Swing Away Detachable Footrest | Day | N | R-\$ 1.75 | 3 Months |
| | E1150 | Wheelchair, Detachable Arms, Desk Or Full Length Swing Away Detachable Elevating Leg Rests | Each | N | P-\$ 627.82 | 1/60 Months |
| | E1150 RR | Wheelchair, Detachable Arms, Desk Or Full Length Swing Away Detachable Elevating Leg Rests | Day | N | R-\$ 2.76 | 3 Months |
| | E1160 | Wheelchair, Fixed Full Length Arms, Swing Away Detachable, Elevating Leg Rests | Each | N | P-\$ 464.61 | 1/60 Months |

MEDICAID DME AND SUPPLIES LISTING

| Wheelchairs and Accessories UCC = Bill Usual and Customary Charge IC = Individual Consideration | | | | | | |
|--|----------------|--|--------------|---------|---------------------|-------------|
| Old HCPCS Code | New HCPCS Code | Description | Billing Unit | PA Type | Fee | Limit |
| | E1160 RR | Wheelchair, Fixed Full Length Arms, Swing Away Detachable, Elevating Leg Rests | Day | N | R-\$ 2.07 | 3 Months |
| | | Amputee | | | | |
| | E1170 | Amputee Wheelchair, Fixed Full Length Arms, Swing Away, Detachable, Elevating Leg Rests | Each | N | P-\$ 684.45 | 1/60 Months |
| | E1170 RR | Amputee Wheelchair, Fixed Full Length Arms, Swing Away, Detachable, Elevating Leg Rests | Day | N | R-\$ 3.03 | 3 Months |
| | E1171 | Amputee Wheelchair, Fixed Full Length Arms, Without Footrests Or Leg Rests | Each | N | P-\$ 609.75 | 1/60 Months |
| | E1171 RR | Amputee Wheelchair, Fixed Full Length Arms, Without Foot Rests Or Leg Rests | Day | N | R-\$ 2.71 | 3 Months |
| | E1172 | Amputee Wheelchair, Detachable Arms (Desk Or Full Length), W/O Foot Or Leg Rests | Each | N | P-\$ 611.87 | 1/60 Months |
| | E1172 RR | Amputee Wheelchair, Detachable Arms (Desk Or Full Length), W/O Foot Or Leg Rests | Day | N | R-\$ 2.82 | 3 Months |
| | E1180 | Amputee Wheelchair, Detachable Arms (Desk Or Full Length), Swing Away Det. Foot Rests | Each | N | P-\$ 761.42 | 1/60 Months |
| | E1180 RR | Amputee Wheelchair, Detachable Arms (Desk Or Full Length), Swing Away Detachable Foot Rests | Day | N | R-\$ 3.37 | 3 Months |
| | E1190 | Amputee Wheelchair, Detachable Arms (Desk Or Full Length) Swing Away, Detachable, Elevating Leg Rests | Each | N | P-\$ 959.11 | 1/60 Months |
| | E1190 RR | Amputee Wheelchair, Detachable Arms (Desk Or Full Length), Swing Away, Detachable, Elevating Leg Rests | Day | N | R-\$ 3.97 | 3 Months |
| | E1200 | Amputee Wheelchair, Fixed Full Length Arms, Swing Away, Detachable Foot Rests | Each | N | P-\$ 724.94 | 1/60 Months |
| | E1200 RR | Amputee Wheelchair, Fixed Full Length Arms, Swing Away Detachable Foot Rests | Day | N | R-\$ 2.95 | 3 Months |
| | | Pediatric Manual Wheelchairs | | | | |
| | E1231 | Wheelchair, Pediatric Size, Tilt-In-Space, Rigid, Adjustable, With Seating System | Each | Y | P-\$UCC | 1/36 Months |
| | E1231 RR | Wheelchair, Pediatric Size, Tilt-In-Space, Rigid, Adjustable, With Seating System | Day | Y | R-\$ UCC | 3 Months |
| | E1232 | Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adjustable, With Seating System | Each | Y | P-\$ 2245.33 | 1/36 Months |
| | E1232 RR | Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adjustable, With Seating System | Day | Y | R-\$ 7.24 | 3 Months |
| | E1233 | Wheelchair, Pediatric Size, Tilt-In-Space, Rigid, Adjustable, Without Seating System | Each | Y | P-\$ 2326.52 | 1/36 Month |

