Single Payment Amounts

Enteral Nutrients, Equipment and Supplies

Charlotte-Gastonia-Rock Hill, NC-SC	2
Cincinnati-Middletown, OH-KY-IN	4
Cleveland-Elyria-Mentor, OH	6
Dallas-Fort Worth-Arlington, TX	8
Kansas City, MO-KS	10
Miami-Fort Lauderdale-Pompano Beach, FL	12
Orlando-Kissimmee-Sanford, FL	14
Pittsburgh, PA	16
Riverside-San Bernardino-Ontario. CA	18





	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.33
Charlotte-Gastonia-Rock Hill, NC-SC	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$6.28
Charlotte-Gastonia-Rock Hill, NC-SC	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.61
Charlotte-Gastonia-Rock Hill, NC-SC	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.93
Charlotte-Gastonia-Rock Hill, NC-SC	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.69
Charlotte-Gastonia-Rock Hill, NC-SC	B4083	STOMACH TUBE - LEVINE TYPE				\$1.72
Charlotte-Gastonia-Rock Hill, NC-SC	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$26.01
Charlotte-Gastonia-Rock Hill, NC-SC	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$28.16
Charlotte-Gastonia-Rock Hill, NC-SC	B4149	ENTERAL FORMULA, MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$1.01
Charlotte-Gastonia-Rock Hill, NC-SC	B4150	ENTERAL FORMULA, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT ENTERAL FORMULA, NUTRITIONALLY COMPLETE, CALORICALLY DENSE (EQUAL TO OR GREATER THAN 1. 5 KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH				\$0.41
Charlotte-Gastonia-Rock Hill, NC-SC Charlotte-Gastonia-Rock Hill, NC-SC	B4152	AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT ENTERAL FORMULA, NUTRITIONALLY COMPLETE, HYDROLYZED PROTEINS (AMINO ACIDS AND PEPTIDE CHAIN), INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$0.33 \$1.23

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
		ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS, EXCLUDES				
		INHERITED DISEASE OF METABOLISM, INCLUDES ALTERED COMPOSITION OF PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND/OR MINERALS, MAY INCLUDE FIBER, ADMINISTERED				
Charlotte-Gastonia-Rock Hill, NC-SC	B4154	THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$0.74
Gridriotte Gastoriia Rock Filli, No Ge	D-110-1	ENTERAL FORMULA, NUTRITIONALLY INCOMPLETE/MODULAR NUTRIENTS, INCLUDES SPECIFIC				ΨΟ.Τ.Ψ
		NUTRIENTS, CARBOHYDRATES (E. G. GLUCOSE POLYMERS), PROTEINS/AMINO ACIDS (E. G.				
		GLUTAMINE, ARGININE), FAT (E. G. MEDIUM CHAIN TRIGLYCERIDES) OR COMBINATION,				
Charlotte-Gastonia-Rock Hill, NC-SC	B4155	ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$0.70
Charlotte-Gastonia-Rock Hill, NC-SC	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$36.48
						700.10
Charlotte-Gastonia-Rock Hill, NC-SC	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$729.63
Charlotte-Gastonia-Rock Hill, NC-SC	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$72.96
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		THE ALL MUTERITION IN THE ISSUED IN THE ISSU				AT 1 T A
Charlotte-Gastonia-Rock Hill, NC-SC	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$547.22
Charlotte-Gastonia-Rock Hill, NC-SC	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$34.43
Charlotte-Gastonia-Rock Hill, NC-SC	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$688.50
Chanotte-Gastonia-Nock Hill, NC-SC	D3002	ENTERNAL NOTITION IN OSIGN FOR	NO			φυσο.50
Charlotte-Gastonia-Rock Hill, NC-SC	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$68.85
Charlotte-Gastonia-Rock Hill, NC-SC	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$516.38
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	E0770	W POLE	 .	D.4		000.00
Charlotte-Gastonia-Rock Hill, NC-SC	E0776	IV POLE	NU	BA	KG	\$60.68
Charlotte-Gastonia-Rock Hill, NC-SC	E0776	IV POLE	RR	BA	KG	\$6.07

CDA Nama	HCPCS	LICECC Code Decembrish	Madifian 4	Madifia: 0	Madifian 2	SPA
CBA Name	Code	HCPCS Code Description	woamer 1	Modifier 2	woamer 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	E0776	IV POLE	UE	BA	KG	\$45.51
		ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO				
Cincinnati-Middletown, OH-KY-IN	B4034	FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.10
		ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO				
Cincinnati-Middletown, OH-KY-IN	B4035	FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$5.55
Cincinnati-Middletown, OH-KY-IN	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.37
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Cincinnati-Middletown, OH-KY-IN	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.32
Cincinnati-Middletown, OH-KY-IN	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.84
Cincinnati-Middletown, OH-KY-IN	B4083	STOMACH TUBE - LEVINE TYPE				\$1.56
	2.000					V
Cincinnati-Middletown, OH-KY-IN	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$26.34
Cincinnati-Middletown, OH-KY-IN	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$29.22
		ENTERAL FORMULA, MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT				
Cincinnati-Middletown, OH-KY-IN	B4149	NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$1.01
						7
		ENTERAL FORMULA, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER,				
Cincinnati-Middletown, OH-KY-IN	B4150	ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$0.40
		ENTERAL FORMULA, NUTRITIONALLY COMPLETE, CALORICALLY DENSE (EQUAL TO OR GREATER THAN 1. 5 KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS,				
		CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH				
Cincinnati-Middletown, OH-KY-IN	B4152	AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$0.32

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
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		ENTERAL FORMULA, NUTRITIONALLY COMPLETE, HYDROLYZED PROTEINS (AMINO ACIDS AND				
Cincinnati Middletown Old IXV IN	D4450	PEPTIDE CHAIN), INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE				¢4 22
Cincinnati-Middletown, OH-KY-IN	B4153	FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS, EXCLUDES				\$1.33
		INHERITED DISEASE OF METABOLISM, INCLUDES ALTERED COMPOSITION OF PROTEINS, FATS,				
		CARBOHYDRATES, VITAMINS AND/OR MINERALS, MAY INCLUDE FIBER, ADMINISTERED				
Cincinnati-Middletown, OH-KY-IN	B4154	THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$0.71
		ENTERAL FORMULA, NUTRITIONALLY INCOMPLETE/MODULAR NUTRIENTS, INCLUDES SPECIFIC NUTRIENTS, CARBOHYDRATES (E. G. GLUCOSE POLYMERS), PROTEINS/AMINO ACIDS (E. G.				
		GLUTAMINE, ARGININE), FAT (E. G. MEDIUM CHAIN TRIGLYCERIDES) OR COMBINATION,				
Cincinnati-Middletown, OH-KY-IN	B4155	ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$0.66
Cincinnati-Middletown, OH-KY-IN	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$33.44
Cincinnati-Middletown, OH-KY-IN	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$668.83
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Cincinnati-Middletown, OH-KY-IN	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$66.88
Ontonina madicioni, orritri it	50000	ZIVIZIVIZIVIZIVINI GGIGITI GIIII WITTIGGI AZIVINI	1111			ψ00.00
Cincinnati-Middletown, OH-KY-IN	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$501.62
Circinnati-Middletown, On-Kit-IN	ралоп	ENTERAL NUTRITION INFOSION POINT - WITHOUT ALARM	UE			\$301.62
	D					***
Cincinnati-Middletown, OH-KY-IN	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$31.65
Cincinnati-Middletown, OH-KY-IN	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$633.00
Cincinnati-Middletown, OH-KY-IN	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$63.30
Cincinnati-Middletown, OH-KY-IN	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$474.75
Cincinnati-Middletown, OH-KY-IN	E0776	IV POLE	NU	ВА	KG	\$49.06

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cincinnati-Middletown, OH-KY-IN	E0776	IV POLE	RR	ВА	KG	\$4.91
Cincinnati-Middletown, OH-KY-IN	E0776	IV POLE	UE	ВА	KG	\$36.80
Cleveland-Elyria-Mentor, OH	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.14
Cleveland-Elyria-Mentor, OH	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$5.60
Cleveland-Elyria-Mentor, OH	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.28
Cleveland-Elyria-Mentor, OH	B4081	NASOGASTRIC TUBING WITH STYLET				\$15.40
Cleveland-Elyria-Mentor, OH	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$12.28
Cleveland-Elyria-Mentor, OH	B4083	STOMACH TUBE - LEVINE TYPE				\$1.64
Cleveland-Elyria-Mentor, OH	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$25.86
Cleveland-Elyria-Mentor, OH	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$29.36
		ENTERAL FORMULA, MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY				
Cleveland-Elyria-Mentor, OH	B4149	INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$1.06
		ENTERAL FORMULA, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER,				
Cleveland-Elyria-Mentor, OH	B4150	ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$0.40

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
		ENTERAL FORMULA, NUTRITIONALLY COMPLETE, CALORICALLY DENSE (EQUAL TO OR				
		GREATER THAN 1. 5 KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS,				
Olaveland Ehmis Mantan Oll	D 4450	CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH				60.00
Cleveland-Elyria-Mentor, OH	B4152	AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$0.32
		ENTERAL FORMULA, NUTRITIONALLY COMPLETE, HYDROLYZED PROTEINS (AMINO ACIDS AND				
		PEPTIDE CHAIN), INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE				
Cleveland-Elyria-Mentor, OH	B4153	FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$1.33
Cievelana Elyna memer, en	200	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS, EXCLUDES				V 1100
		INHERITED DISEASE OF METABOLISM, INCLUDES ALTERED COMPOSITION OF PROTEINS, FATS,				
		CARBOHYDRATES, VITAMINS AND/OR MINERALS, MAY INCLUDE FIBER, ADMINISTERED				
Cleveland-Elyria-Mentor, OH	B4154	THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$0.72
		ENTERAL FORMULA, NUTRITIONALLY INCOMPLETE/MODULAR NUTRIENTS, INCLUDES SPECIFIC				
		NUTRIENTS, CARBOHYDRATES (E. G. GLUCOSE POLYMERS), PROTEINS/AMINO ACIDS (E. G.				
		GLUTAMINE, ARGININE), FAT (E. G. MEDIUM CHAIN TRIGLYCERIDES) OR COMBINATION,				
Cleveland-Elyria-Mentor, OH	B4155	ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$0.68
01 1 151 1 14 1 011	Dagge	ENTER AL AUSTRICA UNE LOCAL BUILD. MUTUOLIT ALABA				405.50
Cleveland-Elyria-Mentor, OH	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$35.56
Cleveland-Elyria-Mentor, OH	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$711.19
Clovolaria Liyria Moritor, Cri	20000	ENTERONE NOTION OF THE PARTY OF	110			\$7.1110
Cleveland-Elyria-Mentor, OH	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$71.12
Cleveland-Elyria-Mentor, OH	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$533.39
Cleveland-Elyria-Mentor, OH	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$31.47
Olevelarid-Liyria-ivieritor, Orr	D3002	ENTERAL NOTATION IN COLON COM - WITH ALAKWI	IVIO			Ψ51.47
Cleveland-Elyria-Mentor, OH	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$629.40
Cleveland-Elyria-Mentor, OH	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$62.94
Cleveland-Elyria-Mentor, OH	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$472.05
Cievelanu-Elyna-Mentor, Off	D3002	LINIENAL NOTATION INFOSION FOWER - WITH ALAKWI	UE			⊅47∠. U3

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
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Cleveland-Elyria-Mentor, OH	E0776	IV POLE	NU	BA	KG	\$54.10
Cleveland-Elyria-Mentor, OH	E0776	IV POLE	RR	ВА	KG	\$5.41
Cleveland-Elyria-Mentor, OH	E0776	IV POLE	UE	ВА	KG	\$40.58
Dallas-Fort Worth-Arlington, TX	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.00
Dallas-Fort Worth-Arlington, TX	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$5.50
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Dallas-Fort Worth-Arlington, TX	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.14
Dallas-Fort Worth-Arlington, TX	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.70
Dollar Fort Worth Adipates TV	D.4000	NACOCACTRIC TURING WITHOUT CTVI FT				£40.20
Dallas-Fort Worth-Arlington, TX	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.38
Dallas-Fort Worth-Arlington, TX	B4083	STOMACH TUBE - LEVINE TYPE				\$1.79
Dallas-Fort Worth-Arlington, TX	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$26.42
Dallas-Fort Worth-Arlington, TX	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$29.00
Dellas Fast Wastle & F. C. TV	D44.40	ENTERAL FORMULA, MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY				64.61
Dallas-Fort Worth-Arlington, TX	B4149	INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$1.01

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
		ENTERAL FORMULA, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER,				
Dallas-Fort Worth-Arlington, TX	B4150	ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$0.39
		ENTERAL FORMULA, NUTRITIONALLY COMPLETE, CALORICALLY DENSE (EQUAL TO OR				
		GREATER THAN 1. 5 KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH				
Dallas-Fort Worth-Arlington, TX	B4152	AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$0.32
		ENTERAL FORMULA, NUTRITIONALLY COMPLETE, HYDROLYZED PROTEINS (AMINO ACIDS AND PEPTIDE CHAIN), INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE				
Dallas-Fort Worth-Arlington, TX	B4153	FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$1.34
5 ,		ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS, EXCLUDES				
		INHERITED DISEASE OF METABOLISM, INCLUDES ALTERED COMPOSITION OF PROTEINS, FATS, CARBOHYDRATES. VITAMINS AND/OR MINERALS. MAY INCLUDE FIBER. ADMINISTERED				
Dallas-Fort Worth-Arlington, TX	B4154	THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$0.72
5 /		ENTERAL FORMULA, NUTRITIONALLY INCOMPLETE/MODULAR NUTRIENTS, INCLUDES SPECIFIC				
		NUTRIENTS, CARBOHYDRATES (E. G. GLUCOSE POLYMERS), PROTEINS/AMINO ACIDS (E. G. GLUTAMINE, ARGININE). FAT (E. G. MEDIUM CHAIN TRIGLYCERIDES) OR COMBINATION.				
Dallas-Fort Worth-Arlington, TX	B4155	ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$0.70
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Dallas-Fort Worth-Arlington, TX	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$36.12
3,4,						• • • •
Dallas-Fort Worth-Arlington, TX	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$722.40
gar ,						•
Dallas-Fort Worth-Arlington, TX	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$72.24
						V
Dallas-Fort Worth-Arlington, TX	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$541.80
5 /						
Dallas-Fort Worth-Arlington, TX	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$30.67
3,44						• • • • •
Dallas-Fort Worth-Arlington, TX	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$613.32
3,						
Dallas-Fort Worth-Arlington, TX	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$61.33
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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
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Dallas-Fort Worth-Arlington, TX	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$459.99
Dallas-Fort Worth-Arlington, TX	E0776	IV POLE	NU	BA	KG	\$50.57
Dallas-Fort Worth-Arlington, TX	E0776	IV POLE	RR	ВА	KG	\$5.06
Dallas-1 of Worth-Armington, 17	20770	IV I OLL	IXIX	DA .	NO	ψ3.00
Dallas-Fort Worth-Arlington, TX	E0776	IV POLE	UE	BA	KG	\$37.93
		ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO				
Kansas City, MO-KS	B4034	FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.09
Kansas City, MO-KS	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$5.86
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		ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO				
Kansas City, MO-KS	B4036	FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.50
Kansas City, MO-KS	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.51
Kansas City, MO-KS	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.56
Kanaga City, MO KC	D 4000	CTOMACH TURE LEVINE TYPE				¢4 50
Kansas City, MO-KS	B4083	STOMACH TUBE - LEVINE TYPE				\$1.56
Kansas City, MO-KS	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$25.40
Kansas City, MO-KS	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$27.88

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
		ENTERAL FORMULA, MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT				
l/ 0" NO 1/0	D 44 40	NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY				04.04
Kansas City, MO-KS	B4149	INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$1.01
		ENTERAL FORMULA, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES				
		PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER,				
Kansas City, MO-KS	B4150	ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$0.40
raneas say, me re	200	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, CALORICALLY DENSE (EQUAL TO OR				400
		GREATER THAN 1. 5 KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS,				
		CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH				
Kansas City, MO-KS	B4152	AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$0.33
		ENTERAL FORMULA, NUTRITIONALLY COMPLETE, HYDROLYZED PROTEINS (AMINO ACIDS AND				
		PEPTIDE CHAIN), INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE				
Kansas City, MO-KS	B4153	FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$1.31
		ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS, EXCLUDES				
		INHERITED DISEASE OF METABOLISM, INCLUDES ALTERED COMPOSITION OF PROTEINS, FATS,				
		CARBOHYDRATES, VITAMINS AND/OR MINERALS, MAY INCLUDE FIBER, ADMINISTERED				
Kansas City, MO-KS	B4154	THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$0.73
		ENTERAL FORMULA, NUTRITIONALLY INCOMPLETE/MODULAR NUTRIENTS, INCLUDES SPECIFIC				
		NUTRIENTS, CARBOHYDRATES (E. G. GLUCOSE POLYMERS), PROTEINS/AMINO ACIDS (E. G.				
Kansas City, MO-KS	B4155	GLUTAMINE, ARGININE), FAT (E. G. MEDIUM CHAIN TRIGLYCERIDES) OR COMBINATION, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$0.68
Railsas City, MO-RS	D4100	ADMINISTERED THROUGH AN ENTERAL FEEDING TOBE, 100 CALORIES = 1 ONT				Ф 0.00
Kansas City, MO-KS	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$34.98
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Kansas City, MO-KS	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$699.58
Kanana Otto MO KO	Doooo	ENTER AL AUSTRITION INCLINION DUMP. INSTITUCIOTA ALARM	DD			***
Kansas City, MO-KS	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$69.96
Kansas City, MO-KS	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$524.69
rtanious suy, me rte	20000		-			V 0200
Kansas City, MO-KS	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$33.72
1, 0, 1,0,1,0		ENTER AL MUTRITION INVENTION RIVER INVENTION ARM				^
Kansas City, MO-KS	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$674.42

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Kansas City, MO-KS	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$67.44
Kansas City, MO-KS	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$505.82
Kanaga City MO KS	E0776	IV POLE	NU	BA	KG	\$54.10
Kansas City, MO-KS	E0776	IV POLE	NO	DA	NG	\$ 54.10
Kansas City, MO-KS	E0776	IV POLE	RR	ВА	KG	\$5.41

Kansas City, MO-KS	E0776	IV POLE	UE	ВА	KG	\$40.58
Miami-Fort Lauderdale-Pompano		ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO				
Beach, FL	B4034	FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.25
Miami-Fort Lauderdale-Pompano		ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO				
Beach, FL	B4035	FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$6.50
Miami-Fort Lauderdale-Pompano Beach, FL	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.67
Deadil, 1 L	D-1030	T LEDINOT EGOTING STRINGE, ADMINISTRATION SET TODING, DRESSINGS, TAI E				Ψ4.07
Microi Fort Loudordolo Domonos						
Miami-Fort Lauderdale-Pompano Beach, FL	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.69
Miami-Fort Lauderdale-Pompano						
Beach, FL	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.78
Miami-Fort Lauderdale-Pompano						
Beach, FL	B4083	STOMACH TUBE - LEVINE TYPE				\$1.61
Miami-Fort Lauderdale-Pompano Beach, FL	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$24.77
DEAUI, FL	D4001	GASTINGSTOMIT/JESUNGSTOMIT TOBE, STANDARD, ANT MATERIAL, ANT TITE, EACH				ΨZ4. //