MEDICAID DME AND SUPPLIES LISTING

| Wheelchairs and Accessories UCC = Bill Usual and Customary Charge IC = Individual Consideration | | | | | | |
|--|----------------|--|--------------|---------|---------------------|-------------|
| Old HCPCS Code | New HCPCS Code | Description | Billing Unit | PA Type | Fee | Limit |
| | E1233 RR | Wheelchair, Pediatric Size, Tilt-In-Space, Rigid, Adjustable, Without Seating System | Day | Y | R-\$ 7.50 | 3 Months |
| | E1234 | Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adjustable, Without Seating System | Each | Y | P-\$ 2025.40 | 1/36 Months |
| | E1234 RR | Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adjustable, Without Seating System | Day | Y | R-\$ 6.53 | 3 Months |
| | E1235 | Wheelchair, Pediatric Size, Rigid, Adjustable, With Seating System | Each | Y | P-\$ 1950.30 | 1/36 Months |
| | E1235 RR | Wheelchair, Pediatric Size, Rigid, Adjustable, With Seating System | Day | Y | R-\$ 6.29 | 3 Months |
| | E1236 | Wheelchair, Pediatric Size, Folding, Adjustable, With Seating System | Each | Y | P-\$1720.67 | 1/36 Months |
| | E1236 RR | Wheelchair, Pediatric Size, Folding, Adjustable, With Seating System | Day | Y | R-\$ 5.55 | 3 Months |
| | E1237 | Wheelchair, Pediatric Size, Rigid, Adjustable, Without Seating System | Each | Y | P-\$ 1735.70 | 1/36 Months |
| | E1237 RR | Wheelchair, Pediatric Size, Rigid, Adjustable, Without Seating System | Day | Y | R-\$ 5.60 | 3 Months |
| | E1238 | Wheelchair, Pediatric Size, Folding, Adjustable, Without Seating System | Each | Y | P-\$ 1720.67 | 1/36 Months |
| | E1238 RR | Wheelchair, Pediatric Size, Folding, Adjustable, Without Seating System | Day | Y | R-\$ 5.55 | 3 Months |
| Lightweight Wheelchairs | | | | | | |
| | E1240 | Lightweight Wheelchair, Detachable Arms, (Desk Or Full Length) Swing Away, Detachable Elevating Leg Rests | Each | N | P-\$ 828.27 | 1/60 Months |
| | E1240 RR | Lightweight Wheelchair, Detachable Arms, (Desk Or Full Length), Swing Away, Detachable Elevating Leg Rests | Day | N | R-\$ 3.49 | 3 Months |
| | E1250 | Lightweight Wheelchair, Fixed Full Length Arms, Swing Away, Detachable Foot Rests | Each | N | P-\$ 561.16 | 1/60 Months |
| | E1250 RR | Lightweight Wheelchair, Fixed Full Length Arms, Swing Away, Detachable Foot Rests | Day | N | R-\$ 1.87 | 3 Months |
| | E1260 | Lightweight Wheelchair, Detachable Arms Desk Or Full Length, Swing Away, Detachable Footrests | Each | N | P-\$ 736.40 | 1/60 Months |
| | E1260 RR | Lightweight Wheelchair, Detachable Arms, Desk Or Full Length, Swing Away, Detachable Footrests | Day | N | R-\$ 2.45 | 3 Months |
| | E1270 | Lightweight Wheelchair, Fixed Full Length Arms, Swing Away, Detachable Elevating Leg Rests | Each | N | P-\$ 631.26 | 1/60 Months |
| | E1270 RR | Lightweight Wheelchair, Fixed Full Length Arms, Swing Away, Detachable Elevating Leg Rests | Day | N | R-\$ 2.67 | 3 Months |
| | K0003 | Lightweight Wheelchair | Each | Y | P-\$ UCC | 1/60 Months |
| | K0003 RR | Lightweight Wheelchair | Day | N | R-\$ 3.03 | 3 Months |
| Other Manual Wheelchairs | | | | | | |

MEDICAID DME AND SUPPLIES LISTING

| Wheelchairs and Accessories UCC = Bill Usual and Customary Charge IC = Individual Consideration | | | | | | |
|--|----------------|---|--------------|---------|---------------------|-------------|
| Old HCPCS Code | New HCPCS Code | Description | Billing Unit | PA Type | Fee | Limit |
| | K0001 | Standard Wheelchair | Each | Y | P-\$ UCC | 1/60 Months |
| | K0001 RR | Standard Wheelchair | Day | N | R-\$ 1.80 | 3 Months |
| | K0004 | High Strength Wheelchair | Each | Y | P-\$ UCC | 1/60 Months |
| | K0004 RR | High Strength Wheelchair | Day | N | R-\$ 3.85 | 3 Months |
| | K0005 | Ultralightweight Wheelchair | Each | Y | P-\$ 1941.20 | 1/60 Months |
| | K0005 RR | Ultralightweight Wheelchair | Day | N | R-\$ 6.26 | 3 Months |
| | K0009 | Other Manual Wheelchair/Base | Each | Y | P-\$ UCC | 1/60 Months |
| | K0009 RR | Other Manual Wheelchair/Base | Day | Y | R-\$ UCC | 3 Months |
| Power Operated Vehicle Group 1 | | | | | | |
| | K0800 | Power Operated Vehicle, Group 1 Standard, Patient Weight Capacity Up To And Including 300 Pounds | Each | Y | P-\$ 1169.96 | 1/60 Months |
| | K0800 RR | Power Operated Vehicle, Group 1 Standard, Patient Weight Capacity Up To And Including 300 Pounds | Day | Y | R-\$ 3.77 | 3 Months |
| | K0801 | Power Operated Vehicle, Group 1 Heavy Duty, Patient Weight Capacity, 301 To 450 Pounds | Each | Y | P-\$ 1886.22 | 1/60 Months |
| | K0801 RR | Power Operated Vehicle, Group 1 Heavy Duty, Patient Weight Capacity, 301 To 450 Pounds | Day | Y | R-\$ 6.08 | 3 Months |
| | K0802 | Power Operated Vehicle, Group 1 Very Heavy Duty, Patient Weight Capacity 451 To 600 Pound | Each | Y | P-\$ 2134.59 | 1/60 Months |
| | K0802 RR | Power Operated Vehicle, Group 1 Very Heavy Duty, Patient Weight Capacity 451 To 600 Pound | Day | Y | R-\$ 6.89 | 3 Months |
| Power Wheelchair Group 1 | | | | | | |
| | K0813 | Power Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds | Each | Y | P-\$ 2183.20 | 1/60 Months |
| | K0813 RR | Power Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds | Day | Y | R-\$ 7.04 | 3 Months |
| | K0814 | Power Wheelchair, Group 1 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds | Each | Y | P-\$ 2794.50 | 1/60 Months |
| | K0814 RR | Power Wheelchair, Group 1 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds | Day | Y | R-\$ 9.01 | 3 Months |
| | K0815 | Power Wheelchair, Group 1 Standard, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds | Each | Y | P-\$ 3182.30 | 1/60 Months |
| | K0815 RR | Power Wheelchair, Group 1 Standard, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds | Day | Y | R-\$ 10.27 | 3 Months |
| | K0816 | Power Wheelchair, Group 1 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds | Each | Y | P-\$ 3047.50 | 1/60 Months |
| | K0816 RR | Power Wheelchair, Group 1 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds | Day | Y | R-\$ 9.83 | 3 Months |