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CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-Pompano						
Beach, FL	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$24.77
Miami-Fort Lauderdale-Pompano		ENTERAL FORMULA, MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY				
Beach. FL	B4149	INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$1.04
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		ENTERAL FORMULA, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES				
Miami-Fort Lauderdale-Pompano	D4450	PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER,				¢0.40
Beach, FL	B4150	ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT ENTERAL FORMULA, NUTRITIONALLY COMPLETE, CALORICALLY DENSE (EQUAL TO OR				\$0.42
		GREATER THAN 1. 5 KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS,				
Miami-Fort Lauderdale-Pompano		CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH				
Beach, FL	B4152	AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$0.35
		ENTERAL FORMULA, NUTRITIONALLY COMPLETE, HYDROLYZED PROTEINS (AMINO ACIDS AND				
Miami-Fort Lauderdale-Pompano		PEPTIDE CHAIN), INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE				
Beach, FL	B4153	FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$1.32
		ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS, EXCLUDES				
		INHERITED DISEASE OF METABOLISM, INCLUDES ALTERED COMPOSITION OF PROTEINS, FATS,				
Miami-Fort Lauderdale-Pompano Beach, FL	B4154	CARBOHYDRATES, VITAMINS AND/OR MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$0.75
Dodon, i E	21101	ENTERAL FORMULA, NUTRITIONALLY INCOMPLETE/MODULAR NUTRIENTS, INCLUDES SPECIFIC				ψοιτο
		NUTRIENTS, CARBOHYDRATES (E. G. GLUCOSE POLYMERS), PROTEINS/AMINO ACIDS (E. G.				
Miami-Fort Lauderdale-Pompano	D	GLUTAMINE, ARGININE), FAT (E. G. MEDIUM CHAIN TRIGLYCERIDES) OR COMBINATION,				
Beach, FL	B4155	ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$0.66
Miami-Fort Lauderdale-Pompano						
Beach, FL	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$36.85
Miami-Fort Lauderdale-Pompano						
Beach, FL	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$737.00
Miomi Fort Loudordala Damas -						
Miami-Fort Lauderdale-Pompano Beach, FL	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$73.70
						Ţ. O.I. O
Miami-Fort Lauderdale-Pompano	Docco	ENTERAL MUTRITION INFLICION DUMP. WITHOUT ALARM	ur			¢550.75
Beach, FL	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$552.75
Miami-Fort Lauderdale-Pompano						
Beach, FL	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$35.01

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-Pompano						
Beach, FL	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$700.15
Miami-Fort Lauderdale-Pompano	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$70.02
Beach, FL	D9002	ENTERAL NOTRITION INFOSION FOMP - WITH ALARM	KK			\$10.02
Minusi Fant Landardala Barrara						
Miami-Fort Lauderdale-Pompano Beach, FL	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$525.11
Miami-Fort Lauderdale-Pompano						
Beach, FL	E0776	IV POLE	NU	BA	KG	\$58.71
Miami-Fort Lauderdale-Pompano						
Beach, FL	E0776	IV POLE	RR	BA	KG	\$5.87
Miami-Fort Lauderdale-Pompano Beach, FL	E0776	IV POLE	UE	BA	KG	\$44.03
Deach, 1 L	Lorro	IV I OLL	OL.	DA	NO	Ψ-1-03
		ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO				
Orlando-Kissimmee-Sanford, FL	B4034	FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.20
		ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO				
Orlando-Kissimmee-Sanford, FL	B4035	FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$6.01
		ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO				
Orlando-Kissimmee-Sanford, FL	B4036	FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.65
Orlando-Kissimmee-Sanford, FL	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.70
	2.00.					7
Orlando-Kissimmee-Sanford, FL	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.84
Orlando-Kissimmee-Sanford, FL	B4083	STOMACH TUBE - LEVINE TYPE				\$1.60

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orlando-Kissimmee-Sanford, FL	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$24.99
Orlando-Kissimmee-Sanford, FL	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$26.36
		ENTERAL FORMULA, MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT				
	D	NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY				
Orlando-Kissimmee-Sanford, FL	B4149	INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$1.02
		ENTERAL FORMULA, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES				
Orlando-Kissimmee-Sanford, FL	B4150	PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$0.41
Ollando-Rissimmee-Samord, FL	D4130	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, CALORICALLY DENSE (EQUAL TO OR				\$0.41
		GREATER THAN 1. 5 KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS,				
Orlando-Kissimmee-Sanford, FL	B4152	CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE. 100 CALORIES = 1 UNIT				\$0.34
Chando-Rissimmee-Gamora, FE	D4132	AN ENTERAL I LEDING TODE, 100 GALONIEG - I GNIT				Ψ0.54
		ENTERAL FORMULA, NUTRITIONALLY COMPLETE, HYDROLYZED PROTEINS (AMINO ACIDS AND				
Orlando-Kissimmee-Sanford, FL	B4153	PEPTIDE CHAIN), INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$1.32
,		ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS, EXCLUDES				• •
		INHERITED DISEASE OF METABOLISM, INCLUDES ALTERED COMPOSITION OF PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND/OR MINERALS, MAY INCLUDE FIBER, ADMINISTERED				
Orlando-Kissimmee-Sanford, FL	B4154	THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$0.75
		ENTERAL FORMULA, NUTRITIONALLY INCOMPLETE/MODULAR NUTRIENTS, INCLUDES SPECIFIC				
		NUTRIENTS, CARBOHYDRATES (E. G. GLUCOSE POLYMERS), PROTEINS/AMINO ACIDS (E. G. GLUTAMINE, ARGININE), FAT (E. G. MEDIUM CHAIN TRIGLYCERIDES) OR COMBINATION,				
Orlando-Kissimmee-Sanford, FL	B4155	ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$0.67
Orlando-Kissimmee-Sanford, FL	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$36.80
Orlando-Kissimmee-Sanford, FL	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$736.00
Orlanda Kissimona - Of 51	Docco	ENTER AL MUTRITION INFLICION DUMP. INITUOLIT ALARM	DD			670.00
Orlando-Kissimmee-Sanford, FL	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$73.60
Orlando-Kissimmee-Sanford, FL	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$552.00
C	20000					\$55£.00

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orlando-Kissimmee-Sanford, FL	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$33.44
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Orlando-Kissimmee-Sanford, FL	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$668.83
Orlanda Kissimmas Conford El	Dooos	ENTER AL MUTRITION INICIONARIAM MATTILALARM	RR			tee oo
Orlando-Kissimmee-Sanford, FL	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	KK			\$66.88
Orlando-Kissimmee-Sanford, FL	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$501.62
Orlando-Kissimmee-Sanford, FL	E0776	IV POLE	NU	BA	KG	\$57.70
Orlando-Kissimmee-Sanford, FL	E0776	IV POLE	RR	ВА	KG	\$5.77
Orlando-Kissimmee-Sanford, FL	E0776	IV POLE	UE	BA	KG	\$43.28
Pittsburgh, PA	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.03
		ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO				
Pittsburgh, PA	B4035	FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$5.55
Pittsburgh, PA	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.37
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Pittsburgh, PA	B4081	NASOGASTRIC TUBING WITH STYLET				\$15.00
Pittsburgh, PA	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$12.47
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	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	B4083	STOMACH TUBE - LEVINE TYPE				\$1.62
Pittsburgh, PA	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$25.45
Pittsburgh, PA	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$29.22
Pittsburgh, PA	B4149	ENTERAL FORMULA, MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$1.06
		ENTERAL FORMULA, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER,				
Pittsburgh, PA	B4150	ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT ENTERAL FORMULA, NUTRITIONALLY COMPLETE, CALORICALLY DENSE (EQUAL TO OR				\$0.40
Pittsburgh, PA	B4152	GREATER THAN 1. 5 KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$0.33
Pittsburgh, PA	B4153	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, HYDROLYZED PROTEINS (AMINO ACIDS AND PEPTIDE CHAIN), INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$1.33
	D4454	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS, EXCLUDES INHERITED DISEASE OF METABOLISM, INCLUDES ALTERED COMPOSITION OF PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND/OR MINERALS, MAY INCLUDE FIBER, ADMINISTERED				
Pittsburgh, PA	B4154	THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT ENTERAL FORMULA, NUTRITIONALLY INCOMPLETE/MODULAR NUTRIENTS, INCLUDES SPECIFIC NUTRIENTS, CARBOHYDRATES (E. G. GLUCOSE POLYMERS), PROTEINS/AMINO ACIDS (E. G. GLUTAMINE, ARGININE), FAT (E. G. MEDIUM CHAIN TRIGLYCERIDES) OR COMBINATION,				\$0.72
Pittsburgh, PA	B4155	ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$0.68
Pittsburgh, PA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$34.43
Pittsburgh, PA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$688.50
Pittsburgh, PA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$68.85

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$516.38
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Pittsburgh, PA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$31.32
Pittsburgh, PA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$626.46
Pittsburgh, PA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$62.65
Pittsburgh, PA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$469.85
Pittsburgh, PA	E0776	IV POLE	NU	ВА	KG	\$50.57
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Pittsburgh, PA	E0776	IV POLE	RR	BA	KG	\$5.06
Pittsburgh, PA	E0776	IV POLE	UE	BA	KG	\$37.93
		ENTER AL FEFRING CURRI VIVIT. OVERNOF FER DER DAY INCLURES BUT NOT LIMITED TO				
Riverside-San Bernardino-Ontario, CA	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.00
Riverside-San Bernardino-Ontario, CA	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$5.27
Riverside-San Bernardino-Ontario, CA	P4026	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.03
niverside-San Demardino-Ontano, CA	D4U30	FEEDING/FLOSTIING STRINGE, ADMINISTRATION SET TODING, DRESSINGS, TAPE				ֆ4. 03
Riverside-San Bernardino-Ontario, CA	B4081	NASOGASTRIC TUBING WITH STYLET				\$15.00

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CBA Name	Code	HCPCS Code Description	Woaltier 1	Modifier 2	Modifier 3	SPA
Riverside-San Bernardino-Ontario, CA	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.80
Riverside-San Bernardino-Ontario, CA	B4083	STOMACH TUBE - LEVINE TYPE				\$1.64
Riverside-San Bernardino-Ontario, CA	D4007	CASTROSTOMY/IE ILINOSTOMY TURE STANDARD ANY MATERIAL ANY TYPE EACH				\$26.49
Riverside-Sair Bernardino-Offiano, CA	D4U07	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$20.49
Riverside-San Bernardino-Ontario, CA	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$30.58
		ENTERAL FORMULA, MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT				
		NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY				
Riverside-San Bernardino-Ontario, CA	B4149	INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$1.06
		ENTERAL FORMULA, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES				
Riverside-San Bernardino-Ontario, CA	B4150	PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$0.39
Turbina Can Domaiano Cinano, Cr	200	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, CALORICALLY DENSE (EQUAL TO OR				40.00
		GREATER THAN 1. 5 KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH				
Riverside-San Bernardino-Ontario, CA	B4152	AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$0.32
		ENTERAL FORMULA, NUTRITIONALLY COMPLETE, HYDROLYZED PROTEINS (AMINO ACIDS AND				
	5.4450	PEPTIDE CHAIN), INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE				
Riverside-San Bernardino-Ontario, CA	B4153	FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS, EXCLUDES				\$1.43
		INHERITED DISEASE OF METABOLISM, INCLUDES ALTERED COMPOSITION OF PROTEINS, FATS,				
Riverside-San Bernardino-Ontario, CA	B4154	CARBOHYDRATES, VITAMINS AND/OR MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$0.66
		ENTERAL FORMULA, NUTRITIONALLY INCOMPLETE/MODULAR NUTRIENTS, INCLUDES SPECIFIC NUTRIENTS, CARBOHYDRATES (E. G. GLUCOSE POLYMERS), PROTEINS/AMINO ACIDS (E. G.				
		GLUTAMINE, ARGININE), FAT (E. G. MEDIUM CHAIN TRIGLYCERIDES) OR COMBINATION,				
Riverside-San Bernardino-Ontario, CA	B4155	ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$0.72
Riverside-San Bernardino-Ontario, CA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$32.00
	30000					Ţ52.30
Riverside-San Bernardino-Ontario, CA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$640.00

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Riverside-San Bernardino-Ontario, CA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$64.00
Riverside-San Bernardino-Ontario, CA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$480.00
Riverside-San Bernardino-Ontario, CA	P0002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$30.53
Riverside-Sair Bernardino-Ontario, CA	D9002	ENTERAL NOTRITION INFOSION FOME - WITH ALARM	IVIS			\$30.53
Riverside-San Bernardino-Ontario, CA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$610.68
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Riverside-San Bernardino-Ontario, CA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$61.07
Riverside-San Bernardino-Ontario, CA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$458.01
Riverside-San Bernardino-Ontario, CA	E0776	IV POLE	NU	BA	KG	\$52.78
B: 0 B # 0	F0770	W POLE	D.D.	D.4	140	AF 05
Riverside-San Bernardino-Ontario, CA	E0776	IV POLE	RR	BA	KG	\$5.28
Riverside-San Bernardino-Ontario, CA	E0776	IV POLE	UE	BA	KG	\$39.59
riverside-San Demardino-Ontario, CA	E0//6	IV FULE	UE	DA	NG	409.09

Single Payment Amounts

External Infusion Pumps and Supplies

Charlotte-Gastonia-Rock Hill, NC-SC	2
Cincinnati-Middletown, OH-KY-IN	3
Cleveland-Elyria-Mentor, OH	4
Dallas-Fort Worth-Arlington, TX	6
Kansas City, MO-KS	7
Miami-Fort Lauderdale-Pompano Beach, FL	8
Orlando-Kissimmee-Sanford, FL	10
Pittsburgh, PA	11
Riverside-San Bernardino-Ontario CA	12





CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	A4221	SUPPLIES FOR MAINTENANCE OF DRUG INFUSION CATHETER, PER WEEK (LIST DRUG SEPARATELY)	KG			\$18.97
Charlotte-Gastonia-Rock Hill, NC-SC	A4222	INFUSION SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUGS SEPARATELY)	KG			\$38.78
Charlotte-Gastonia-Rock Hill, NC-SC	E0776	IV POLE	NU			\$130.70
Charlotte-Gastonia-Rock Hill, NC-SC	E0776	IV POLE	RR			\$13.07
Charlotte-Gastonia-Rock Hill, NC-SC	E0776	IV POLE	UE			\$98.03
Charlotte-Gastonia-Rock Hill, NC-SC	E0779	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION 8 HOURS OR GREATER	RR			\$17.45
Charlotte-Gastonia-Rock Hill, NC-SC	E0780	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION LESS THAN 8 HOURS	NU			\$10.92
Charlotte-Gastonia-Rock Hill, NC-SC	E0781	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT	RR			\$229.57
Charlotte-Gastonia-Rock Hill, NC-SC	E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	RR			\$385.00
Charlotte-Gastonia-Rock Hill, NC-SC	E0791	PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTI-CHANNEL	RR			\$288.69
Charlotte-Gastonia-Rock Hill, NC-SC	K0552	SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE, EACH	KG			\$2.61
Charlotte-Gastonia-Rock Hill, NC-SC	K0601	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 1. 5 VOLT, EACH	NU			\$1.15

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	K0602	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 3 VOLT, EACH	NU			\$6.50
Charlotte-Gastonia-Rock Hill, NC-SC	K0603	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, ALKALINE, 1. 5 VOLT, EACH	NU			\$0.59
Charlotte-Gastonia-Rock Hill, NC-SC	K0604	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 3. 6 VOLT, EACH	NU			\$6.40
Charlotte-Gastonia-Rock Hill, NC-SC	K0605	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 4. 5 VOLT, EACH	NU			\$15.37
Cincinnati-Middletown, OH-KY-IN	A4221	SUPPLIES FOR MAINTENANCE OF DRUG INFUSION CATHETER, PER WEEK (LIST DRUG SEPARATELY)	KG			\$16.50
Cincinnati-Middletown, OH-KY-IN	A4222	INFUSION SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUGS SEPARATELY)	KG			\$31.88
Cincinnati-Middletown, OH-KY-IN	E0776	IV POLE	NU			\$127.85
Cincinnati-Middletown, OH-KY-IN	E0776	IV POLE	RR			\$12.79
Cincinnati-Middletown, OH-KY-IN	E0776	IV POLE	UE			\$95.89
Cincinnati-Middletown, OH-KY-IN	E0779	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION 8 HOURS OR GREATER	RR			\$16.80
Cincinnati-Middletown, OH-KY-IN	E0780	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION LESS THAN 8 HOURS	NU			\$9.18
Cincinnati-Middletown, OH-KY-IN	E0781	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT	RR			\$192.01

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cincinnati-Middletown, OH-KY-IN	E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	RR			\$346.41
Cincinnati-Middletown, OH-KY-IN	E0791	PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTI-CHANNEL	RR			\$235.19
Cincinnati-Middletown, OH-KY-IN	K0552	SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE, EACH	KG			\$2.10
Cincinnati-Middletown, OH-KY-IN	K0601	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 1. 5 VOLT, EACH	NU			\$1.02
Cincinnati-Middletown, OH-KY-IN	K0602	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 3 VOLT, EACH	NU			\$5.92
Cincinnati-Middletown, OH-KY-IN	K0603	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, ALKALINE, 1. 5 VOLT, EACH	NU			\$0.50
Cincinnati-Middletown, OH-KY-IN	K0604	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 3. 6 VOLT, EACH	NU			\$5.40
Cincinnati-Middletown, OH-KY-IN	K0605	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 4. 5 VOLT, EACH	NU			\$12.63
Cleveland-Elyria-Mentor, OH	A4221	SUPPLIES FOR MAINTENANCE OF DRUG INFUSION CATHETER, PER WEEK (LIST DRUG SEPARATELY)	KG			\$19.33
Cleveland-Elyria-Mentor, OH	A4222	INFUSION SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUGS SEPARATELY)	KG			\$32.39
Cleveland-Elyria-Mentor, OH	E0776	IV POLE	NU			\$123.02
Cleveland-Elyria-Mentor, OH	E0776	IV POLE	RR			\$12.30

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cleveland-Elyria-Mentor, OH	E0776	IV POLE	UE			\$92.27
Cleveland-Elyria-Mentor, OH	E0779	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION 8 HOURS OR GREATER	RR			\$16.10
Cleveland-Elyria-Mentor, OH	E0780	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION LESS THAN 8 HOURS	NU			\$10.00
Cleveland-Elyria-Mentor, OH	E0781	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT	RR			\$226.18
Cleveland-Elyria-Mentor, OH	E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	RR			\$385.00
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Cleveland-Elyria-Mentor, OH	E0791	PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTI-CHANNEL	RR			\$250.00
Oleveland-Liyna-Mentor, Orr	20731	TAKENTENAE IN GOIGHT GWIL, GTATIONAKT, GINGEE GK MGETFOLIANNEE	Tax			\$230.00
	140550					
Cleveland-Elyria-Mentor, OH	K0552	SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE, EACH	KG			\$2.20
		REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE,				
Cleveland-Elyria-Mentor, OH	K0601	1. 5 VOLT, EACH	NU			\$1.05
		REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 3				
Cleveland-Elyria-Mentor, OH	K0602	VOLT, EACH	NU			\$6.04
		REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, ALKALINE, 1. 5				
Cleveland-Elyria-Mentor, OH	K0603	VOLT, EACH	NU			\$0.52
		DEDI ACEMENT DATTEDY FOR EXTERNAL INFLICION DURING COMMERCIAL TO THE COMMERCIAL THE COMMERCIAL TO THE				
Cleveland-Elyria-Mentor, OH	K0604	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 3. 6 VOLT, EACH	NU			\$5.55
Cleveland-Elyria-Mentor, OH	K0605	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 4. 5 VOLT, EACH	NU			\$13.33