MEDICAID DME AND SUPPLIES LISTING

| Wheelchairs and Accessories UCC = Bill Usual and Customary Charge IC = Individual Consideration | | | | | | |
|--|----------------|---|--------------|---------|---------------------|-------------|
| Old HCPCS Code | New HCPCS Code | Description | Billing Unit | PA Type | Fee | Limit |
| Powered Operated Vehicle Group 2 | | | | | | |
| | K0806 | Power Operated Vehicle, Group 2 Standard, Patient Weight Capacity Up To And Including 300 Pounds | Each | Y | P-\$ 1415.34 | 1/60 Months |
| | K0806 RR | Power Operated Vehicle, Group 2 Standard, Patient Weight Capacity Up To And Including 300 Pounds | Day | Y | R-\$ 4.57 | 3 Months |
| | K0807 | Power Operated Vehicle, Group 2 Heavy Duty, Patient Weight Capacity 301 To 450 Pounds | Each | Y | P-\$ 2147.61 | 1/60 Months |
| | K0807 RR | Power Operated Vehicle, Group 2 Heavy Duty, Patient Weight Capacity 301 To 450 Pounds | Day | Y | R-\$ 6.93 | 3 Months |
| | K0808 | Power Operated Vehicle, Group 2 Very Heavy Duty, Patient Weight Capacity 451 To 600 Pounds | Each | Y | P-\$ 3322.80 | 1/60 Months |
| | K0808 RR | Power Operated Vehicle, Group 2 Very Heavy Duty, Patient Weight Capacity 451 To 600 Pounds | Day | Y | R-\$ 10.72 | 3 Months |
| Power Wheelchair Group 2 | | | | | | |
| | K0820 | Power Wheelchair, Group 2 Standard, Portable, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds | Each | Y | P-\$ 2331.80 | 1/60 Months |
| | K0820 RR | Power Wheelchair, Group 2 Standard, Portable, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds | Day | Y | R-\$ 7.52 | 3 Months |
| | K0821 | Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds | Each | Y | P-\$ 2993.50 | 1/60 Months |
| | K0821 RR | Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds | Day | Y | R-\$ 9.66 | 3 Months |
| | K0822 | Power Wheelchair, Group 2 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds | Each | Y | P-\$ 3617.70 | 1/60 Months |
| | K0822 RR | Power Wheelchair, Group 2 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds | Day | Y | R-\$ 11.67 | 3 Months |
| | K0823 | Power Wheelchair, Group 2 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds | Each | Y | P-\$ 3641.40 | 1/60 Months |
| | K0823 RR | Power Wheelchair, Group 2 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds | Day | Y | R-\$ 11.75 | 3 Months |
| | K0824 | Power Wheelchair, Group 2 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds | Each | Y | P-\$ 4382.60 | 1/60 Months |
| | K0824 RR | Power Wheelchair, Group 2 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds | Day | Y | R-\$ 14.14 | 3 Months |
| | K0825 | Power Wheelchair, Group 2 Heavy Duty, Captains Chair, Patient Weight Capacity 301 To 450 Pounds | Each | Y | P-\$ 4012.00 | 1/60 Months |

MEDICAID DME AND SUPPLIES LISTING

| Wheelchairs and Accessories UCC = Bill Usual and Customary Charge IC = Individual Consideration | | | | | | |
|--|----------------|--|--------------|---------|----------------------|-------------|
| Old HCPCS Code | New HCPCS Code | Description | Billing Unit | PA Type | Fee | Limit |
| | K0825 RR | Power Wheelchair, Group 2 Heavy Duty, Captains Chair, Patient Weight Capacity 301 To 450 Pounds | Day | Y | R-\$ 12.94 | 3 Months |
| | K0826 | Power Wheelchair, Group 2 Very Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds | Each | Y | P-\$ 5673.70 | 1/60 Months |
| | K0826 RR | Power Wheelchair, Group 2 Very Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds | Day | Y | R-\$ 18.30 | 3 Months |
| | K0827 | Power Wheelchair, Group 2 Very Heavy Duty, Captains Chair, Patient Weight Capacity 451 To 600 Pounds | Each | Y | P-\$ 48.24.50 | 1/60 Months |
| | K0827 RR | Power Wheelchair, Group 2 Very Heavy Duty, Captains Chair, Patient Weight Capacity 451 To 600 Pounds | Day | Y | R-\$ 15.56 | 3 Months |
| | K0828 | Power Wheelchair, Group 2 Extra Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 601 Pounds Or More | Each | Y | P-\$ 6251.90 | 1/60 Months |
| | K0828 RR | Power Wheelchair, Group 2 Extra Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 601 Pounds Or More | Day | Y | R-\$ 20.17 | 3 Months |
| | K0829 | Power Wheelchair, Group 2 Extra Heavy Duty, Captains Chair, Patient Weight Capacity 601 Pounds Or More | Each | Y | P-\$ 5741.00 | 1/60 Months |
| | K0829 RR | Power Wheelchair, Group 2 Extra Heavy Duty, Captains Chair, Patient Weight Capacity 601 Pounds Or More | Day | Y | R-\$ 18.52 | 3 Months |
| | K0830 | Power Wheelchair, Group 2 Standard, Seat Elevator, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds | Each | Y | P-\$ 3914.10 | 1/60 Months |
| | K0830 RR | Power Wheelchair, Group 2 Standard, Seat Elevator, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds | Day | Y | R-\$ 12.63 | 3 Months |
| | K0831 | Power Wheelchair, Group 2 Standard, Seat Elevator, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds | Each | Y | P-\$ 3914.10 | 1/60 Months |
| | K0831 RR | Power Wheelchair, Group 2 Standard, Seat Elevator, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds | Day | Y | R-\$ 12.63 | 3 Months |
| | K0835 | Power Wheelchair, Group 2 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds | Each | Y | P-\$ 3671.90 | 1/60 Months |
| | K0835 RR | Power Wheelchair, Group 2 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds | Day | Y | R-\$11.84 | 3 Months |
| | K0836 | Power Wheelchair, Group 2 Standard, Single Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds | Each | Y | P-\$ 3807.80 | 1/60 Months |
| | K0836 RR | Power Wheelchair, Group 2 Standard, Single Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds | Day | Y | R-\$ 12.28 | 3 Months |

MEDICAID DME AND SUPPLIES LISTING

| Wheelchairs and Accessories UCC = Bill Usual and Customary Charge IC = Individual Consideration | | | | | | |
|--|----------------|--|--------------|---------|---------------------|-------------|
| Old HCPCS Code | New HCPCS Code | Description | Billing Unit | PA Type | Fee | Limit |
| | K0837 | Power Wheelchair, Group 2 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds | Each | Y | P-\$ 4382.60 | 1/60 Months |
| | K0837 RR | Power Wheelchair, Group 2 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds | Day | Y | R-\$ 14.14 | 3 Months |
| | K0838 | Power Wheelchair, Group 2 Heavy Duty, Single Power Option, Captains Chair, Patient Weight Capacity 301 To 450 Pounds | Each | Y | P-\$ 3920.70 | 1/60 Months |
| | K0838 RR | Power Wheelchair, Group 2 Heavy Duty, Single Power Option, Captains Chair, Patient Weight Capacity 301 To 450 Pounds | Day | Y | R-\$ 12.65 | 3 Months |
| | K0839 | Power Wheelchair, Group 2 Very Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds | Each | Y | P-\$ 5673.70 | 1/60 Months |
| | K0839 RR | Power Wheelchair, Group 2 Very Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds | Day | Y | R-\$ 18.30 | 3 Months |
| | K0840 | Power Wheelchair, Group 2 Extra Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 601 Pounds Or More | Each | Y | P-\$ 8596.00 | 1/60 Months |
| | K0840 RR | Power Wheelchair, Group 2 Extra Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 601 Pounds Or More | Day | Y | R-\$ 27.73 | 3 Months |
| | K0841 | Power Wheelchair, Group 2 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds | Each | Y | P-\$ 3908.30 | 1/60 Months |
| | K0841 RR | Power Wheelchair, Group 2 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds | Day | Y | R-\$ 12.61 | 3 Months |
| | K0842 | Power Wheelchair, Group 2 Standard, Multiple Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds | Each | Y | P-\$ 3908.30 | 1/60 Months |
| | K0842 RR | Power Wheelchair, Group 2 Standard, Multiple Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds | Day | Y | R-\$ 12.61 | 3 Months |
| | K0843 | Power Wheelchair, Group 2 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds | Each | Y | P-\$ 4705.60 | 1/60 Months |
| | K0843 RR | Power Wheelchair, Group 2 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds | Day | Y | R-\$ 15.18 | 3 Months |
| | | Power Wheelchair Group 3 | | | | |
| | K0848 | Power Wheelchair, Group 3 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds | Each | Y | P-\$ 4782.40 | 1/60 Months |
| | K0848 RR | Power Wheelchair, Group 3 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds | Day | Y | R-\$ 15.43 | 3 Months |