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX		SUPPLIES FOR MAINTENANCE OF DRUG INFUSION CATHETER, PER WEEK (LIST DRUG SEPARATELY)	KG			\$18.24
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Dallas-Fort Worth-Arlington, TX	A4222	INFUSION SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUGS SEPARATELY)	KG			\$31.38
Dallas-Fort Worth-Arlington, TX	E0776	IV POLE	NU			\$123.02
Dallas-Fort Worth-Arlington, TX	E0776	IV POLE	RR			\$12.30
Dallas-Fort Worth-Arlington, TX	E0776	IV POLE	UE			\$92.27
Danias Fort Frontin Filmington, 174			0_			V 02.12.1
Dallas-Fort Worth-Arlington, TX	E0779	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION 8 HOURS OR GREATER	RR			\$17.50
Dallas-Fort Worth-Arlington, TX	E0780	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION LESS THAN 8 HOURS	NU			\$11.13
Dallas-Fort Worth-Armington, TX	20700	AMBOEATOKT IN OCIONT OWI , MEGITANICAE, RECOADEE, FOR IN OCION EESO THAN OTIOCKO	140			Ψ11.13
Dallas-Fort Worth-Arlington, TX	E0781	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT	RR			\$227.60
Dallas-Fort Worth-Arlington, TX	E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	RR			\$401.00
Dallas-Fort Worth-Arlington, TX	E0791	PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTI-CHANNEL	RR			\$250.00
Dallas-Fort Worth-Arlington, TX	K0552	SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE, EACH	KG			\$2.66
Dallas-Fort Worth-Arlington, TX	K0601	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 1. 5 VOLT, EACH	NU			\$1.13

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	K0602	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 3 VOLT, EACH	NU			\$6.04
Dallas-Fort Worth-Arlington, TX	K0603	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, ALKALINE, 1. 5 VOLT, EACH	NU			\$0.58
Dallas-Fort Worth-Arlington, TX	K0604	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 3. 6 VOLT, EACH	NU			\$6.00
Dallas-Fort Worth-Arlington, TX	K0605	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 4. 5 VOLT, EACH	NU			\$15.00
Kansas City, MO-KS	A4221	SUPPLIES FOR MAINTENANCE OF DRUG INFUSION CATHETER, PER WEEK (LIST DRUG SEPARATELY)	KG			\$16.96
Kansas City, MO-KS	A4222	INFUSION SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUGS SEPARATELY)	KG			\$31.62
Kansas City, MO-KS	E0776	IV POLE	NU			\$124.01
Kansas City, MO-KS	E0776	IV POLE	RR			\$12.40
Kansas City, MO-KS	E0776	IV POLE	UE			\$93.01
Kansas City, MO-KS	E0779	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION 8 HOURS OR GREATER	RR			\$16.80
Kansas City, MO-KS	E0780	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION LESS THAN 8 HOURS	NU			\$9.46
Kansas City, MO-KS	E0781	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT	RR			\$206.26

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Kansas City, MO-KS	E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	RR			\$393.00
Kansas City, MO-KS	E0791	PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTI-CHANNEL	RR			\$247.50
Kansas City, MO-KS	K0552	SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE, EACH	KG			\$2.46
Kansas City, MO-KS	K0601	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 1. 5 VOLT, EACH	NU			\$1.02
Kansas City, MO-KS	K0602	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 3 VOLT, EACH	NU			\$5.92
Kansas City, MO-KS	K0603	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, ALKALINE, 1. 5 VOLT, EACH	NU			\$0.52
Kansas City, MO-KS	K0604	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 3. 6 VOLT, EACH	NU			\$5.40
Kansas City, MO-KS	K0605	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 4. 5 VOLT, EACH	NU			\$12.94
Miami-Fort Lauderdale-Pompano Beach, FL	A4221	SUPPLIES FOR MAINTENANCE OF DRUG INFUSION CATHETER, PER WEEK (LIST DRUG SEPARATELY)	KG			\$16.77
Miami-Fort Lauderdale-Pompano Beach, FL	A4222	INFUSION SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUGS SEPARATELY)	KG			\$32.79
Miami-Fort Lauderdale-Pompano Beach, FL	E0776	IV POLE	NU			\$123.02
Miami-Fort Lauderdale-Pompano Beach, FL	E0776	IV POLE	RR			\$12.30

SPA
\$92.27
\$14.24
\$10.00
\$173.94
VIII OIL
\$357.16
φ337.10
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\$235.51
\$1.98
\$1.10
\$5.92
\$0.55
\$5.72
\$12.94

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orlando-Kissimmee-Sanford, FL		SUPPLIES FOR MAINTENANCE OF DRUG INFUSION CATHETER, PER WEEK (LIST DRUG SEPARATELY)	KG			\$16.54
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Orlando-Kissimmee-Sanford, FL	A4222	INFUSION SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUGS SEPARATELY)	KG			\$32.58
Orlando-Kissimmee-Sanford, FL	E0776	IV POLE	NU			\$128.50
Orlando-Kissimmee-Sanford, FL	E0776	IV POLE	RR			\$12.85
Orlando-Kissimmee-Sanford, FL	E0776	IV POLE	UE			\$96.38
Orlando-Kissimmee-Sanford, FL	E0779	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION 8 HOURS OR GREATER	RR			\$15.56
Orlando-Kissimmee-Sanford, FL	E0780	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION LESS THAN 8 HOURS	NU			\$11.00
Onando-Rissimmee-Samord, i E	L0700	ANIBOLATORT IN OSIGN FORM, MEGIANICAL, REOSABLE, FOR IN OSIGN ELSS TIAN OTIOORS	NO			φ11.00
Orlando-Kissimmee-Sanford, FL	E0781	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT	RR			\$218.68
Orlando-Kissimmee-Sanford, FL	E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	RR			\$385.00
Orlando-Kissimmee-Sanford, FL	E0791	PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTI-CHANNEL	RR			\$230.95
Orlando-Kissimmee-Sanford, FL	K0552	SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE, EACH	KG			\$2.37
Orlando-Kissimmee-Sanford, FL	K0601	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 1. 5 VOLT, EACH	NU			\$1.13

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CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orlando-Kissimmee-Sanford, FL	K0602	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 3 VOLT, EACH	NU			\$6.04
Orlando-Kissimmee-Sanford, FL	K0603	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, ALKALINE, 1. 5 VOLT, EACH	NU			\$0.55
Orlando-Kissimmee-Sanford, FL	K0604	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 3. 6 VOLT, EACH	NU			\$6.48
Orlando-Kissimmee-Sanford, FL	K0605	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 4. 5 VOLT, EACH	NU			\$15.00
Pittsburgh, PA	A4221	SUPPLIES FOR MAINTENANCE OF DRUG INFUSION CATHETER, PER WEEK (LIST DRUG SEPARATELY)	KG			\$19.46
Pittsburgh, PA	A4222	INFUSION SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUGS SEPARATELY)	KG			\$38.00
Pittsburgh, PA	E0776	IV POLE	NU			\$123.02
Pittsburgh, PA	E0776	IV POLE	RR			\$12.30
Pittsburgh, PA	E0776	IV POLE	UE			\$92.27
Pittsburgh, PA	E0779	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION 8 HOURS OR GREATER	RR			\$15.56
Pittsburgh, PA	E0780	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION LESS THAN 8 HOURS	NU			\$11.00
Pittsburgh, PA	E0781	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT	RR			\$220.00

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
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Pittsburgh, PA	E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	RR			\$358.82
Pittsburgh, PA	E0791	PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTI-CHANNEL	RR			\$245.00
Pittsburgh, PA	K0552	SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE, EACH	KG			\$2.25
Pittsburgh, PA	K0601	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 1. 5 VOLT, EACH	NU			\$1.05
Pittsburgh, PA	K0602	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 3 VOLT, EACH	NU			\$5.81
Pittsburgh, PA	K0603	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, ALKALINE, 1. 5 VOLT, EACH	NU			\$0.52
Pittsburgh, PA	K0604	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 3. 6 VOLT, EACH	NU			\$5.55
Pittsburgh, PA	K0605	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 4. 5 VOLT, EACH	NU			\$13.33
Riverside-San Bernardino-Ontario, CA	A4221	SUPPLIES FOR MAINTENANCE OF DRUG INFUSION CATHETER, PER WEEK (LIST DRUG SEPARATELY)	KG			\$15.96
Riverside-San Bernardino-Ontario, CA	A4222	INFUSION SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUGS SEPARATELY)	KG			\$31.62
Riverside-San Bernardino-Ontario, CA	E0776	IV POLE	NU			\$124.01
Riverside-San Bernardino-Ontario, CA	E0776	IV POLE	RR			\$12.40

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CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Riverside-San Bernardino-Ontario, CA	E0776	IV POLE	UE			\$93.01
Riverside-San Bernardino-Ontario, CA	E0779	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION 8 HOURS OR GREATER	RR			\$16.23
Riverside-San Bernardino-Ontario, CA	E0780	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION LESS THAN 8 HOURS	NU			\$10.29
		AMPLIEATORY INFLICION DUMP. CINICLE OR MULTIPLE CHANNELS. ELECTRIC OR PATTERY				
Riverside-San Bernardino-Ontario, CA	F0781	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT	RR			\$203.56
						V 200.00
Riverside-San Bernardino-Ontario, CA	E0794	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	RR			\$410.50
Riverside-San Bernardino-Ontano, CA	EU/ 04	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	KK			\$410.50
	E	DARFNITERAL INFLICION RIMAR OTATIONARY CINCLE OR MILLTI CHANNEL				
Riverside-San Bernardino-Ontario, CA	E0791	PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTI-CHANNEL	RR			\$271.71
Riverside-San Bernardino-Ontario, CA	K0552	SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE, EACH	KG			\$2.66
		REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE,				
Riverside-San Bernardino-Ontario, CA	K0601	1. 5 VOLT, EACH	NU			\$1.00
		REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 3				
Riverside-San Bernardino-Ontario, CA	K0602	VOLT, EACH	NU			\$6.26
		REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, ALKALINE, 1. 5				
Riverside-San Bernardino-Ontario, CA	K0603	VOLT, EACH	NU			\$0.56
		DEDLACEMENT DATTEDY FOR EVTERNAL INFLICION DUMP OWNED BY DATIFALT LITHUM 2.5				
Riverside-San Bernardino-Ontario, CA	K0604	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 3. 6 VOLT, EACH	NU			\$6.00
		·	-			, , , ,
		DEDI ACEMENT DATTEDY FOR EVTERNAL INCLUSION DUMES DATE OF THE CONTROL OF THE CONT				
Riverside-San Bernardino-Ontario, CA	K0605	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 4. 5 VOLT, EACH	NU			\$14.94
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Single Payment Amounts

General Home Equipment and Related Supplies and Accessories

Charlotte-Gastonia-Rock Hill, NC-SC	2
Cincinnati-Middletown, OH-KY-IN	1
Cleveland-Elyria-Mentor, OH	2
Dallas-Fort Worth-Arlington, TX	3
Kansas City, MO-KS	40
Miami-Fort Lauderdale-Pompano Beach, FL	50
Orlando-Kissimmee-Sanford, FL	60
Pittsburgh, PA	69
Riverside-San Bernardino-Ontario, CA	79





Single Payment Amounts General Home Equipment and Related Supplies and Accessories

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CBA Name	Code	HCPCS Code Description	Woaltier 1	Modifier 2	Modifier 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$61.59
Charlotte-Gastonia-Rock Hill, NC-SC	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$51.02
Changle Cactoma Rook Film, 110 CC	20201	TIOST TIME DED, TIME DIETETT, TITTE OF DE TOURES, WITHOUT HIM TITLES	TATA			ψοο2
Charlotte-Gastonia-Rock Hill, NC-SC	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$64.11
Charlotte-Gastonia-Rock Hill, NC-SC	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$50.39
Charlotte-Gastonia-Rock Hill, NC-SC	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$76.23
Chanotte-Gastonia-Rock filli, NC-5C	E0260	WITH MIATTRESS	KK			\$70.23
		HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS,				
Charlotte-Gastonia-Rock Hill, NC-SC	E0261	WITHOUT MATTRESS	RR			\$66.85
Charlotte-Gastonia-Rock Hill, NC-SC	E0271	MATTRESS, INNERSPRING	NU			\$129.00
	E0074	MATTREOG INNERORRING	D.D.			*40.00
Charlotte-Gastonia-Rock Hill, NC-SC	E0271	MATTRESS, INNERSPRING	RR			\$12.90
Charlotte-Gastonia-Rock Hill, NC-SC	E0271	MATTRESS, INNERSPRING	UE			\$96.75
Charlotte-Gastonia-Rock Hill, NC-SC	E0272	MATTRESS, FOAM RUBBER	NU			\$127.48
	F0070	MATTREON FOAM BURRER				040
Charlotte-Gastonia-Rock Hill, NC-SC	E0272	MATTRESS, FOAM RUBBER	RR			\$12.75
Charlotte-Gastonia-Rock Hill, NC-SC	E0272	MATTRESS, FOAM RUBBER	UE			\$95.61

Single Payment Amounts General Home Equipment and Related Supplies and Accessories

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	E0280	BED CRADLE, ANY TYPE	NU			\$26.78
Charlotte-Gastonia-Rock Hill, NC-SC	E0280	BED CRADLE, ANY TYPE	RR			\$2.68
Charlotte-Gastonia-Rock Hill, NC-SC	E0280	BED CRADLE, ANY TYPE	UE			\$20.09
Charlotte-Gastonia-Rock Hill, NC-SC	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$51.45
Charlotte-Gastonia-Rock Hill, NC-SC	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$39.11
Charlotte-Gastonia-Rock Hill, NC-SC	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$53.66
Charlotte-Gastonia-Rock Hill, NC-SC	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$39.91
Charlotte-Gastonia-Rock Hill, NC-SC	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$66.66
Charlotte-Gastonia-Rock Hill, NC-SC	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$65.82
Charlotte-Gastonia-Rock Hill, NC-SC	E0301	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$165.04
Charlotte-Gastonia-Rock Hill, NC-SC	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$436.15
Charlotte-Gastonia-Rock Hill, NC-SC	E0303	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$183.96

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$461.88
Charlotte-Gastonia-Rock Hill, NC-SC	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$9.42
Charlotte-Gastonia-Rock Hill, NC-SC	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$108.44
Charlotte-Gastonia-Rock Hill, NC-SC	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$10.84
Charlotte-Gastonia-Rock Hill, NC-SC	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$81.33
Charlotte-Gastonia-Rock Hill, NC-SC	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$10.45
Charlotte-Gastonia-Rock Hill, NC-SC	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$41.04
Charlotte-Gastonia-Rock Hill, NC-SC	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$82.91
Charlotte-Gastonia-Rock Hill, NC-SC	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$18.37
Charlotte-Gastonia-Rock Hill, NC-SC	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	NU			\$42.42
Charlotte-Gastonia-Rock Hill, NC-SC	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	RR			\$4.24
Charlotte-Gastonia-Rock Hill, NC-SC	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	UE			\$31.82

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	E0181	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, WITH PUMP, INCLUDES HEAVY DUTY	RR			\$18.70
Charlotte-Gastonia-Rock Hill, NC-SC	E0182	PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY	RR			\$17.91
Charlotte-Gastonia-Rock Hill, NC-SC	E0184	DRY PRESSURE MATTRESS	NU			\$162.08
Charlotte-Gastonia-Rock Hill, NC-SC	E0184	DRY PRESSURE MATTRESS	RR			\$16.21
Charlotte-Gastonia-Rock Hill, NC-SC	E0184	DRY PRESSURE MATTRESS	UE			\$121.56
Charlotte-Gastonia-Rock Hill, NC-SC	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$194.74
Charlotte-Gastonia-Rock Hill, NC-SC	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$19.47
Charlotte-Gastonia-Rock Hill, NC-SC	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$146.06
Charlotte-Gastonia-Rock Hill, NC-SC	E0186	AIR PRESSURE MATTRESS	RR			\$16.40
Charlotte-Gastonia-Rock Hill, NC-SC	E0187	WATER PRESSURE MATTRESS	RR			\$16.70
Charlotte-Gastonia-Rock Hill, NC-SC	E0188	SYNTHETIC SHEEPSKIN PAD	NU			\$22.00
Charlotte-Gastonia-Rock Hill, NC-SC	E0188	SYNTHETIC SHEEPSKIN PAD	RR			\$2.20

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	E0188	SYNTHETIC SHEEPSKIN PAD	UE			\$16.50
Charlotte-Gastonia-Rock Hill, NC-SC	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	NU			\$47.94
Charlotte-Gastonia-Rock Hill, NC-SC	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	RR			\$4.79
Charlotte-Gastonia-Rock Hill, NC-SC	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	UE			\$35.96
Charlotte-Gastonia-Rock Hill, NC-SC	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$605.44
Charlotte-Gastonia-Rock Hill, NC-SC	E0196	GEL PRESSURE MATTRESS	RR			\$30.09
Charlotte-Gastonia-Rock Hill, NC-SC	E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$143.36
Charlotte-Gastonia-Rock Hill, NC-SC	E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$14.34
Charlotte-Gastonia-Rock Hill, NC-SC	E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$107.52
Charlotte-Gastonia-Rock Hill, NC-SC	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$26.99
Charlotte-Gastonia-Rock Hill, NC-SC	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$2.70
Charlotte-Gastonia-Rock Hill, NC-SC	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$20.24

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
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Charlotte-Gastonia-Rock Hill, NC-SC	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$284.10
Charlotte-Gastonia-Rock Hill, NC-SC	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$285.00
onanotic Guoterna Hosti Finin, Ho	2007.					4 20000
Charlotte-Gastonia-Rock Hill, NC-SC	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$274.62
Charlotte-Gastonia-Rock Hill, NC-SC	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$341.32
Charlotte-Gastonia-Rock Hill, NC-SC	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE	NU			\$25.00
Charlotte-Gastonia-Rock Hill, NC-SC	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE	RR			\$2.50
	50400					
Charlotte-Gastonia-Rock Hill, NC-SC	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE	UE			\$18.75
		SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE, WITH				
Charlotte-Gastonia-Rock Hill, NC-SC	E0161	FAUCET ATTACHMENT/S	NU			\$23.50
Charlotte-Gastonia-Rock Hill, NC-SC	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE, WITH FAUCET ATTACHMENT/S	RR			\$2.35
Chanotte-Gastonia-Nock Filli, NC-3C	20101	FACCET ATTACHIMENT/S	NN			Ψ2.33
		SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE, WITH				
Charlotte-Gastonia-Rock Hill, NC-SC	E0161	FAUCET ATTACHMENT/S	UE			\$17.63
Charlotte-Gastonia-Rock Hill. NC-SC	E0163	COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	NU			\$58.88
The state of the s						+30.00
Charlotte-Gastonia-Rock Hill, NC-SC	E0163	COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	RR			\$5.89