MEDICAID DME AND SUPPLIES LISTING

| Wheelchairs and Accessories UCC = Bill Usual and Customary Charge IC = Individual Consideration | | | | | | |
|--|----------------|--|--------------|---------|---------------------|-------------|
| Old HCPCS Code | New HCPCS Code | Description | Billing Unit | PA Type | Fee | Limit |
| | K0849 | Power Wheelchair, Group 3 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds | Each | Y | P-\$ 4598.00 | 1/60 Months |
| | K0849 RR | Power Wheelchair, Group 3 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds | Day | Y | R-\$ 14.83 | 3 Months |
| | K0850 | Power Wheelchair, Group 3 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds | Each | Y | P-\$ 5547.50 | 1/60 Months |
| | K0850 RR | Power Wheelchair, Group 3 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds | Day | Y | R-\$ 17.90 | 3 Months |
| | K0851 | Power Wheelchair, Group 3 Heavy Duty, Captains Chair, Patient Weight Capacity 301 To 450 Pounds | Each | Y | P-\$ 5333.80 | 1/60 Months |
| | K0851 RR | Power Wheelchair, Group 3 Heavy Duty, Captains Chair, Patient Weight Capacity 301 To 450 Pounds | Day | Y | R-\$ 17.21 | 3 Months |
| | K0852 | Power Wheelchair, Group 3 Very Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds | Each | Y | P-\$ 6409.80 | 1/60 Months |
| | K0852 RR | Power Wheelchair, Group 3 Very Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds | Day | Y | R-\$ 20.68 | 3 Months |
| | K0853 | Power Wheelchair, Group 3 Very Heavy Duty, Captains Chair, Patient Weight Capacity, 451 To 600 Pounds | Each | Y | P-\$ 6584.40 | 1/60 Months |
| | K0853 RR | Power Wheelchair, Group 3 Very Heavy Duty, Captains Chair, Patient Weight Capacity, 451 To 600 Pounds | Day | Y | R-\$ 21.24 | 3 Months |
| | K0854 | Power Wheelchair, Group 3 Extra Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 601 Pounds Or More | Each | Y | P-\$ 8722.90 | 1/60 Months |
| | K0854 RR | Power Wheelchair, Group 3 Extra Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 601 Pounds Or More | Day | Y | R-\$ 28.14 | 3 Months |
| | K0855 | Power Wheelchair, Group 3 Extra Heavy Duty, Captains Chair, Patient Weight Capacity 601 Pounds Or More | Each | Y | P-\$ 8240.10 | 1/60 Months |
| | K0855 RR | Power Wheelchair, Group 3 Extra Heavy Duty, Captains Chair, Patient Weight Capacity 601 Pounds Or More | Day | Y | R-\$ 26.58 | 3 Months |
| | K0856 | Power Wheelchair, Group 3 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds | Each | Y | P-\$ 5133.40 | 1/60 Months |
| | K0856 RR | Power Wheelchair, Group 3 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds | Day | Y | R-\$ 16.56 | 3 Months |
| | K0857 | Power Wheelchair, Group 3 Standard, Single Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds | Each | Y | P-\$ 5236.30 | 1/60 Months |
| | K0857 RR | Power Wheelchair, Group 3 Standard, Single Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds | Day | Y | R-\$ 16.89 | 3 Months |

MEDICAID DME AND SUPPLIES LISTING

| Wheelchairs and Accessories UCC = Bill Usual and Customary Charge IC = Individual Consideration | | | | | | |
|--|----------------|--|--------------|---------|----------------------|-------------|
| Old HCPCS Code | New HCPCS Code | Description | Billing Unit | PA Type | Fee | Limit |
| | K0858 | Power Wheelchair, Group 3 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds | Each | Y | P-\$ 6369.00 | 1/60 Months |
| | K0858 RR | Power Wheelchair, Group 3 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds | Day | Y | R-\$ 20.55 | 3 Months |
| | K0859 | Power Wheelchair, Group 3 Heavy Duty, Single Power Option, Captains Chair, Patient Weight Capacity 301 To 450 Pounds | Each | Y | P-\$ 6074.10 | 1/60 Months |
| | K0859 RR | Power Wheelchair, Group 3 Heavy Duty, Single Power Option, Captains Chair, Patient Weight Capacity 301 To 450 Pounds | Day | Y | R-\$ 19.59 | 3 Months |
| | K0860 | Power Wheelchair, Group 3 Very Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds | Each | Y | P-\$ 9099.00 | 1/60 Months |
| | K0860 RR | Power Wheelchair, Group 3 Very Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds | Day | Y | R-\$ 29.35 | 3 Months |
| | K0861 | Power Wheelchair, Group 3 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds | Each | Y | P-\$ 5141.70 | 1/60 Months |
| | K0861 RR | Power Wheelchair, Group 3 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds | Day | Y | R-\$ 16.59 | 3 Months |
| | K0862 | Power Wheelchair, Group 3 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds | Each | Y | P-\$ 6369.00 | 1/60 Months |
| | K0862 RR | Power Wheelchair, Group 3 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds | Day | Y | R-\$ 20.55 | 3 Months |
| | K0863 | Power Wheelchair, Group 3 Very Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds | Each | Y | P-\$ 9099.00 | 1/60 Months |
| | K0863 RR | Power Wheelchair, Group 3 Very Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds | Day | Y | R-\$ 29.35 | 3 Months |
| | K0864 | Power Wheelchair, Group 3 Extra Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 601 Pounds Or More | Each | Y | P-\$ 10827.90 | 1/60 Months |
| | K0864 RR | Power Wheelchair, Group 3 Extra Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 601 Pounds Or More | Day | Y | R-\$ 34.93 | 3 Months |
| | | Power Wheelchair Group 4 | | | | |
| | K0868 | Power Wheelchair, Group 4 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds | Each | Y | P-\$ UCC | 1/60 Months |
| | K0868 RR | Power Wheelchair, Group 4 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds | Day | Y | R-\$ UCC | 3 Months |

MEDICAID DME AND SUPPLIES LISTING

| Wheelchairs and Accessories UCC = Bill Usual and Customary Charge IC = Individual Consideration | | | | | | |
|--|----------------|--|--------------|---------|----------|-------------|
| Old HCPCS Code | New HCPCS Code | Description | Billing Unit | PA Type | Fee | Limit |
| | K0869 | Power Wheelchair, Group 4 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds | Each | Y | P-\$ UCC | 1/60 Months |
| | K0869 RR | Power Wheelchair, Group 4 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds | Day | Y | R-\$ UCC | 3 Months |
| | K0870 | Power Wheelchair, Group 4 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds | Each | Y | P-\$ UCC | 1/60 Months |
| | K0870 RR | Power Wheelchair, Group 4 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds | Day | Y | R-\$ UCC | 3 Months |
| | K0871 | Power Wheelchair, Group 4 Very Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds | Each | Y | P-\$ UCC | 1/60 Months |
| | K0871 RR | Power Wheelchair, Group 4 Very Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds | Day | Y | R-\$ UCC | 3 Months |
| | K0877 | Power Wheelchair, Group 4 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds | Each | Y | P-\$ UCC | 1/60 Months |
| | K0877 RR | Power Wheelchair, Group 4 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds | Day | Y | R-\$ UCC | 3 Months |
| | K0878 | Power Wheelchair, Group 4 Standard, Single Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds | Each | Y | P-\$ UCC | 1/60 Months |
| | K0878 RR | Power Wheelchair, Group 4 Standard, Single Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds | Day | Y | R-\$ UCC | 3 Months |
| | K0879 | Power Wheelchair, Group 4 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds | Each | Y | P-\$ UCC | 1/60 Months |