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	E0163	COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	UE			\$44.16
Charlotte-Gastonia-Rock Hill, NC-SC	E0165	COMMODE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS	RR			\$11.88
Charlotte-Gastonia-Rock Hill, NC-SC	E0167	PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY	NU			\$9.04
Charlotte-Gastonia-Rock Hill, NC-SC	E0167	PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY	RR			\$0.90
Charlotte-Gastonia-Rock Hill, NC-SC	E0167	PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY	UE			\$6.78
Charlotte-Gastonia-Rock Hill, NC-SC	E0168	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	NU			\$130.00
Charlotte-Gastonia-Rock Hill, NC-SC	E0168	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	RR			\$13.00
Charlotte-Gastonia-Rock Hill, NC-SC	E0168	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	UE			\$97.50
Charlotte-Gastonia-Rock Hill, NC-SC	E0170	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE	RR			\$167.09
Charlotte-Gastonia-Rock Hill, NC-SC	E0171	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE	RR			\$30.22
Charlotte-Gastonia-Rock Hill, NC-SC	E0275	BED PAN, STANDARD, METAL OR PLASTIC	NU			\$14.20
Charlotte-Gastonia-Rock Hill, NC-SC	E0275	BED PAN, STANDARD, METAL OR PLASTIC	RR			\$1.42

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	E0275	BED PAN, STANDARD, METAL OR PLASTIC	UE			\$10.65
Charlotte-Gastonia-Rock Hill, NC-SC	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	NU			\$11.96
Charlotte-Gastonia-Rock Hill, NC-SC	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	RR			\$1.20
Charlotte-Gastonia-Rock Hill, NC-SC	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	UE			\$8.97
Charlotte-Gastonia-Rock Hill, NC-SC	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	NU			\$8.52
Charlotte-Gastonia-Rock Hill, NC-SC	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	RR			\$0.85
Charlotte-Gastonia-Rock Hill, NC-SC	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	UE			\$6.39
Charlotte-Gastonia-Rock Hill, NC-SC	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	NU			\$9.20
Charlotte-Gastonia-Rock Hill, NC-SC	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	RR			\$0.92
Charlotte-Gastonia-Rock Hill, NC-SC	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	UE			\$6.90
Charlotte-Gastonia-Rock Hill, NC-SC	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	NU			\$76.92
Charlotte-Gastonia-Rock Hill, NC-SC	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	RR			\$7.69

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	UE			\$57.69
Charlotte-Gastonia-Rock Hill, NC-SC	E0630	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S)	RR			\$63.34
Changle Castorna Rook Film, No Co	20000	TATILITY EIN 1, THE INTEREST ON INCOME OF MATERIAL PROPERTY OF THE INTEREST OF	Tar			ψ00.04
Charlotte-Gastonia-Rock Hill, NC-SC	E0635	PATIENT LIFT, ELECTRIC WITH SEAT OR SLING	RR			\$111.64
		MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEGRATED LIFT, PATIENT ACCESSIBLE				
Charlotte-Gastonia-Rock Hill, NC-SC	E0636	CONTROLS	RR			\$954.73
Charlotte-Gastonia-Rock Hill, NC-SC	E1035	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE GIVER, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 LBS	RR			\$611.08
Charlotte-Gastonia-Rock Hill, NC-SC	E1036	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, EXTRA-WIDE, WITH INTEGRATED SEAT, OPERATED BY CAREGIVER, PATIENT WEIGHT CAPACITY GREATER THAN 300 LBS	RR			\$825.52
Chanotte-Gastonia-Rock Hill, NC-3C	E 1030	OFERATED BY CAREGIVER, PATIENT WEIGHT CAPACITY GREATER THAN 300 LBS	NN			φ023.32
Charlotte-Gastonia-Rock Hill, NC-SC	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	NU			\$248.19
Charlotte-Gastonia-Rock Hill, NC-SC	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	RR			\$24.82
Charlotte-Gastonia-Rock Hill, NC-SC	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	UE			\$186.14
Charlotte-Gastonia-Rock Hill, NC-SC	E0628	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-ELECTRIC	NU			\$310.18
Shahara Gudionia Rook Filii, NO OO		STATE OF THE STATE	,			φο το. το
Charlotte-Gastonia-Rock Hill, NC-SC	E0628	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-ELECTRIC	RR			\$31.02
Charlotte-Gastonia-Rock Hill, NC-SC	E0628	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-ELECTRIC	UE			\$232.64

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	NU			\$253.21
Charlotte-Gastonia-Rock Hill, NC-SC	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	RR			\$25.32
Charlotte-Gastonia-Rock Hill, NC-SC	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	UE			\$189.91
Charlotte-Gastonia-Rock Hill, NC-SC	A4557	LEAD WIRES, (E. G. , APNEA MONITOR), PER PAIR				\$14.37
Charlotte-Gastonia-Rock Hill, NC-SC	A4595	ELECTRICAL STIMULATOR SUPPLIES, 2 LEAD, PER MONTH, (E. G. TENS, NMES)				\$15.12
Charlotte-Gastonia-Rock Hill, NC-SC	E0720	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED STIMULATION	NU			\$234.22
Charlotte-Gastonia-Rock Hill, NC-SC	E0730	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION	NU			\$186.85
Charlotte-Gastonia-Rock Hill, NC-SC	E0731	FORM FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS OR NMES (WITH CONDUCTIVE FIBERS SEPARATED FROM THE PATIENT'S SKIN BY LAYERS OF FABRIC)	NU	KG		\$227.28
Cincinnati-Middletown, OH-KY-IN	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$65.20
Cincinnati-Middletown, OH-KY-IN	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$53.75
Cincinnati-Middletown, OH-KY-IN	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$69.11
Cincinnati-Middletown, OH-KY-IN	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$56.33

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CBA Name	Code	HCPCS Code Description	Wodifier 1	Modifier 2	Woaltier 3	SPA
Cincinnati-Middletown, OH-KY-IN	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$69.40
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Cincinnati-Middletown, OH-KY-IN	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$71.08
Cincinnati-Middletown, OH-KY-IN	E0271	MATTRESS, INNERSPRING	NU			\$127.40
Cincinnati-Middletown, OH-KY-IN	E0271	MATTRESS, INNERSPRING	RR			\$12.74
Cincinnati-Middletown, OH-KY-IN	E0271	MATTRESS, INNERSPRING	UE			\$95.55
Cincinnati-Middletown, OH-KY-IN	E0272	MATTRESS, FOAM RUBBER	NU			\$138.48
Cincinnati-Middletown, OH-KY-IN	E0272	MATTRESS, FOAM RUBBER	RR			#42.0 5
Ciriciinati-Middletown, On-RT-IN	E0272	WATTRESS, FOAW RUDDER	KK			\$13.85
Cinainnati Middlataura Old KV IN	F0272	MATTRECS FOAM DURDED	UE			£402.00
Cincinnati-Middletown, OH-KY-IN	E0272	MATTRESS, FOAM RUBBER	UE			\$103.86
Cincinnati-Middletown, OH-KY-IN	E0280	BED CRADLE, ANY TYPE	NU			\$28.84
			1.0			\$20.0 T
Cincinnati-Middletown, OH-KY-IN	E0280	BED CRADLE, ANY TYPE	RR			\$2.88
Cincinnati-Middletown, OH-KY-IN	E0280	BED CRADLE, ANY TYPE	UE			\$21.63
Cincinnati-Middletown, OH-KY-IN	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$53.31

		Constantionic Equipment and Related Supplies and Accessories				
CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cincinnati-Middletown, OH-KY-IN	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$39.90
Cincinnati-Middletown, OH-KY-IN	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$56.57
Cincinnati-Middletown, OH-KY-IN	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$49.81
Cincinnati-Middletown, OH-KY-IN	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$75.97
Cincinnati-Middletown, OH-KY-IN	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$75.97
Cincinnati-Middletown, OH-KY-IN	E0301	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$198.98
Cincinnati-Middletown, OH-KY-IN	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$444.64
Cincinnati-Middletown, OH-KY-IN	E0303	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$174.05
Cincinnati-Middletown, OH-KY-IN	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$576.49
Cincinnati-Middletown, OH-KY-IN	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$9.91
Cincinnati-Middletown, OH-KY-IN	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$99.09
Cincinnati-Middletown, OH-KY-IN	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$9.91

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cincinnati-Middletown, OH-KY-IN	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$74.32
Cincinnati-Middletown, OH-KY-IN	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$12.84
Olifolitiati-fillaciowii, Olifiki-iiv	20310	THAT EZE BARO, AIVAT ATIENT FIELD ER, ATTAONED TO BED, WITH ORAD BAR	IXIX			ψ12.04
		TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS,				
Cincinnati-Middletown, OH-KY-IN	E0911	ATTACHED TO BED, WITH GRAB BAR	RR			\$46.00
		TRADETE DAD LIEANY DUTY FOR DATIENT WEIGHT OADAOITY OPENTED THAN OF A DOUBLE				
Cincinnati-Middletown, OH-KY-IN	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$92.50
Cincinnati Middletoura OLLIVV IN	F0040	TRADEZE DAD, EDEE STANDING COMPLETE WITH CDAD DAD	DD			¢24.42
Cincinnati-Middletown, OH-KY-IN	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$21.13
		REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD				
Cincinnati-Middletown, OH-KY-IN	A4640	OWNED BY PATIENT	NU			\$48.13
Cincinnati-Middletown, OH-KY-IN	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	RR			\$4.81
		REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD				***
Cincinnati-Middletown, OH-KY-IN	A4640	OWNED BY PATIENT	UE			\$36.10
		POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, WITH PUMP,				
Cincinnati-Middletown, OH-KY-IN	E0181	INCLUDES HEAVY DUTY	RR			\$19.80
Cincinnati-Middletown, OH-KY-IN	E0182	PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY	RR			\$18.50
	50404					A 44 A 65
Cincinnati-Middletown, OH-KY-IN	E0184	DRY PRESSURE MATTRESS	NU			\$149.00
Cincinnati-Middletown, OH-KY-IN	E0184	DRY PRESSURE MATTRESS	RR			\$14.90

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cincinnati-Middletown, OH-KY-IN	E0184	DRY PRESSURE MATTRESS	UE			\$111.75
Cincinnati-Middletown, OH-KY-IN	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NILI			\$175.99
Ciriciiiiati-iviidaletowii, Oi i-K1-iiv	L0103	GEL ON GEL-LINE I NEGOCKE I AD I ON WATTNESS, STANDARD WATTNESS LENGTH AND WIDTH	INO			φ175.99
Cincinnati-Middletown, OH-KY-IN	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$17.60
Cincinnati-Middletown, OH-KY-IN	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$131.99
Cincinnati-Middletown, OH-KY-IN	E0186	AIR PRESSURE MATTRESS	RR			\$18.54
Cincinnati Middletown Old IVV IN	E0407	WATER RECOURT MATTRECO	RR			£40.20
Cincinnati-Middletown, OH-KY-IN	E0187	WATER PRESSURE MATTRESS	KK			\$19.20
Cincinnati-Middletown, OH-KY-IN	E0188	SYNTHETIC SHEEPSKIN PAD	NU			\$26.87
Cincinnati-Middletown, OH-KY-IN	E0188	SYNTHETIC SHEEPSKIN PAD	RR			\$2.69
Cincinnati-Middletown, OH-KY-IN	E0188	SYNTHETIC SHEEPSKIN PAD	UE			\$20.15
Cincinnati-Middletown, OH-KY-IN	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	NU			\$43.99
Ontoninati-ivildulotowii, Off-ICT-IIV	L0103	ENVISOR STILL SKIPT AD, ART SIZE	110			Ψ+3.33
Cincinnati-Middletown, OH-KY-IN	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	RR			\$4.40
Cincinnati-Middletown, OH-KY-IN	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	UE			\$32.99

HCPCS					
Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$799.50
E0400	OF LINESCUIP MATTERS	20			***
E0196	GEL PRESSURE MATTRESS	KK			\$29.90
E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$172.00
E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$17.20
E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$129.00
E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$28.08
E0199	DRY PRESSURE PAD FOR MATTRESS STANDARD MATTRESS I ENGTH AND WIDTH	RR			\$2.81
L0199	DICT RESSURE FAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	IXIX			Ψ2.01
E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$21.06
E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$260.60
E0074	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD	DD			* 222.22
E03/1	MATTRESS LENGTH AND WIDTH	KK			\$283.93
E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$299.59
E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$344.74
	E0193 E0196 E0197 E0197 E0199 E0199 E0199 E0277 E0371 E0372	E0193 POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY) E0196 GEL PRESSURE MATTRESS E0197 AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH E0197 AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH E0197 AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH E0199 DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH E0199 DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH E0199 DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH E0199 DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH E0277 POWERED PRESSURE-REDUCING AIR MATTRESS NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH E0372 POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	E0193 POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY) RR	E0193 POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY) RR	### HCPCS Code Description Modifier 1 Modifier 2 Modifier 3 ### Modifier 1 ### Modifier 1

CBA Name	HCPCS Code	HCDCS Code Decerinties	Modifier 4	Madifiar	Madifier 2	SPA
CDA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	wiodiner 3	SFA
Cincinnati-Middletown, OH-KY-IN	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE	NU			\$24.95
Cincinnati-Middletown, OH-KY-IN	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE	RR			\$2.50
Cincinnati-Middletown, OH-KY-IN	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE	UE			\$18.71
Cincinnati-Middletown, OH-KY-IN	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE, WITH FAUCET ATTACHMENT/S	NU			\$24.95
Cincinnati-Middletown, OH-KY-IN	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE, WITH FAUCET ATTACHMENT/S	RR			\$2.50
Cincinnati-Middletown, OH-KY-IN	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE, WITH FAUCET ATTACHMENT/S	UE			\$18.71
Cincinnati-Middletown, OH-KY-IN	E0163	COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	NU			\$65.00
Cincinnati-Middletown, OH-KY-IN	E0163	COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	RR			\$6.50
Cincinnati-Middletown, OH-KY-IN	E0163	COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	UE			\$48.75
Cincinnati-Middletown, OH-KY-IN	E0165	COMMODE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS	RR			\$12.00
Cincinnati-Middletown, OH-KY-IN	E0167	PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY	NU			\$10.97
Cincinnati-Middletown, OH-KY-IN	E0167	PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY	RR			\$1.10

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cincinnati-Middletown, OH-KY-IN	E0167	PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY	UE			\$8.23
	50400	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR				
Cincinnati-Middletown, OH-KY-IN	E0168	WITHOUT ARMS, ANY TYPE, EACH	NU			\$147.14
Cincinnati-Middletown, OH-KY-IN	E0168	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	RR			\$14.71
Cincinnati-Middletown, OH-KY-IN	E0168	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	UE			\$110.36
Cincinnati-Middletown, OH-KY-IN	E0170	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE	RR			\$170.00
Cincinnati-Middletown, OH-KY-IN	E0171	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE	RR			\$27.50
Cincinnati-Middletown, OH-KY-IN	E0275	BED PAN, STANDARD, METAL OR PLASTIC	NU			\$15.72
Cincinnati-Middletown, OH-KY-IN	E0275	BED PAN, STANDARD, METAL OR PLASTIC	RR			\$1.57
Cincinnati-Middletown, OH-KY-IN	E0275	BED PAN, STANDARD, METAL OR PLASTIC	UE			\$11.79
Cincinnati-Middletown, OH-KY-IN	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	NU			\$12.00
Cincinnati-Middletown, OH-KY-IN	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	RR			\$1.20
Cincinnati-Middletown, OH-KY-IN	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	UE			\$9.00

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cincinnati-Middletown, OH-KY-IN	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	NU			\$8.85
Cincinnati-Middletown, OH-KY-IN	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	RR			\$0.89
Cincinnati-Middletown, OH-KY-IN	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	UE			\$6.64
Cincinnati-Middletown, OH-KY-IN	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	NU			\$9.59
Cincinnati-Middletown, OH-KY-IN	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	RR			\$0.96
Cincipneti Middletoure, OLLICV IN	F0226	LIDINAL, FEMALE, ILIC TYPE, ANY MATERIAL	LIE.			£7.40
Cincinnati-Middletown, OH-KY-IN	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	UE			\$7.19
Cincinnati-Middletown, OH-KY-IN	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	NU			\$83.30
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Cincinnati-Middletown, OH-KY-IN	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	RR			\$8.33
Cincinnati-Middletown, OH-KY-IN	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	UE			\$62.48
Cincinnati-Middletown, OH-KY-IN	E0630	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S)	RR			\$58.50
Cincinnati-Middletown, OH-KY-IN	E0635	PATIENT LIFT, ELECTRIC WITH SEAT OR SLING	RR			\$111.60
		MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEGRATED LIFT, PATIENT ACCESSIBLE				
Cincinnati-Middletown, OH-KY-IN	E0636	CONTROLS	RR			\$1,080.00

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cincinnati-Middletown, OH-KY-IN	E1035	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE GIVER, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 LBS	RR			\$590.00
Cincinnati-Middletown, OH-KY-IN	E1036	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, EXTRA-WIDE, WITH INTEGRATED SEAT, OPERATED BY CAREGIVER, PATIENT WEIGHT CAPACITY GREATER THAN 300 LBS	RR			\$890.00
Cincinnati-Middletown, OH-KY-IN	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	NU			\$299.00
Cincinnati-Middletown, OH-KY-IN	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	RR			\$29.90
Cincinnati-Middletown, OH-KY-IN	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	UE			\$224.25
Cincinnati-Middletown, OH-KY-IN	E0628	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-ELECTRIC	NU			\$287.02
Cincinnati-Middletown, OH-KY-IN	E0628	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-ELECTRIC	RR			\$28.70
Cincinnati-Middletown, OH-KY-IN	E0628	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-ELECTRIC	UE			\$215.27
Cincinnati-Middletown, OH-KY-IN	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	NU			\$287.02
Cincinnati-Middletown, OH-KY-IN	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	RR			\$28.70
Cincinnati-Middletown, OH-KY-IN	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	UE			\$215.27
Cincinnati-Middletown, OH-KY-IN	A4557	LEAD WIRES, (E. G. , APNEA MONITOR), PER PAIR				\$13.97

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cincinnati-Middletown, OH-KY-IN	A4595	ELECTRICAL STIMULATOR SUPPLIES, 2 LEAD, PER MONTH, (E. G. TENS, NMES)				\$15.48
	E0700	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED	.			4040.00
Cincinnati-Middletown, OH-KY-IN	E0720	STIMULATION	NU			\$210.00
		TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS,				
Cincinnati-Middletown, OH-KY-IN	E0730	FOR MULTIPLE NERVE STIMULATION	NU			\$128.49
Cincinnati-Middletown, OH-KY-IN	E0731	FORM FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS OR NMES (WITH CONDUCTIVE FIBERS SEPARATED FROM THE PATIENT'S SKIN BY LAYERS OF FABRIC)	NU	KG		\$195.39
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Cleveland-Elyria-Mentor, OH	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$71.68
Cleveland-Elyria-Mentor, OH	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$50.00
Cleveland-Elyria-Mentor, OH	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$70.93
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Cleveland-Elyria-Mentor, OH	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$56.33
		HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS,				
Cleveland-Elyria-Mentor, OH	E0260	WITH MATTRESS	RR			\$74.67
Cleveland-Elyria-Mentor, OH	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$75.98
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Cleveland-Elyria-Mentor, OH	E0271	MATTRESS, INNERSPRING	NU			\$122.31
Cleveland-Elyria-Mentor, OH	E0271	MATTRESS, INNERSPRING	RR			\$12.23