MEDICAID DME AND SUPPLIES LISTING

| Wheelchairs and Accessories UCC = Bill Usual and Customary Charge IC = Individual Consideration | | | | | | |
|--|----------------|---|--------------|---------|----------|-------------|
| Old HCPCS Code | New HCPCS Code | Description | Billing Unit | PA Type | Fee | Limit |
| | K0879 RR | Power Wheelchair, Group 4 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds | Day | Y | R-\$ UCC | 3 Months |
| | K0880 | Power Wheelchair, Group 4 Very Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight 451 To 600 Pounds | Each | Y | P-\$ UCC | 1/60 Months |
| | K0880 RR | Power Wheelchair, Group 4 Very Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight 451 To 600 Pounds | Day | Y | R-\$ UCC | 3 Months |
| | K0884 | Power Wheelchair, Group 4 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds | Each | Y | P-\$ UCC | 1/60 Months |
| | K0884 RR | Power Wheelchair, Group 4 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds | Day | Y | R-\$ UCC | 3 Months |
| | K0885 | Power Wheelchair, Group 4 Standard, Multiple Power Option, Captains Chair, Weight Capacity Up To And Including 300 Pounds | Each | Y | P-\$ UCC | 1/60 Months |
| | K0885 RR | Power Wheelchair, Group 4 Standard, Multiple Power Option, Captains Chair, Weight Capacity Up To And Including 300 Pounds | Day | Y | R-\$ UCC | 3 Months |
| | K0886 | Power Wheelchair, Group 4 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds | Each | Y | P-\$ UCC | 1/60 Months |
| | K0886 RR | Power Wheelchair, Group 4 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds | Day | Y | R-\$ UCC | 3 Months |
| | | Power Wheelchair Group 5 | | Y | | |
| | K0890 | Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 125 Pounds | Each | Y | P-\$ UCC | 1/60 Months |
| | K0890 RR | Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 125 Pounds | Day | Y | R-\$ UCC | 3 Months |
| | K0891 | Power Wheelchair, Group 5 Pediatric, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 125 Pounds | Each | Y | P-\$ UCC | 1/60 Months |
| | K0891 RR | Power Wheelchair, Group 5 Pediatric, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 125 Pounds | Day | Y | R-\$ UCC | 3 Months |

MEDICAID DME AND SUPPLIES LISTING

| Wheelchairs and Accessories UCC = Bill Usual and Customary Charge IC = Individual Consideration | | | | | | |
|--|----------------|--|--------------|---------|-------------|-------------|
| Old HCPCS Code | New HCPCS Code | Description | Billing Unit | PA Type | Fee | Limit |
| Misc. Parts | | | | | | |
| Z7729 | E1399 | Medical Stroller Type Mobility Device. | Each | Y | P-\$ I.C. | 1/36 Months |
| Z4212 | E1399 | Chest Strap | Each | Y | P-\$ 33.43 | 1/12 Months |
| Z4214 | E1399 | Cushion Cover (Incontinence Cover) | Each | Y | P-\$ 34.38 | 2/12 Months |
| Z7703 | E1399 | Custom Seat And/Or Back For Wheelchair | Each | Y | P-\$ I.C. | 1/36 Months |
| Z4209 | E1399 | Custom Seat Insert (Manufactured Specifically Per Patient Order) (have codes designated by cushion height) | Each | Y | P-\$ I.C. | 1/36 Months |
| Z7728 | E1399 | Custom, Complex, 3 Piece Occipital Head Rest With Hardware. | Each | Y | P-\$ I.C. | 1/36 Months |
| Z7724 | E1399 | Extra-Large (Greater Than 18 Wide Or 18 Deep) Low Pressure And Positioning Cushion. | Each | Y | P-\$ I.C. | 1/36 Months |
| Z7710 | E1399 | Fluid Supplement Pads | Each | Y | P-\$ I.C. | I.C. |
| Z7705 | E1399 | Hardware For Custom Seat And/Or Back | Each | Y | P-\$ I.C. | 1/36 Months |
| Z7726 | E1399 | Leg Trough | Each | Y | P-\$ I.C. | 2/36 Months |
| Z7730 | E1399 | Misc. Part Or Component For Use With Medical Stroller. | Each | Y | P-\$ I.C. | I.C. |
| Z4210 | E1399 | Shoe Holders | Each | Y | P-\$ 57.03 | 2/36 Months |
| Z7716; Z7717; Z7720; Z7721; Z7727 | E1399 | Special/Miscellaneous Hardware or Component For Power or Manual Wheelchair Not Otherwise Specified. | Each | Y | P-\$ I.C. | I.C. |
| Z7718 | E1399 | Standby Switch For Use With Specially Controlled Power Mobility Device. | Each | Y | P-\$ I.C. | 1/60 Months |
| Z4099 | E1399 | Subasis Bar (Swing Away Or Stationary) | Each | Y | P-\$ 251.42 | 1/60 Months |
| Z7706 | E1399 | Thoracic Pads With Hardware | Each | Y | P-\$ I.C. | 2/36 Months |
| Z7722 | E1399 | Wheelchair Mount For Communication Device | Each | Y | P-\$ I.C. | 1/36 Months |
| Changes | | | | | | |
| Fee Changes noted in bold and effective 2/1/09. | | | | | | |
| | | | | | | |
| | | | | | | |