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
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Cleveland-Elyria-Mentor, OH	E0271	MATTRESS, INNERSPRING	UE			\$91.73
Cleveland-Elyria-Mentor, OH	E0272	MATTRESS, FOAM RUBBER	NU			\$129.27
Cleveland-Elyria-Mentor, OH	E0272	MATTRESS, FOAM RUBBER	RR			\$12.93
Cleveland-Elyria-Mentor, OH	E0272	MATTRESS, FOAM RUBBER	UE			\$96.95
Cleveland-Elyria-Mentor, OH	E0280	BED CRADLE, ANY TYPE	NU			\$28.55
Cleveland-Elyria-Mentor, OH	E0280	BED CRADLE, ANY TYPE	RR			\$2.86
Cleveland-Elyria-Mentor, OH	E0280	BED CRADLE, ANY TYPE	UE			\$21.41
Cleveland-Elyria-Mentor, OH	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$49.50
Cleveland-Elyria-Mentor, OH	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$39.90
Cleveland-Elyria-Mentor, OH	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$50.64
Cleveland-Elyria-Mentor, OH	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$47.50
		HOSPITAL BED SEMLELECTRIC (HEAD AND FOOT AD HISTMENT), WITHOUT SIDE DAY O WITH				
Cleveland-Elyria-Mentor, OH	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$76.96

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cleveland-Elyria-Mentor, OH	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$77.42
Cleveland-Elyria-Mentor, OH	E0301	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$175.23
Cleveland-Elyria-Mentor, OH	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$457.02
Cleveland-Elyria-Mentor, OH	E0303	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$194.18
Cleveland-Elyria-Mentor, OH	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$505.07
Cleveland-Elyria-Mentor, OH	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$10.91
Cleveland-Elyria-Mentor, OH	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$108.34
Cleveland-Elyria-Mentor, OH	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$10.83
Cleveland-Elyria-Mentor, OH	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$81.26
Cleveland-Elyria-Mentor, OH	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$12.53
Cleveland-Elyria-Mentor, OH	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$45.68
Cleveland-Elyria-Mentor, OH	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$88.08

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cleveland-Elyria-Mentor, OH	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$21.20
Cleveland-Elyria-Mentor, OH	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	NU			\$48.13
Cleveland-Elyria-Mentor, OH	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	RR			\$4.81
Cleveland-Elyria-Mentor, OH	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	UE			\$36.10
Cleveland-Elyria-Mentor, OH	E0181	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, WITH PUMP, INCLUDES HEAVY DUTY	RR			\$19.50
Cleveland-Elyria-Mentor, OH	E0182	PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY	RR			\$18.66
Cleveland-Elyria-Mentor, OH	E0184	DRY PRESSURE MATTRESS	NU			\$165.00
Cleveland-Elyria-Mentor, OH	E0184	DRY PRESSURE MATTRESS	RR			\$16.50
Cleveland-Elyria-Mentor, OH	E0184	DRY PRESSURE MATTRESS	UE			\$123.75
Cleveland-Elyria-Mentor, OH	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$192.00
Cleveland-Elyria-Mentor, OH	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$19.20
Cleveland-Elyria-Mentor, OH	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$144.00

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Clausiand Shair Mantan Old	E0400	AID DESCRIPE MATTRESS	RR			040.40
Cleveland-Elyria-Mentor, OH	E0186	AIR PRESSURE MATTRESS	RK			\$19.43
Cleveland-Elyria-Mentor, OH	E0187	WATER PRESSURE MATTRESS	RR			\$22.19
Cleveland-Elyria-Mentor, OH	E0188	SYNTHETIC SHEEPSKIN PAD	NU			\$27.00
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	E0400	OVALTILISTIC CUEFFOCKIN DAD	20			^
Cleveland-Elyria-Mentor, OH	E0188	SYNTHETIC SHEEPSKIN PAD	RR			\$2.70
Cleveland-Elyria-Mentor, OH	E0188	SYNTHETIC SHEEPSKIN PAD	UE			\$20.25
Cleveland-Elyria-Mentor, OH	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	NU			\$46.00
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	E2422					•
Cleveland-Elyria-Mentor, OH	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	RR			\$4.60
Cleveland-Elyria-Mentor, OH	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	UE			\$34.50
Cleveland-Elyria-Mentor, OH	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$660.76
Claveland Elvria Manter Old	E0400	CEL DRESSURE MATTRESS	D.D.			624.00
Cleveland-Elyria-Mentor, OH	E0196	GEL PRESSURE MATTRESS	RR			\$34.00
Cleveland-Elyria-Mentor, OH	E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$188.69
Cleveland-Elyria-Mentor, OH	E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$18.87

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cleveland-Elyria-Mentor, OH	E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$141.52
Cleveland-Elyria-Mentor, OH	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$27.80
Oleveland-Liyna-Mentor, Orr	20133	DICT RESOURE FAD FOR MATTRESS, STANDARD MATTRESS ELIGITIAND WIDTH	140			Ψ27.00
Cleveland-Elyria-Mentor, OH	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$2.78
Cleveland-Elyria-Mentor, OH	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$20.85
Cleveland-Elyria-Mentor, OH	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$325.00
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	50074	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD				0070.44
Cleveland-Elyria-Mentor, OH	E0371	MATTRESS LENGTH AND WIDTH	RR			\$270.14
Cleveland-Elyria-Mentor, OH	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$299.59
Cleveland-Elyria-Mentor, OH	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$341.32
Cleveland-Elyria-Mentor, OH	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE	NU			\$28.38
Corolana Lyna memer, cri	20.00					V=0.00
Cleveland-Elyria-Mentor, OH	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE	RR			\$2.84
Cleveland-Elyria-Mentor, OH	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE	UE			\$21.29
Cleveland-Elyria-Mentor, OH	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE, WITH FAUCET ATTACHMENT/S	NU			\$28.00

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cleveland-Elyria-Mentor, OH	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE, WITH FAUCET ATTACHMENT/S	RR			\$2.80
Cleveland-Elyria-Mentor, OH	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE, WITH FAUCET ATTACHMENT/S	UE			\$21.00
Cleveland-Elyria-Mentor, OH	E0163	COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	NU			\$69.79
Cleveland-Elyria-Mentor, OH	E0163	COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	RR			\$6.98
Cleveland-Elyria-Mentor, OH	E0163	COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	UE			\$52.34
Cleveland-Elyria-Mentor, OH	E0165	COMMODE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS	RR			\$12.73
Cleveland-Elyria-Mentor, OH	E0167	PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY	NU			\$11.00
Cleveland-Elyria-Mentor, OH	E0167	PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY	RR			\$1.10
Cleveland-Elyria-Mentor, OH	E0167	PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY	UE			\$8.25
Cleveland-Elyria-Mentor, OH	E0168	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	NU			\$148.00
Cleveland-Elyria-Mentor, OH	E0168	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	RR			\$14.80
Cleveland-Elyria-Mentor, OH	E0168	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	UE			\$111.00

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CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cleveland-Elyria-Mentor, OH	E0170	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE	RR			\$170.00
Cleveland-Elyria-Mentor, OH	E0171	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE	RR			\$30.50
Cleveland-Elyria-Mentor, OH	E0275	BED PAN, STANDARD, METAL OR PLASTIC	NU			\$15.46
Cleveland-Elyria-Mentor, OH	E0275	BED PAN, STANDARD, METAL OR PLASTIC	RR			\$1.55
Cleveland-Elyria-Mentor, OH	E0275	BED PAN, STANDARD, METAL OR PLASTIC	UE			\$11.60
Cleveland-Elyria-Mentor, OH	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	NU			\$11.99
Cleveland-Elyria-Mentor, OH	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	RR			\$1.20
Cleveland-Elyria-Mentor, OH	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	UE			\$8.99
Cleveland-Elyria-Mentor, OH	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	NU			\$8.75
Cleveland-Elyria-Mentor, OH	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	RR			\$0.88
Cleveland-Elyria-Mentor, OH	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	UE			\$6.56
Cleveland-Elyria-Mentor, OH	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	NU			\$10.00

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cleveland-Elyria-Mentor, OH	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	RR			\$1.00
Cleveland-Elyria-Mentor, OH	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	UE			\$7.50
Cleveland-Elyria-Mentor, OH	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	NU			\$88.57
Cleveland-Elyria-Mentor, OH	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	RR			\$8.86
Cleveland-Elyria-Mentor, OH	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	UE			\$66.43
Cleveland-Elyria-Mentor, OH	E0630	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S)	RR			\$71.00
Cleveland-Elyria-Mentor, OH	E0635	PATIENT LIFT, ELECTRIC WITH SEAT OR SLING	RR			\$111.02
		MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEGRATED LIFT, PATIENT ACCESSIBLE				
Cleveland-Elyria-Mentor, OH	E0636	CONTROLS	RR			\$1,050.00
		MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE				
Cleveland-Elyria-Mentor, OH	E1035	GIVER, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 LBS	RR			\$586.21
		MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, EXTRA-WIDE, WITH INTEGRATED SEAT,				
Cleveland-Elyria-Mentor, OH	E1036	OPERATED BY CAREGIVER, PATIENT WEIGHT CAPACITY GREATER THAN 300 LBS	RR			\$890.00
Cleveland-Elyria-Mentor, OH	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	NU			\$284.17
Cleveland-Elyria-Mentor, OH	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	RR			\$28.42

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cleveland-Elyria-Mentor, OH	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	UE			\$213.13
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Cleveland-Elyria-Mentor, OH	E0628	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-ELECTRIC	NU			\$290.00
Cleveland-Elyria-Mentor, OH	E0628	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-ELECTRIC	RR			\$29.00
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Cleveland-Elyria-Mentor, OH	E0628	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-ELECTRIC	UE			\$217.50
Cleveland-Elyria-Mentor, OH	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	NU			\$295.00
Cleveland-Elyria-Mentor, OH	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	RR			\$29.50
Cleveland-Elyria-Mentor, OH	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	UE			\$221.25
Cleveland-Elyria-Mentor, OH	A4557	LEAD WIRES, (E. G. , APNEA MONITOR), PER PAIR				\$15.64
Cleveland-Elyria-Mentor, OH	A4595	ELECTRICAL STIMULATOR SUPPLIES, 2 LEAD, PER MONTH, (E. G. TENS, NMES)				\$15.48
Observation of Etherica Managers (OL)	F0700	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED	N II 1			0407.44
Cleveland-Elyria-Mentor, OH	E0720	STIMULATION	NU			\$197.41
		TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS,				
Cleveland-Elyria-Mentor, OH	E0730	FOR MULTIPLE NERVE STIMULATION	NU			\$175.00
Cleveland-Elyria-Mentor, OH	E0731	FORM FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS OR NMES (WITH CONDUCTIVE FIBERS SEPARATED FROM THE PATIENT'S SKIN BY LAYERS OF FABRIC)	NU	KG		\$275.00
Oleveland-Lighta-Wenton, OH	LU/31	I IDENO DEI ANATED I NOMI THE I ATIENT O DININ DI LATENO OF FADRICI	140	NG.		φ2/3.00

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CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$62.08
Dallas-Fort Worth-Arlington, TX	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$52.00
Dallas-Fort Worth-Arlington, TX	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$69.37
Dallas-Fort Worth-Arlington, TX	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$57.53
Dallas-Fort Worth-Arlington, TX	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$70.00
Dallas-Fort Worth-Arlington, TX	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$66.35
Dallas-Fort Worth-Arlington, TX	E0271	MATTRESS, INNERSPRING	NU			\$115.00
Dallas-Fort Worth-Arlington, TX	E0271	MATTRESS, INNERSPRING	RR			\$11.50
Dallas-Fort Worth-Arlington, TX	E0271	MATTRESS, INNERSPRING	UE			\$86.25
Dallas-Fort Worth-Arlington, TX	E0272	MATTRESS, FOAM RUBBER	NU			\$119.90
Dallas-Fort Worth-Arlington, TX	E0272	MATTRESS, FOAM RUBBER	RR			\$11.99
Dallas-Fort Worth-Arlington, TX	E0272	MATTRESS, FOAM RUBBER	UE			\$89.93

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	E0280	BED CRADLE, ANY TYPE	NU			\$28.00
Dallas-Fort Worth-Arlington, TX	E0280	BED CRADLE, ANY TYPE	RR			\$2.80
Dallas-Fort Worth-Arlington, TX	E0280	BED CRADLE, ANY TYPE	UE			\$21.00
Dallas-Fort Worth-Arlington, TX	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$50.00
Dallas-Fort Worth-Arlington, TX	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$40.22
Dallas-Fort Worth-Arlington, TX	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$55.00
Dallas-Fort Worth-Arlington, TX	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$49.88
Dallas-Port Worth-Annigton, 1A	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT WATTRESS	KK			\$49.00
Dallas-Fort Worth-Arlington, TX	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$70.15
Dallas-Fort Worth-Arlington, TX	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$68.50
		HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT				
Dallas-Fort Worth-Arlington, TX	E0301	MATTRESS	RR			\$172.70
Dallas-Fort Worth-Arlington, TX	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$442.34
		HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350				, <u></u>
Dallas-Fort Worth-Arlington, TX	E0303	POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$185.00

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$460.00
Dallas-Fort Worth-Arlington, TX	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$9.91
Dallas-Fort Worth-Arlington, TX	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$104.70
Dallas-Fort Worth-Arlington, TX	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$10.47
Dallas-Fort Worth-Arlington, TX	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$78.53
Dallas-Fort Worth-Arlington, TX	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$11.25
Dallas-Fort Worth-Arlington, TX	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$41.87
Dallas-Fort Worth-Arlington, TX	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$87.90
Dallas-Fort Worth-Arlington, TX	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$20.50
Dallas-Fort Worth-Arlington, TX	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	NU			\$45.01
Dallas-Fort Worth-Arlington, TX	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	RR			\$4.50
Dallas-Fort Worth-Arlington, TX	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	UE			\$33.76

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	E0181	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, WITH PUMP, INCLUDES HEAVY DUTY	RR			\$16.23
Dallas-Fort Worth-Arlington, TX	E0182	PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY	RR			\$16.62
Dallas-Fort Worth-Arlington, TX	E0184	DRY PRESSURE MATTRESS	NU			\$156.44
Dallas-Fort Worth-Arlington, TX	E0184	DRY PRESSURE MATTRESS	RR			\$15.64
Dallas-Fort Worth-Arlington, TX	E0184	DRY PRESSURE MATTRESS	UE			\$117.33
Dallas-Fort Worth-Arlington, TX	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$192.00
Dallas-Fort Worth-Arlington, TX	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$19.20
Dallas-Fort Worth-Arlington, TX	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$144.00
Dallas-Fort Worth-Arlington, TX	E0186	AIR PRESSURE MATTRESS	RR			\$17.50
Dallas-Fort Worth-Arlington, TX	E0187	WATER PRESSURE MATTRESS	RR			\$21.00
Dallas-Fort Worth-Arlington, TX	E0188	SYNTHETIC SHEEPSKIN PAD	NU			\$21.23
Dallas-Fort Worth-Arlington, TX	E0188	SYNTHETIC SHEEPSKIN PAD	RR			\$2.12

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	E0188	SYNTHETIC SHEEPSKIN PAD	UE			\$15.92
Dallas-Fort Worth-Arlington, TX	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	NU			\$46.10
Dallas-Fort Worth-Arlington, TX	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	RR			\$4.61
Dallas-Fort Worth-Arlington, TX	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	UE			\$34.58
Dallas-Fort Worth-Arlington, TX	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$639.50
Dallas-Fort Worth-Arlington, TX	E0196	GEL PRESSURE MATTRESS	RR			\$28.04
Dallas-Fort Worth-Arlington, TX	E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$161.33
Dallas-Fort Worth-Arlington, TX	E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$16.13
Danas Fort World Allington, TX	20107	ANT RESSORE FAST ON WAT INCESS, STANDAND WAT INCESS EERS IT AND WISH	IXIX			ψ10.10
Dallas-Fort Worth-Arlington, TX	E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$121.00
Dallas-Fort Worth-Arlington, TX	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$27.05
Dallas-Fort Worth-Arlington, TX	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$2.71
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Dallas-Fort Worth-Arlington, TX	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$20.29

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$260.50
Dallas-Fort Worth-Arlington, TX	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$285.23
Dallas-Fort Worth-Arlington, TX	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$249.66
Dallas-Fort Worth-Arlington, TX	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$335.63
Dallas-Fort Worth-Arlington, TX	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE	NU			\$25.00
Dallas-Fort Worth-Arlington, TX	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE	RR			\$2.50
Dallas-Fort Worth-Arlington, TX	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE	UE			\$18.75
Dallas-Fort Worth-Arlington, TX	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE, WITH FAUCET ATTACHMENT/S	NU			\$21.00
Dallas-Fort Worth-Arlington, TX	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE, WITH FAUCET ATTACHMENT/S	RR			\$2.10
Dallas-Fort Worth-Arlington, TX	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE, WITH FAUCET ATTACHMENT/S	UE			\$15.75
Dallas-Fort Worth-Arlington, TX	E0163	COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	NU			\$65.15
Dallas-Fort Worth-Arlington, TX	E0163	COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	RR			\$6.52

HCPCS					
Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
E0163	COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	UE			\$48.86
E0165	COMMODE CHAID MODILE OD STATIONADY WITH DETACHABLE ADMS	DD			\$12.00
E0165	COMMODE CHAIR, MOBILE OR STATIONART, WITH DETACHABLE ARMS	KK			\$12.00
E0167	PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY	NU			\$10.00
E0167	PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY	RR			\$1.00
F0167	PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY	UF			\$7.50
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	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR				
E0168	WITHOUT ARMS, ANY TYPE, EACH	NU			\$114.50
	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR				
E0168	WITHOUT ARMS, ANY TYPE, EACH	RR			\$11.45
E0168	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	UE			\$85.88
E0170	COMMODE CHAIR WITH INTECRATED SEAT LIET MECHANISM ELECTRIC AND TYPE	DD			\$159.50
20170	COMMODE CHAIR WITH INTEGRATED SEATER I MECHANISM, ELECTRIC, AND THE	IXIX			φ139.30
E0171	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE	RR			\$26.50
E0275	BED PAN, STANDARD, METAL OR PLASTIC	NU			\$13.00
E0275	BED PAN, STANDARD, METAL OR PLASTIC	RR			\$1.30
	E0163 E0165 E0167 E0167 E0167 E0168 E0168 E0168 E0170 E0171	E0163 COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS E0165 COMMODE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS E0167 PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY E0167 PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY E0167 PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH E0170 COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE E0171 COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE E0275 BED PAN, STANDARD, METAL OR PLASTIC	E0163 COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS E0165 COMMODE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS RR E0167 PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY E0167 PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY E0167 PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY E0168 PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH E0168 WITHOUT ARMS, ANY TYPE, EACH E0170 COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE RR E0171 COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE RR E0171 COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE RR	E0163 COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS E0165 COMMODE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS E0167 PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY E0167 PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY E0167 PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY E0168 PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY E0168 WITHOUT ARMS, ANY TYPE, EACH COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH E0168 WITHOUT ARMS, ANY TYPE, EACH E0170 COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE E0171 COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE E0171 COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE E0172 BED PAN, STANDARD, METAL OR PLASTIC	E0163 COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS E0165 COMMODE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS E0167 PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY E0167 PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY E0167 PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY E0168 COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR E0168 WITHOUT ARMS, ANY TYPE, EACH COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR E0168 WITHOUT ARMS, ANY TYPE, EACH COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR E0168 WITHOUT ARMS, ANY TYPE, EACH COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR E0168 WITHOUT ARMS, ANY TYPE, EACH E0170 COMMODE CHAIR EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR E0169 WITHOUT ARMS, ANY TYPE, EACH E0171 COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE RR E0171 COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE RR E0171 COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE E0172 BED PAN, STANDARD, METAL OR PLASTIC

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
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Dallas-Fort Worth-Arlington, TX	E0275	BED PAN, STANDARD, METAL OR PLASTIC	UE			\$9.75
Dallas-Fort Worth-Arlington, TX	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	NU			\$12.00
Dallas-Fort Worth-Arlington, TX	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	RR			\$1.20
Dallas-Fort Worth-Arlington, TX	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	UE			\$9.00
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Dallas-Fort Worth-Arlington, TX	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	NU			\$8.69
Dallas-Fort Worth-Arlington, TX	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	RR			\$0.87
Dallas-Fort Worth-Arlington, TX	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	UE			\$6.52
Dellas Fort Month Adia store TV	F0000	LIDINAL FEMALE, ILIO TVDE, ANV MATERIAL	NII I			#0.50
Dallas-Fort Worth-Arlington, TX	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	NU			\$9.50
Dallas-Fort Worth-Arlington, TX	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	RR			\$0.95
Dallas-Fort Worth-Arlington, TX	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	UE			\$7.13
Dallas-Fort Worth-Arlington, TX	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	NU			\$78.91
Dallas-Fort Worth-Arlington, TX	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	RR			\$7.89

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	UE			\$59.18
Dallas-Fort Worth-Arlington, TX	E0630	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S)	RR			\$69.00
Danas Fort Worth Allington, 170	20000	The second of th	T C C C C C C C C C C C C C C C C C C C			\$00.00
Dallas-Fort Worth-Arlington, TX	E0635	PATIENT LIFT, ELECTRIC WITH SEAT OR SLING	RR			\$105.00
		MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEGRATED LIFT, PATIENT ACCESSIBLE				
Dallas-Fort Worth-Arlington, TX	E0636	CONTROLS	RR			\$1,055.00
Dallas-Fort Worth-Arlington, TX	E1035	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE GIVER, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 LBS	RR			\$559.86
Dallas-Fort Worth-Arlington, TX	E1036	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, EXTRA-WIDE, WITH INTEGRATED SEAT, OPERATED BY CAREGIVER, PATIENT WEIGHT CAPACITY GREATER THAN 300 LBS	RR			\$800.00
Dallas-Fort Worth-Allington, 1A	E1030	OFERATED BY CAREGIVER, FATIENT WEIGHT CAFACITY GREATER THAN 300 LBS	NN			\$600.00
Dallas-Fort Worth-Arlington, TX	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	NU			\$248.50
Dallas-Fort Worth-Arlington, TX	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	RR			\$24.85
Dallas-Fort Worth-Arlington, TX	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	UE			\$186.38
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Dallas Fort Worth Arlington TV	E0628	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-ELECTRIC	NU			£250.00
Dallas-Fort Worth-Arlington, TX	E0020	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-ELECTRIC	INU			\$250.00
Dallas-Fort Worth-Arlington, TX	E0628	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-ELECTRIC	RR			\$25.00
Dallas-Fort Worth-Arlington, TX	E0628	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-ELECTRIC	UE			\$187.50

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	NU			\$250.00
Dallas-Fort Worth-Arlington, TX	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	RR			\$25.00
Dallas-Fort Worth-Arlington, TX	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	UE			\$187.50
Dallas-Fort Worth-Arlington, TX	A4557	LEAD WIRES, (E. G. , APNEA MONITOR), PER PAIR				\$13.97
Dallas-Fort Worth-Arlington, TX	A4595	ELECTRICAL STIMULATOR SUPPLIES, 2 LEAD, PER MONTH, (E. G. TENS, NMES)				\$12.36
Dallas-Fort Worth-Arlington, TX	E0720	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED STIMULATION	NU			\$175.00
Dallas-Fort Worth-Arlington, TX	E0730	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION	NU			\$125.32
Dallas-Fort Worth-Arlington, TX	E0731	FORM FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS OR NMES (WITH CONDUCTIVE FIBERS SEPARATED FROM THE PATIENT'S SKIN BY LAYERS OF FABRIC)	NU	KG		\$185.00
Kansas City, MO-KS	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$65.00
Kansas City, MO-KS	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$55.73
Kansas City, MO-KS	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$71.83
Kansas City, MO-KS	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$54.00

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 2	SPA
CDA Name	Code	Here's code Description	Woulder	WOUTHER Z	Modifier 3	SFA
Kansas City, MO-KS	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$78.00
Kansas City, MO-KS	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$74.35
Kansas City, MO-KS	E0271	MATTRESS, INNERSPRING	NU			\$127.40
Kansas City, MO-KS	E0271	MATTRESS, INNERSPRING	RR			\$12.74
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Kansas City, MO-KS	E0271	MATTRESS, INNERSPRING	UE			\$95.55
Kansas City, MO-KS	E0272	MATTRESS, FOAM RUBBER	NU			\$128.29
Kansas City, MO-KS	E0272	MATTRESS, FOAM RUBBER	RR			\$12.83
Kansas City, MO-KS	E0272	MATTRESS, FOAM RUBBER	UE			\$96.22
Natisas City, MO-NS	E0272	INATTRESS, FOANI RUBBER	UE			\$90.22
Kansas City, MO-KS	E0280	BED CRADLE, ANY TYPE	NU			\$25.82
Kansas City, MO-KS	E0280	BED CRADLE, ANY TYPE	RR			\$2.58
Kansas City, MO-KS	E0280	BED CRADLE, ANY TYPE	UE			\$19.37
Kansas City, MO-KS	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$47.79

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Kansas City, MO-KS	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$36.87
Kansas City, MO-KS	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$57.15
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Kansas City, MO-KS	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$46.35
Karisas Gity, MO-KO	L0293	TIOSITTAL BLD, VARIABLE FILIGITI, FII-LO, WITHOUT SIDE RAILS, WITHOUT WATTRESS	IXIX			φ40.55
		HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH				
Kansas City, MO-KS	E0294	MATTRESS	RR			\$75.97
		HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS,				
Kansas City, MO-KS	E0295	WITHOUT MATTRESS	RR			\$75.50
		HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT				
Kansas City, MO-KS	E0301	MATTRESS	RR			\$176.32
Kansas City, MO-KS	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$495.23
		HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350				
Kansas City, MO-KS	E0303	POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$194.18
Kansas City, MO-KS	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$570.00
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Karrana Oita MO KO	F0005	DED CIDE DAILS LIALE LENGTH	DD			044.67
Kansas City, MO-KS	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$11.25
Kansas City, MO-KS	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$113.62
Kansas City, MO-KS	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$11.36

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Kansas City, MO-KS	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$85.22
Kansas City, MO-KS	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$11.35
Kansas City, MO-KS	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$43.30
Kansas City, MO-KS	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$88.20
Kansas City, MO-KS	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$21.81
Kansas City, MO-KS	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	NU			\$47.30
Kansas City, MO-KS	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	RR			\$4.73
Kansas City, MO-KS	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	UE			\$35.48
Kansas City, MO-KS	E0181	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, WITH PUMP, INCLUDES HEAVY DUTY	RR			\$19.31
Kansas City, MO-KS	E0182	PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY	RR			\$18.80
Kansas City, MO-KS	E0184	DRY PRESSURE MATTRESS	NU			\$167.31
Kansas City, MO-KS	E0184	DRY PRESSURE MATTRESS	RR			\$16.73

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CBA Name	Code	HCPCS Code Description	Wodiffer 1	Modifier 2	woarrier 3	SPA
Kansas City, MO-KS	E0184	DRY PRESSURE MATTRESS	UE			\$125.48
Kansas City, MO-KS	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$206.14
Kansas City, MO-KS	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$20.61
Kansas City, MO-KS	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$154.61
Kansas City, MO-KS	E0186	AIR PRESSURE MATTRESS	RR			\$16.50
Kansas City, MO-KS	E0187	WATER PRESSURE MATTRESS	RR			\$17.45
Kansas City, MO-KS	E0188	SYNTHETIC SHEEPSKIN PAD	NU			\$22.71
Kansas City, MO-KS	E0188	SYNTHETIC SHEEPSKIN PAD	RR			\$2.27
Kansas City, MO-KS	E0188	SYNTHETIC SHEEPSKIN PAD	UE			\$17.03
Kansas City, MO-KS	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	NU			\$41.87
Kansas City, MO-KS	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	RR			\$4.19
Kansas City, MO-KS	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	UE			\$31.40

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Kansas City, MO-KS	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$627.31
Kansas City, MO-KS	E0196	GEL PRESSURE MATTRESS	RR			\$26.18
Kansas City, MO-KS	E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$178.50
Kansas City, MO-KS	E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$17.85
Kansas City, MO-KS	E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$133.88
Kansas City, MO-KS	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$25.00
Kansas City, MO-KS	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$2.50
Kansas City, MO-KS	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$18.75
Kansas City, MO-KS	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$320.00
Kansas City, MO-KS	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$283.93
Kansas City, MO-KS	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$299.50
Kansas City, MO-KS	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$341.32

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Kansas City, MO-KS	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE	NU			\$26.63
Kansas City, MO-KS	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE	RR			\$2.66
Kansas City, MO-KS	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE	UE			\$19.97
Kansas City, MO-KS	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE, WITH FAUCET ATTACHMENT/S	NU			\$24.00
Kansas City, MO-KS	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE, WITH FAUCET ATTACHMENT/S	RR			\$2.40
Kansas City, MO-KS	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE, WITH FAUCET ATTACHMENT/S	UE			\$18.00
Kansas City, MO-KS	E0163	COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	NU			\$67.00
Kansas City, MO-KS	E0163	COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	RR			\$6.70
Kansas City, MO-KS	E0163	COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	UE			\$50.25
Kansas City, MO-KS	E0165	COMMODE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS	RR			\$13.97
Kansas City, MO-KS	E0167	PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY	NU			\$10.00
Kansas City, MO-KS	E0167	PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY	RR			\$1.00

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
CDA Name	Code	nores code Description	Modifier	Wiodiffer 2	Wiodiffer 3	SFA
Kansas City, MO-KS	E0167	PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY	UE			\$7.50
		COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR				
Kansas City, MO-KS	E0168	WITHOUT ARMS, ANY TYPE, EACH	NU			\$113.47
Kansas City, MO-KS	E0168	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	RR			\$11.35
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Kanana Cita MO KO	E0400	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR	u e			005.40
Kansas City, MO-KS	E0168	WITHOUT ARMS, ANY TYPE, EACH	UE			\$85.10
Kansas City, MO-KS	E0170	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE	RR			\$140.00
Kansas City, MO-KS	E0171	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE	RR			\$27.50
Kansas City, MO-KS	E0275	BED PAN, STANDARD, METAL OR PLASTIC	NU			\$12.00
Kanaga City MO KS	E0275	DED DANI STANDADD METAL OD DI ASTIC	RR			\$1.20
Kansas City, MO-KS	E0275	BED PAN, STANDARD, METAL OR PLASTIC	KK			\$1.20
Kansas City, MO-KS	E0275	BED PAN, STANDARD, METAL OR PLASTIC	UE			\$9.00
Kansas City, MO-KS	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	NU			\$10.34
Kansas City, MO-KS	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	RR			\$1.03
Kansas City, MO-KS	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	UE			\$7.76
Kansas City, MO-KS	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	UE			\$7.76

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Code	HCPCS Code Description	Wodifier 1	Wodifier 2	Modifier 3	SPA
E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	NU			\$9.05
E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	RR			\$0.91
F0325	LIRINAL: MALE JUG-TYPE ANY MATERIAL	UE			\$6.79
20020	S. (1) (2) (1) (2) (1) (2) (1) (2) (1) (2) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	02			ψο σ
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E0326	URINAL; FEMALE, JUG-1 YPE, ANY MATERIAL	NU			\$8.50
E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	RR			\$0.85
E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	UE			\$6.38
E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	NU			\$72.50
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F0004	CLINIC OR SEAT, DATIENT LIET, CANIVAS OR NIVLON	DD			¢7.05
EU621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	KK			\$7.25
E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	UE			\$54.38
E0630	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S)	RR			\$67.96
E0635	PATIENT LIFT, ELECTRIC WITH SEAT OR SLING	RR			\$105.00
E0636	MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEGRATED LIFT, PATIENT ACCESSIBLE CONTROLS	RR			\$900.00
	E0325 E0325 E0325 E0326 E0326 E0326 E0621 E0621 E0621	E0325 URINAL; MALE, JUG-TYPE, ANY MATERIAL E0325 URINAL; MALE, JUG-TYPE, ANY MATERIAL E0326 URINAL; MALE, JUG-TYPE, ANY MATERIAL E0326 URINAL; FEMALE, JUG-TYPE, ANY MATERIAL E0327 URINAL; FEMALE, JUG-TYPE, ANY MATERIAL E0328 URINAL; FEMALE, JUG-TYPE, ANY MATERIAL E0329 URINAL; FEMALE, JUG-TYPE, ANY MATERIAL E0329 URINAL; FEMALE, JUG-TYPE, ANY MATERIAL E0320 URINAL; FEMALE, JUG-TYPE, ANY MATERIAL E0321 SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON E0321 SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON E0330 PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S) E0330 PATIENT LIFT, ELECTRIC WITH SEAT OR SLING MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEGRATED LIFT, PATIENT ACCESSIBLE	CODE HCPCS Code Description Modifier 1 E0325 URINAL; MALE, JUG-TYPE, ANY MATERIAL NU E0325 URINAL; MALE, JUG-TYPE, ANY MATERIAL UE E0326 URINAL; FEMALE, JUG-TYPE, ANY MATERIAL NU E0326 URINAL; FEMALE, JUG-TYPE, ANY MATERIAL RR E0326 URINAL; FEMALE, JUG-TYPE, ANY MATERIAL UE E0326 URINAL; FEMALE, JUG-TYPE, ANY MATERIAL UE E0621 SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON NU E0621 SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON RR E0621 SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON UE E0630 PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S) RR E0635 PATIENT LIFT, ELECTRIC WITH SEAT OR SLING RR MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEGRATED LIFT, PATIENT ACCESSIBLE	Code HCPCS Code Description Modifier 1 Modifier 2	HCPCS Code Description HODIFIER 2 Modifier 2 Modifier 3

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Kansas City, MO-KS	E1035	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE GIVER, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 LBS				\$558.66
realisas City, MO-RO	L 1033	GIVER, FATILITY WEIGHT CAFACITY OF TO AND INCLODING 300 EDS	IXIX			\$336.00
Kansas City, MO-KS	E1036	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, EXTRA-WIDE, WITH INTEGRATED SEAT, OPERATED BY CAREGIVER, PATIENT WEIGHT CAPACITY GREATER THAN 300 LBS	RR			\$820.00
Kansas City, MO-KS	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	NU			\$250.00
Kansas City, MO-KS	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	RR			\$25.00
Kansas City, MO-KS	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	UE			\$187.50
Kansas City, MO-KS	E0628	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-ELECTRIC	NU			\$271.75
Kansas City, MO-KS	E0628	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-ELECTRIC	RR			\$27.18
Kansas City, MO-KS	E0628	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-ELECTRIC	UE			\$203.81
Kansas City, MO-KS	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	NU			\$266.42
W 07 NO VO	5000	OFDADATE OF AT LIFT MEGUANION FOR LIGE WITH DATIFALT OWNER FURNITURE VIOLENCE VIOLENCE				
Kansas City, MO-KS	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	KK			\$26.64
Kansas City, MO-KS	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	UE			\$199.82
Kansas City, MO-KS	A4557	LEAD WIRES, (E. G. , APNEA MONITOR), PER PAIR				\$15.00

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Kansas City, MO-KS	A4595	ELECTRICAL STIMULATOR SUPPLIES, 2 LEAD, PER MONTH, (E. G. TENS, NMES)				\$16.50
Kansas City, MO-KS	E0720	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED STIMULATION	NU			\$219.00
Kansas City, MO-KS	E0730	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION	NU			\$199.25
Kansas City, MO-KS	E0731	FORM FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS OR NMES (WITH CONDUCTIVE FIBERS SEPARATED FROM THE PATIENT'S SKIN BY LAYERS OF FABRIC)	NU	KG		\$202.23
Miami-Fort Lauderdale-Pompano Beach, FL	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$58.83
Miami-Fort Lauderdale-Pompano Beach, FL	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$44.43
Miami-Fort Lauderdale-Pompano Beach, FL	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$67.26
Miami-Fort Lauderdale-Pompano Beach, FL	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$47.30
Miami-Fort Lauderdale-Pompano Beach, FL	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$78.02
Miami-Fort Lauderdale-Pompano Beach, FL	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$68.90
Miami-Fort Lauderdale-Pompano Beach, FL	E0271	MATTRESS, INNERSPRING	NU			\$113.00
Miami-Fort Lauderdale-Pompano Beach, FL	E0271	MATTRESS, INNERSPRING	RR			\$11.30

		Constantionic Equipment and Related Supplies and Research				
CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-Pompano Beach, FL	E0271	MATTRESS, INNERSPRING	UE			\$84.75
Miami-Fort Lauderdale-Pompano Beach, FL	E0272	MATTRESS, FOAM RUBBER	NU			\$114.95
Miami-Fort Lauderdale-Pompano Beach, FL	E0272	MATTRESS, FOAM RUBBER	RR			\$11.50
Miami-Fort Lauderdale-Pompano Beach, FL	E0272	MATTRESS, FOAM RUBBER	UE			\$86.21
Miami-Fort Lauderdale-Pompano Beach, FL	E0280	BED CRADLE, ANY TYPE	NU			\$23.98
Miami-Fort Lauderdale-Pompano Beach, FL	E0280	BED CRADLE, ANY TYPE	RR			\$2.40
Miami-Fort Lauderdale-Pompano Beach, FL	E0280	BED CRADLE, ANY TYPE	UE			\$17.99
Miami-Fort Lauderdale-Pompano Beach, FL	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$46.40
Miami-Fort Lauderdale-Pompano Beach, FL	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$35.00
Miami-Fort Lauderdale-Pompano Beach, FL	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$48.37
Miami-Fort Lauderdale-Pompano Beach, FL	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$41.80
Miami-Fort Lauderdale-Pompano Beach, FL	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$66.80

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
CDA Name	Code	nords dode Description	Modifier	Wiodillel 2	Modifier 3	SFA
Miami-Fort Lauderdale-Pompano Beach, FL	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$65.06
Miami-Fort Lauderdale-Pompano Beach, FL	E0301	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$157.50
Miami-Fort Lauderdale-Pompano Beach, FL	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$428.26
Miami-Fort Lauderdale-Pompano Beach, FL	E0303	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$176.96
Miami-Fort Lauderdale-Pompano Beach, FL	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$460.74
Miami-Fort Lauderdale-Pompano Beach, FL	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$9.11
Miami-Fort Lauderdale-Pompano Beach, FL	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$105.56
Miami-Fort Lauderdale-Pompano Beach, FL	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$10.56
Miami-Fort Lauderdale-Pompano Beach, FL	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$79.17
Miami-Fort Lauderdale-Pompano Beach, FL	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$11.48
Miami-Fort Lauderdale-Pompano Beach, FL	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$33.00
Miami-Fort Lauderdale-Pompano Beach, FL	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$72.20

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-Pompano Beach, FL	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$18.53
Miami-Fort Lauderdale-Pompano Beach, FL	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	NU			\$38.44
Miami-Fort Lauderdale-Pompano Beach, FL	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	RR			\$3.84
Miami-Fort Lauderdale-Pompano Beach, FL	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	UE			\$28.83
Miami-Fort Lauderdale-Pompano Beach, FL	E0181	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, WITH PUMP, INCLUDES HEAVY DUTY	RR			\$17.63
Miami-Fort Lauderdale-Pompano Beach, FL	E0182	PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY	RR			\$15.54
Miami-Fort Lauderdale-Pompano Beach, FL	E0184	DRY PRESSURE MATTRESS	NU			\$142.22
Miami-Fort Lauderdale-Pompano Beach, FL	E0184	DRY PRESSURE MATTRESS	RR			\$14.22
Miami-Fort Lauderdale-Pompano Beach, FL	E0184	DRY PRESSURE MATTRESS	UE			\$106.67
Miami-Fort Lauderdale-Pompano Beach, FL	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$191.63
Miami-Fort Lauderdale-Pompano Beach, FL	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$19.16
Miami-Fort Lauderdale-Pompano Beach, FL	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$143.72

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
ODA Name	Ooue	noi do dode Description	Wiodiller	Wodiner 2	Wiodiller 5	OI A
Miami-Fort Lauderdale-Pompano						
Beach, FL	E0186	AIR PRESSURE MATTRESS	RR			\$15.27
Misesi Fort Loudendels Description						
Miami-Fort Lauderdale-Pompano Beach, FL	E0187	WATER PRESSURE MATTRESS	RR			\$15.27
Miami-Fort Lauderdale-Pompano Beach, FL	E0188	SYNTHETIC SHEEPSKIN PAD	NU			\$16.89
Deach, i L	L0100	STATILLIO STILLI SKINT AD	NO			\$10.09
Miami-Fort Lauderdale-Pompano						
Beach, FL	E0188	SYNTHETIC SHEEPSKIN PAD	RR			\$1.69
M: :5 ()						
Miami-Fort Lauderdale-Pompano Beach, FL	E0188	SYNTHETIC SHEEPSKIN PAD	UE			\$12.67
Miami-Fort Lauderdale-Pompano Beach, FL	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	NU			\$39.07
Deach, i L	L0109	EAWBOWOOL SHEEL SKINT AD, ANT SIZE	NO			φ33.01
Miami-Fort Lauderdale-Pompano						
Beach, FL	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	RR			\$3.91
Minne: Forth and and all Description						
Miami-Fort Lauderdale-Pompano Beach, FL	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	UE			\$29.30
Miami-Fort Lauderdale-Pompano Beach, FL	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$522.84
Deach, i L	L0193	1 OWERED AIR LEGIATION BED (LOW AIR LOSS THERAIT)	IXIX			φ322.04
Miami-Fort Lauderdale-Pompano						
Beach, FL	E0196	GEL PRESSURE MATTRESS	RR			\$23.00
No. 15 (1) 1 1 1 5						
Miami-Fort Lauderdale-Pompano Beach, FL	E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$131.70
Miami-Fort Lauderdale-Pompano	E0407	AID DRESSIDE DAD FOR MATTRESS STANDARD MATTRESS I ENOTH AND WIRTH	RR			640.47
Beach, FL	E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NN			\$13.17

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-Pompano			<u>-</u>			
Beach, FL	E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$98.78
M. 15 (1 1 1 5						
Miami-Fort Lauderdale-Pompano Beach, FL	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$23.14
Miami-Fort Lauderdale-Pompano						
Beach, FL	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$2.31
Miami-Fort Lauderdale-Pompano Beach, FL	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$17.36
						V 11100
Miami-Fort Lauderdale-Pompano						
Beach, FL	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$300.56
Miami-Fort Lauderdale-Pompano Beach, FL	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$233.89
Deadil, FL	E037 1	WATTRESS LENGTH AND WIDTH	NK			φ 2 33.09
Miami-Fort Lauderdale-Pompano						
Beach, FL	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$228.53
Miami-Fort Lauderdale-Pompano	E0070	NONDOWERED ADVANCED DEFCCURE DEDUCING MATTRECC	D.D.			* 000 77
Beach, FL	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$282.77
Miami-Fort Lauderdale-Pompano						
Beach, FL	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE	NU			\$20.22
Miami-Fort Lauderdale-Pompano	E0400	CITZ TYPE DATH OD FOUIDMENT, DODTADLE, 1955 WITH OD WITHOUT COMMOSS	DD			***
Beach, FL	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE	RR			\$2.02
Miomi Fort Loudordala Damas -						
Miami-Fort Lauderdale-Pompano Beach, FL	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE	UE			\$15.17
Miami-Fort Lauderdale-Pompano		SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE, WITH				
Beach, FL	E0161	FAUCET ATTACHMENT/S	NU			\$19.72

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
M: :5 (1 1 1 5		CITZ TVDE DATU OD FOLIDMENT, DODTADI E LIGED WITH OD WITHOUT COMMODE WITH				
Miami-Fort Lauderdale-Pompano Beach, FL	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE, WITH FAUCET ATTACHMENT/S	RR			\$1.97
Deach, FL	E0161	PAUCET ATTACHWENT/S	KK			\$1.97
Miami-Fort Lauderdale-Pompano		SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE, WITH				
Beach, FL	E0161	FAUCET ATTACHMENT/S	UE			\$14.79
Mismi Fort Laudardala Damana						
Miami-Fort Lauderdale-Pompano Beach, FL	E0163	COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	NU			\$68.43
Deadil, I L	20103	COMMODE CHAIR, MODILE OR STATIONART, WITH INED ARMS	140			Ψ00.43
Miami-Fort Lauderdale-Pompano						
Beach, FL	E0163	COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	RR			\$6.84
Miami-Fort Lauderdale-Pompano						
Beach, FL	E0163	COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	UE			\$51.32
Dodon, 1 L	20100	Commost orank, mostee orconvironation, minimuses mane				ψ01102
Miami-Fort Lauderdale-Pompano						·
Beach, FL	E0165	COMMODE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS	RR			\$12.50
Miami-Fort Lauderdale-Pompano						
Beach, FL	E0167	PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY	NU			\$7.70
Miami-Fort Lauderdale-Pompano Beach, FL	E0167	PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY	RR			\$0.77
beach, FL	E0167	PAIL OR PAIN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY	KK			Ф 0.77
Miami-Fort Lauderdale-Pompano						
Beach, FL	E0167	PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY	UE			\$5.78
Miami-Fort Lauderdale-Pompano		COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR				
Beach, FL	E0168	WITHOUT ARMS, ANY TYPE, EACH	NU			\$108.00
,						•
Miami-Fort Lauderdale-Pompano	E0400	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR	55			0.055
Beach, FL	E0168	WITHOUT ARMS, ANY TYPE, EACH	RR			\$10.80
Miami-Fort Lauderdale-Pompano		COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR				
Beach, FL	E0168	WITHOUT ARMS, ANY TYPE, EACH	UE			\$81.00

		Conordi Homo Equipment and Related Cappings and Research				
	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-Pompano Beach, FL	E0170	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE	RR			\$120.85
Bodon, i E	20170					ψ120.00
Miami-Fort Lauderdale-Pompano						
Beach, FL	E0171	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE	RR			\$21.75
Miami-Fort Lauderdale-Pompano						
Beach, FL	E0275	BED PAN, STANDARD, METAL OR PLASTIC	NU			\$9.79
Miami-Fort Lauderdale-Pompano						
Beach, FL	E0275	BED PAN, STANDARD, METAL OR PLASTIC	RR			\$0.98
Miami-Fort Lauderdale-Pompano Beach, FL	E0275	BED PAN, STANDARD, METAL OR PLASTIC	UE			\$7.34
Miami-Fort Lauderdale-Pompano Beach, FL	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	NU			\$8.90
Miami-Fort Lauderdale-Pompano	E0070	DED DAN EDACTURE METAL OR DI ACTIC	DD			CO 00
Beach, FL	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	RR			\$0.89
Miami-Fort Lauderdale-Pompano						
Beach, FL	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	UE			\$6.68
Miami-Fort Lauderdale-Pompano						
Beach, FL	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	NU			\$6.42
Miami Fart I audardala Damana						
Miami-Fort Lauderdale-Pompano Beach, FL	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	RR			\$0.64
Miami-Fort Lauderdale-Pompano Beach, FL	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	UE			\$4.82
Miami-Fort Lauderdale-Pompano Beach, FL	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	NU			\$7.59
	_5525		1.10			ψ1.00

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-Pompano Beach, FL	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	RR			\$0.76
Miami-Fort Lauderdale-Pompano Beach, FL	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	UE			\$5.69
Miami-Fort Lauderdale-Pompano Beach, FL	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	NU			\$60.13
Miami-Fort Lauderdale-Pompano Beach, FL	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	RR			\$6.01
Miami-Fort Lauderdale-Pompano Beach, FL	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	UE			\$45.10
Miami-Fort Lauderdale-Pompano Beach, FL	E0630	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S)	RR			\$59.50
Miami-Fort Lauderdale-Pompano Beach, FL	E0635	PATIENT LIFT, ELECTRIC WITH SEAT OR SLING	RR			\$89.00
Miami-Fort Lauderdale-Pompano Beach, FL	E0636	MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEGRATED LIFT, PATIENT ACCESSIBLE CONTROLS	RR			\$804.22
Miami-Fort Lauderdale-Pompano Beach, FL	E1035	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE GIVER, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 LBS	RR			\$461.06
Miami-Fort Lauderdale-Pompano Beach, FL	E1036	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, EXTRA-WIDE, WITH INTEGRATED SEAT, OPERATED BY CAREGIVER, PATIENT WEIGHT CAPACITY GREATER THAN 300 LBS	RR			\$646.36
Miami-Fort Lauderdale-Pompano Beach, FL	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	NU			\$239.86
Miami-Fort Lauderdale-Pompano Beach, FL	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	RR			\$23.99

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-Pompano						
Beach, FL	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	UE			\$179.90
Miami-Fort Lauderdale-Pompano						
Beach, FL	E0628	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-ELECTRIC	NU			\$250.00
Miami-Fort Lauderdale-Pompano						
Beach, FL	E0628	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-ELECTRIC	RR			\$25.00
Miami-Fort Lauderdale-Pompano	E0628	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-ELECTRIC	UE			¢407 F0
Beach, FL	EU020	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-ELECTRIC	UE			\$187.50
Miami-Fort Lauderdale-Pompano Beach, FL	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	NH			\$240.00
Bodon, i E	20023	SELFAUTE SEAT EN LINESTATION ON SEE WITH AN ELECTRIC	110			Ψ2-10.00
Miami Fart Laudardala Dammana						
Miami-Fort Lauderdale-Pompano Beach, FL	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	RR			\$24.00
Miami-Fort Lauderdale-Pompano						
Beach, FL	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	UE			\$180.00
Miami-Fort Lauderdale-Pompano						
Beach, FL	A4557	LEAD WIRES, (E. G. , APNEA MONITOR), PER PAIR				\$14.39
Miami-Fort Lauderdale-Pompano						
Beach, FL	A4595	ELECTRICAL STIMULATOR SUPPLIES, 2 LEAD, PER MONTH, (E. G. TENS, NMES)				\$17.02
Miami-Fort Lauderdale-Pompano Beach, FL	E0720	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED STIMULATION	NU			£407.44
Deach, FL	E0720	STIMULATION	INU			\$197.41
Miami-Fort Lauderdale-Pompano Beach, FL	E0730	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION	NU			\$199.02
			•			Ţ.30.0 <u>2</u>
Miami-Fort Lauderdale-Pompano		FORM FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS OR NMES (WITH CONDUCTIVE				
Beach, FL	E0731	FIBERS SEPARATED FROM THE PATIENT'S SKIN BY LAYERS OF FABRIC)	NU	KG		\$229.88

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orlando-Kissimmee-Sanford, FL	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$64.18
Orlando-Kissimmee-Sanford, FL	E0251	HOSDITAL DED SIVED LISICUIT WITH ANY TYPE SIDE DAILS WITHOUT MATTRESS	RR			\$55.50
Ollahou-Nissimmee-Samoru, FL	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS				
Orlando-Kissimmee-Sanford, FL	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$70.00
Orlando-Kissimmee-Sanford, FL	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$50.56
Orlando-Kissimmee-Sanford, FL	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$76.08
Orlando-Kissimmee-Sanford, FL	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$70.00
Orlando-Kissimmee-Sanford, FL	E0271	MATTRESS, INNERSPRING	NU			\$118.92
Orlando-Kissimmee-Sanford, FL	E0271	MATTRESS, INNERSPRING	RR			\$11.89
Orlando-Kissimmee-Sanford, FL	E0271	MATTRESS, INNERSPRING	UE			\$89.19
Orlando-Kissimmee-Sanford, FL	E0272	MATTRESS, FOAM RUBBER	NU			\$122.60
Orlando-Kissimmee-Sanford, FL	E0272	MATTRESS, FOAM RUBBER	RR			\$12.26
Orlando-Kissimmee-Sanford, FL	E0272	MATTRESS, FOAM RUBBER	UE			\$91.95

CBA Name	HCPCS Code	HCBCS Code Description	Modifier 1	Modifier 2	Modifier 2	SPA
CDA Name	Code	HCPCS Code Description	Modifier	Modifier 2	Modifier 3	SFA
Orlando-Kissimmee-Sanford, FL	E0280	BED CRADLE, ANY TYPE	NU			\$28.00
Orlando-Kissimmee-Sanford, FL	E0280	BED CRADLE, ANY TYPE	RR			\$2.80
Odenda Kiesimores Conford El	F0000	DED ODADLE ANN TYPE				£04.00
Orlando-Kissimmee-Sanford, FL	E0280	BED CRADLE, ANY TYPE	UE			\$21.00
Orlando-Kissimmee-Sanford, FL	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$52.41
Orlando-Kissimmee-Sanford, FL	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$39.50
Orlando-Kissimmee-Sanford, FL	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$55.17
Onando-Rissimmee-Gamora, i E	L0232	TIOUTTAL BLD, VARIABLE HEIGHT, HIPEO, WITHOUT GIBL RAILS, WITH WATTRESS	IXIX			ψ33.17
Orlando-Kissimmee-Sanford, FL	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$46.62
		HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH				
Orlando-Kissimmee-Sanford, FL	E0294	MATTRESS	RR			\$70.32
Orlando-Kissimmee-Sanford, FL	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$69.09
,		HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350				
	5000 4	POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT				•
Orlando-Kissimmee-Sanford, FL	E0301	MATTRESS	RR			\$167.01
		HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600				
Orlando-Kissimmee-Sanford, FL	E0302	POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$462.42
		HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350				
Orlando-Kissimmee-Sanford, FL	E0303	POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$181.11

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orlando-Kissimmee-Sanford, FL	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$490.08
Orlando-Kissimmee-Sanford, FL	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$9.80
Orlando-Kissimmee-Sanford, FL	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$108.00
Orlando-Kissimmee-Sanford, FL	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$10.80
Orlando-Kissimmee-Sanford, FL	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$81.00
Orlando-Kissimmee-Sanford, FL	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$11.77
Orlando-Kissimmee-Sanford, FL	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$35.00
Orlando-Kissimmee-Sanford, FL	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$74.22
Orlando-Kissimmee-Sanford, FL	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$19.40
Orlando-Kissimmee-Sanford, FL	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	NU			\$41.24
Orlando-Kissimmee-Sanford, FL	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	RR			\$4.12
Orlando-Kissimmee-Sanford, FL	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	UE			\$30.93

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orlando-Kissimmee-Sanford, FL	E0181	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, WITH PUMP, INCLUDES HEAVY DUTY	RR			\$18.35
Orlando-Kissimmee-Sanford, FL	E0182	PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY	RR			\$16.73
Orlando-Kissimmee-Sanford, FL	E0184	DRY PRESSURE MATTRESS	NU			\$156.42
Orlando-Kissimmee-Sanford, FL	E0184	DRY PRESSURE MATTRESS	RR			\$15.64
Orlando-Kissimmee-Sanford, FL	E0184	DRY PRESSURE MATTRESS	UE			\$117.32
Orlando-Kissimmee-Sanford, FL	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$203.31
Orlando-Kissimmee-Sanford, FL	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$20.33
Orlando-Kissimmee-Sanford, FL	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$152.48
Orlando-Kissimmee-Sanford, FL	E0186	AIR PRESSURE MATTRESS	RR			\$17.22
Orlando-Kissimmee-Sanford, FL	E0187	WATER PRESSURE MATTRESS	RR			\$17.50
Orlando-Kissimmee-Sanford, FL	E0188	SYNTHETIC SHEEPSKIN PAD	NU			\$19.75
Orlando-Kissimmee-Sanford, FL	E0188	SYNTHETIC SHEEPSKIN PAD	RR			\$1.98

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
OD/ (Namo	Jour	nor de deue Beschiphen	in Camor 1	modifier 2	mounior o	OI /
Orlando-Kissimmee-Sanford, FL	E0188	SYNTHETIC SHEEPSKIN PAD	UE			\$14.81
Orlando-Kissimmee-Sanford, FL	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	NU			\$46.22
Orlanda Kisaimmaa Sanfard El	F0480	LAMBOWOOL CHIEFDOWN DAD, ANY CITE	DD			¢4.60
Orlando-Kissimmee-Sanford, FL	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	RR			\$4.62
Orlando-Kissimmee-Sanford, FL	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	UE			\$34.67
Orlando-Kissimmee-Sanford, FL	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$571.91
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Orlando-Kissimmee-Sanford, FL	E0196	GEL PRESSURE MATTRESS	RR			\$26.34
Orlando-Kissimmee-Sanford, FL	E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$141.62
Orlando-Kissimmee-Sanford, FL	E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$14.16
Onando-Nissimmee-Gamord, i L	L0191	AINT RESSURE FAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	KIX			φ14.10
Orlando-Kissimmee-Sanford, FL	E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$106.22
Orlando-Kissimmee-Sanford, FL	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$25.72
Odenda Kiesiana C. (1.5)	F0400	DRY DRECOURE DAD FOR MATTRECO, CTANDADO MATTRECO I ENOTIL AND MUSTU	DD			60.57
Orlando-Kissimmee-Sanford, FL	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$2.57
Orlando-Kissimmee-Sanford, FL	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$19.29

HCPCS					
Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$349.66
F0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD	RR			\$263.67
20071	WATTREES LENGTH AND WIDTH	TATA			Ψ200.07
E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$292.50
E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$366.49
E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE	NU			\$24.57
E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE	RR			\$2.46
F0160	SITZ TYPE BATH OR FOLIPMENT PORTABLE LISED WITH OR WITHOUT COMMODE	UE			\$18.43
20100	OHE THE BATTON EQUIL MENT, TONTABLE, ODED WITHOUT OUNIMOBE	OL .			φ10. 4 3
	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE, WITH				
E0161	FAUCET ATTACHMENT/S	NU			\$22.27
	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE, WITH				
E0161	FAUCET ATTACHMENT/S	RR			\$2.23
	SITZ TYPE BATH OR FOLIDMENT BORTARI E LISED WITH OR WITHOUT COMMODE WITH				
E0161	FAUCET ATTACHMENT/S	UE			\$16.70
E0163	COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	NU			\$69.10
E0163	COMMODE CHAIR MORILE OR STATIONARY WITH FIVED APMS	RR			\$6.91
	E0277 E0371 E0372 E0373 E0160 E0160 E0161 E0161	E0277 POWERED PRESSURE-REDUCING AIR MATTRESS NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH E0372 POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH E0373 NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS E0160 SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE E0160 SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE E0160 SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE E0161 SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE, WITH FAUCET ATTACHMENT/S SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE, WITH E0161 FAUCET ATTACHMENT/S SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE, WITH FAUCET ATTACHMENT/S SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE, WITH FAUCET ATTACHMENT/S COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	### CODE HCPCS Code Description ### Modifier 1 ### POWERED PRESSURE-REDUCING AIR MATTRESS ### RR ### NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH ### RR ### ### RR ### POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH ### RR ### RR ### POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH ### RR ### RR ### POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH ### RR ### RR ### POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH ### RR ### RR ### POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH ### RR ### RR ### POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS, STANDARD ### RR ### POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS, STANDARD ### RR ### POWERED AIR OVERLAY FOR MATTRESS ### POWERED AIR	E0277 POWERED PRESSURE-REDUCING AIR MATTRESS RR	HCPCS Code Description Modifier 1 Modifier 2 Modifier 3 FRR FRR NONPOWERED PRESSURE-REDUCING AIR MATTRESS RR NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH FRR FRR FRR FRR FRR FRR FRR F

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orlando-Kissimmee-Sanford, FL	E0163	COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	UE			\$51.83
Orlando-Kissimmee-Sanford, FL	E0165	COMMODE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS	RR			\$13.97
Onando-Rissimmee-Samord, FL	E0103	COMMODE CHAIR, MOBILE OR STATIONART, WITH DETACHABLE ARMS	NN			φ13.9 <i>1</i>
Orlando-Kissimmee-Sanford, FL	E0167	PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY	NU			\$9.25
Orlando-Kissimmee-Sanford, FL	E0167	PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY	RR			\$0.93
Orlando-Kissimmee-Sanford, FL	E0167	PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY	UE			\$6.94
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Odende Kiesinson o Conford El	E0400	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR	NII I			¢447.50
Orlando-Kissimmee-Sanford, FL	E0168	WITHOUT ARMS, ANY TYPE, EACH	NU			\$117.53
		COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR				
Orlando-Kissimmee-Sanford, FL	E0168	WITHOUT ARMS, ANY TYPE, EACH	RR			\$11.75
		COMMODE CHAIR EVERA WIDE AND/OR HEAVY PHEY CTATIONARY OR MORIE WITH OR				
Orlando-Kissimmee-Sanford, FL	E0168	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	UE			\$88.15
Orlando-Kissimmee-Sanford, FL	E0170	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE	RR			\$146.30
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Orlando-Kissimmee-Sanford, FL	E0171	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE	RR			\$26.39
Orlando-Kissimmee-Sanford, FL	E0275	BED PAN, STANDARD, METAL OR PLASTIC	NU			\$12.00
Orlando-Kissimmee-Sanford, FL	E0275	BED PAN, STANDARD, METAL OR PLASTIC	RR			\$1.20

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orlando-Kissimmee-Sanford, FL	E0275	BED PAN, STANDARD, METAL OR PLASTIC	UE			\$9.00
Orlando-Kissimmee-Sanford, FL	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	NU			\$10.58
Orlando-Kissimmee-Sanford, FL	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	RR			\$1.06
Orlando-Kissimmee-Sanford, FL	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	UE			\$7.94
Orlando-Kissimmee-Sanford, FL	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	NU			\$8.00
Orlando-Kissimmee-Sanford, FL	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	RR			\$0.80
Orlando-Kissimmee-Sanford, FL	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	UE			\$6.00
Orlando-Kissimmee-Sanford, FL	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	NU			\$8.73
Orlando-Kissimmee-Sanford, FL	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	RR			\$0.87
Orlando-Kissimmee-Sanford, FL	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	UE			\$6.55
Orlando-Kissimmee-Sanford, FL	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	NU			\$67.17
Orlando-Kissimmee-Sanford, FL	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	RR			\$6.72

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orlando-Kissimmee-Sanford, FL	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	UE			\$50.38
Orlando-Kissimmee-Sanford, FL	E0630	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S)	RR			\$60.23
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	F0005	DATISMT LIST SUSCEPTION WITH OF AT OR OLUMO	55			\$400.07
Orlando-Kissimmee-Sanford, FL	E0635	PATIENT LIFT, ELECTRIC WITH SEAT OR SLING	RR			\$100.27
		MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEGRATED LIFT, PATIENT ACCESSIBLE				
Orlando-Kissimmee-Sanford, FL	E0636	CONTROLS	RR			\$906.18
Orlando-Kissimmee-Sanford, FL	E1035	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE GIVER, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 LBS	RR			\$549.75
Orlando-Kissimmee-Sanford, FL	E1036	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, EXTRA-WIDE, WITH INTEGRATED SEAT, OPERATED BY CAREGIVER, PATIENT WEIGHT CAPACITY GREATER THAN 300 LBS	RR			\$770.00
Change Problem Too Carnota, 1 E	21000	or Electrical Data State Control of the Control of	T C C C C C C C C C C C C C C C C C C C			\$770.00
Orlando-Kissimmee-Sanford, FL	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	NU			\$250.00
Orlando-Kissimmee-Sanford, FL	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	RR			\$25.00
Orlando-Kissimmee-Sanford, FL	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	UE			\$187.50
Orlando-Kissimmee-Sanford, FL	E0628	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-ELECTRIC	NU			\$256.82
Onando-Rissimmee-Samord, FL	E0020	SEFARATE SEAT LIFT MECHANISM FOR USE WITH FATIENT OWNED FORNITURE-ELECTRIC	NO			\$256.62
Orlando-Kissimmee-Sanford, FL	E0628	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-ELECTRIC	RR			\$25.68
Orlando-Kissimmee-Sanford, FL	E0628	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-ELECTRIC	UE			\$192.62

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orlando-Kissimmee-Sanford, FL	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	NU			\$249.33
Orlando-Kissimmee-Sanford, FL	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	RR			\$24.93
Orlando-Kissimmee-Sanford, FL	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	UE			\$187.00
	A 4557	LEAD WIDEO (F. O. ADNEA MONITOD), DED DAID				445.45
Orlando-Kissimmee-Sanford, FL	A4557	LEAD WIRES, (E. G. , APNEA MONITOR), PER PAIR				\$15.49
Orlando-Kissimmee-Sanford, FL	A4595	ELECTRICAL STIMULATOR SUPPLIES, 2 LEAD, PER MONTH, (E. G. TENS, NMES)				\$18.50
Orlanda Kinaimmaa Sanfard El	E0720	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED	NILL			\$24E 07
Orlando-Kissimmee-Sanford, FL	E0720	STIMULATION	NU			\$245.97
		TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS,				
Orlando-Kissimmee-Sanford, FL	E0730	FOR MULTIPLE NERVE STIMULATION	NU			\$202.60
Orlando-Kissimmee-Sanford, FL	E0731	FORM FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS OR NMES (WITH CONDUCTIVE FIBERS SEPARATED FROM THE PATIENT'S SKIN BY LAYERS OF FABRIC)	NU	KG		\$252.02
Change Mooninings Camera, 1 E	20701	I BENEGEL MANUEL MENTELLI O GIANTE L'ALENC CHI PIGNACI	110			\$202.02
Pittsburgh, PA	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$63.64
Pittsburgh, PA	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$48.84
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Pittsburgh, PA	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$70.27
Pittsburgh, PA	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$54.31

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$72.51
Pittsburgh, PA	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$69.81
Pittsburgh, PA	E0271	MATTRESS, INNERSPRING	NU			\$124.04
Pittsburgh, PA	E0271	MATTRESS, INNERSPRING	RR			\$12.40
Pittsburgh, PA	E0271	MATTRESS, INNERSPRING	UE			\$93.03
Pittsburgh, PA	E0272	MATTRESS, FOAM RUBBER	NU			\$130.23
Pittsburgh, PA	E0272	MATTRESS, FOAM RUBBER	RR			\$13.02
Pittsburgh, PA	E0272	MATTRESS, FOAM RUBBER	UE			\$97.67
Pittsburgh, PA	E0280	BED CRADLE, ANY TYPE	NU			\$27.13
Pittsburgh, PA	E0280	BED CRADLE, ANY TYPE	RR			\$2.71
Pittsburgh, PA	E0280	BED CRADLE, ANY TYPE	UE			\$20.35
Pittsburgh, PA	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$52.17

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$40.95
Pittsburgh, PA	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$59.99
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Pittsburgh, PA	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$49.31
1 1102 21 g11, 1 7 1						V 10101
Dittahurah DA	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			£77.00
Pittsburgh, PA	E0294	WATTRESS	KK			\$77.28
		HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS,				
Pittsburgh, PA	E0295	WITHOUT MATTRESS	RR			\$75.73
		HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT				
Pittsburgh, PA	E0301	MATTRESS	RR			\$171.11
		HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600				
Pittsburgh, PA	E0302	POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$471.96
		HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350				
Pittsburgh, PA	E0303	POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$182.25
Pittsburgh, PA	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$516.12
Pittsburgh, PA	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$10.18
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Ditteburgh DA	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$104.16
Pittsburgh, PA	E0310	DED SIDE NAILS, FULL LENGTH	INU			\$104.16
Pittsburgh, PA	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$10.42

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	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$78.12
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Pittsburgh, PA	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$11.66
Pittsburgh, PA	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$42.68
Pittsburgh, PA	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$85.62
Pittsburgh, PA	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$19.64
Pittsburgh, PA	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	NU			\$42.44
Pittsburgh, PA	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	RR			\$4.24
Pittsburgh, PA	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	UE			\$31.83
Pittsburgh, PA	E0181	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, WITH PUMP, INCLUDES HEAVY DUTY	RR			\$18.62
Pittsburgh, PA	E0182	PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY	RR			\$18.96
Pittsburgh, PA	E0184	DRY PRESSURE MATTRESS	NU			\$165.00
Pittsburgh, PA	E0184	DRY PRESSURE MATTRESS	RR			\$16.50

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	E0184	DRY PRESSURE MATTRESS	UE			\$123.75
Pittsburgh, PA	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$175.52
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Pittsburgh, PA	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$17.55
Pittsburgh, PA	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$131.64
Pittsburgh, PA	E0186	AIR PRESSURE MATTRESS	RR			\$17.00
Pittsburgh, PA	E0187	WATER PRESSURE MATTRESS	RR			\$18.20
Fillsburgh, FA	E0107	WATER FRESSURE MATTRESS	KK			φ10.20
Pittsburgh, PA	E0188	SYNTHETIC SHEEPSKIN PAD	NU			\$22.44
Pittsburgh, PA	E0188	SYNTHETIC SHEEPSKIN PAD	RR			\$2.24
Pittsburgh, PA	E0188	SYNTHETIC SHEEPSKIN PAD	UE			\$16.83
	E0400	AMPRIME OF THE POWER DATE.				•
Pittsburgh, PA	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	NU			\$42.70
Pittsburgh, PA	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	RR			\$4.27
Pittsburgh, PA	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	UE			\$32.03

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$633.40
Pittsburgh, PA	E0196	GEL PRESSURE MATTRESS	RR			\$25.30
Pittsburgh, PA	E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$165.41
Pittsburgh, PA	E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$16.54
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Dittohurah DA	E0197	AID DESCRIBE DAD FOR MATTRESS STANDARD MATTRESS LENGTH AND WIDTH	UE			\$124.06
Pittsburgh, PA	E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$124.00
	F0.400					
Pittsburgh, PA	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$25.00
Pittsburgh, PA	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$2.50
Pittsburgh, PA	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$18.75
Pittsburgh, PA	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$286.33
		NONDOWERED ADVANCED DEFOCUE REPUGING OVERLAY FOR MATTRECS, GTANDARD				
Pittsburgh, PA	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$278.02
Pittsburgh, PA	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$293.35
Pittsburgh, PA	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$373.54

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE	NU			\$25.00
Pittsburgh, PA	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE	RR			\$2.50
Pittsburgh, PA	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE	UE			\$18.75
Pittsburgh, PA	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE, WITH FAUCET ATTACHMENT/S	NU			\$23.48
Pittsburgh, PA	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE, WITH FAUCET ATTACHMENT/S	RR			\$2.35
Pittsburgh, PA	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE, WITH FAUCET ATTACHMENT/S	UE			\$17.61
Pittsburgh, PA	E0163	COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	NU			\$54.64
Pittsburgh, PA	E0163	COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	RR			\$5.46
Pittsburgh, PA	E0163	COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	UE			\$40.98
Pittsburgh, PA	E0165	COMMODE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS	RR			\$11.67
Pittsburgh, PA	E0167	PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY	NU			\$9.43
Pittsburgh, PA	E0167	PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY	RR			\$0.94

	HCPCS	7-7-7-				
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	E0167	PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY	UE			\$7.07
Pittsburgh, PA	E0168	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	NU			\$128.84
Pittsburgh, PA	E0168	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	RR			\$12.88
Pittsburgh, PA	E0168	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	UE			\$96.63
Pittsburgh, PA	E0170	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE	RR			\$148.99
Pittsburgh, PA	E0171	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE	RR			\$27.81
Pittsburgh, PA	E0275	BED PAN, STANDARD, METAL OR PLASTIC	NU			\$13.00
Pittsburgh, PA	E0275	BED PAN, STANDARD, METAL OR PLASTIC	RR			\$1.30
Pittsburgh, PA	E0275	BED PAN, STANDARD, METAL OR PLASTIC	UE			\$9.75
Pittsburgh, PA	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	NU			\$11.46
Pittsburgh, PA	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	RR			\$1.15
Pittsburgh, PA	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	UE			\$8.60

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	NU			\$8.88
Pittsburgh, PA	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	RR			\$0.89
Pittsburgh, PA	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	UE			\$6.66
Pittsburgh, PA	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	NU			\$8.76
Pittsburgh, PA	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	RR			\$0.88
Pittsburgh, PA	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	UE			\$6.57
Pittsburgh, PA	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	NU			\$75.19
Pittsburgh, PA	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	RR			\$7.52
Pittsburgh, PA	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	UE			\$56.39
Pittsburgh, PA	E0630	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S)	RR			\$61.64
Pittsburgh, PA	E0635	PATIENT LIFT, ELECTRIC WITH SEAT OR SLING	RR			\$105.57
		MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEGRATED LIFT, PATIENT ACCESSIBLE				
Pittsburgh, PA	E0636	CONTROLS	RR			\$914.46

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Madifiar 2	SPA
CBA Name	Code	nords dode Description	Modifier 1	Wouller 2	Woulder 3	SFA
Pittsburgh, PA		MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE GIVER, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 LBS	RR			\$592.79
Pittsburgh, PA	E1036	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, EXTRA-WIDE, WITH INTEGRATED SEAT, OPERATED BY CAREGIVER, PATIENT WEIGHT CAPACITY GREATER THAN 300 LBS	RR			\$825.52
3 /						
Pittsburgh, PA	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	NU			\$249.25
Pittsburgh, PA	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	RR			\$24.93
- · · · · · · · · · · · · · · · · · · ·						V =1.00
Pittsburgh, PA	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	UE			\$186.94
Pittsburgh, PA	E0628	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-ELECTRIC	NU			\$284.09
Pittsburgh, PA	E0628	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-ELECTRIC	RR			\$28.41
Pittsburgh, PA	E0628	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-ELECTRIC	UE			\$213.07
Tittoburgii, F70	20020	OEF ARVITE SEAT EIN TIMESTATION TO COLE WITH ATTEM CWILED TO NATIONE ELECTRIC	OL .			Ψ210.07
Pittsburgh, PA	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	NU			\$271.21
Dittale conde	F0000	SERVINE SEAT LIET MEGUANION FOR LIGE WITH RATIFIED COMMER FURNITURE WAY IN FOREST	DD			00=15
Pittsburgh, PA	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	KK			\$27.12
Pittsburgh, PA	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	UE			\$203.41
Pittsburgh, PA	A4557	LEAD WIRES, (E. G. , APNEA MONITOR), PER PAIR				\$14.22

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
ODA Name	Code	Tiol Co Code Description	WIOGITIET	Wiodiller 2	Wiodiliei 3	JI A
Pittsburgh, PA	A4595	ELECTRICAL STIMULATOR SUPPLIES, 2 LEAD, PER MONTH, (E. G. TENS, NMES)				\$15.50
Pittsburgh, PA	E0720	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED STIMULATION	NU			\$218.38
	F. 0.700	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS,				
Pittsburgh, PA	E0730	FOR MULTIPLE NERVE STIMULATION	NU			\$168.95
		FORM FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS OR NMES (WITH CONDUCTIVE				
Pittsburgh, PA	E0731	FIBERS SEPARATED FROM THE PATIENT'S SKIN BY LAYERS OF FABRIC)	NU	KG		\$219.89
Riverside-San Bernardino-Ontario, CA	F0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$65.85
, in ordinar can be mailed than of the	20200					400.00
Riverside-San Bernardino-Ontario, CA	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$48.35
Riverside-San Bernardino-Ontario, CA	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$68.86
Riverside-San Bernardino-Ontario, CA	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$46.16
Niverside-Sair Bernardino-Ontario, CA	L0230	TIOSITIAL BED, VARIABLE HEIGHT, HI-LO, WITTANT THE SIDE RAILS, WITHOUT WATTRESS	IXIX			\$40.10
		HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS,				
Riverside-San Bernardino-Ontario, CA	E0260	WITH MATTRESS	RR			\$69.81
Riverside-San Bernardino-Ontario, CA	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$64.94
Biverside Can Bernardine Ontario CA	E0271	MATTRESS INNERSORING	NU			\$110.00
Riverside-San Bernardino-Ontario, CA	EU2/1	MATTRESS, INNERSPRING	INU			\$110.00
Riverside-San Bernardino-Ontario, CA	E0271	MATTRESS, INNERSPRING	RR			\$11.00

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
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Riverside-San Bernardino-Ontario, CA	E0271	MATTRESS, INNERSPRING	UE			\$82.50
Riverside-San Bernardino-Ontario, CA	E0272	MATTRESS, FOAM RUBBER	NU			\$113.70
Riverside-San Bernardino-Ontario, CA	E0272	MATTRESS, FOAM RUBBER	RR			\$11.37
Niverside-Sair Bernardino-Oritano, CA	LUZIZ	WATTRESS, I CAW ROBBER	IXIX			\$11.57
Riverside-San Bernardino-Ontario, CA	E0272	MATTRESS, FOAM RUBBER	UE			\$85.28
Riverside-San Bernardino-Ontario, CA	E0280	BED CRADLE, ANY TYPE	NU			\$28.25
Diverside Con Demonstra Outside CA	F0000	DED ODADLE ANY TYPE	DD			* 0.00
Riverside-San Bernardino-Ontario, CA	E0280	BED CRADLE, ANY TYPE	RR			\$2.83
Riverside-San Bernardino-Ontario, CA	E0280	BED CRADLE, ANY TYPE	UE			\$21.19
Riverside-San Bernardino-Ontario, CA	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$42.13
Riverside-San Bernardino-Ontario, CA	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$35.84
Riverside-San Bernardino-Ontario, CA	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$46.98
Riverside-San Bernardino-Ontario, CA	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$43.45
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		HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH				
Riverside-San Bernardino-Ontario, CA	E0294	MATTRESS	RR			\$71.33

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Riverside-San Bernardino-Ontario, CA	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$70.32
Riverside-San Bernardino-Ontario, CA	E0301	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$149.70
Riverside-San Bernardino-Ontario, CA	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$449.64
Riverside-San Bernardino-Ontario, CA	E0303	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$154.94
Riverside-San Bernardino-Ontario, CA	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$476.20
Riverside-San Bernardino-Ontario, CA	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$10.16
Riverside-San Bernardino-Ontario, CA	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$105.90
Riverside-San Bernardino-Ontario, CA	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$10.59
Riverside-San Bernardino-Ontario, CA	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$79.43
Riverside-San Bernardino-Ontario, CA	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$11.13
Riverside-San Bernardino-Ontario, CA	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$35.37
Riverside-San Bernardino-Ontario, CA	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$74.14

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Riverside-San Bernardino-Ontario, CA	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$19.75
Riverside-San Bernardino-Ontario, CA	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	NU			\$45.49
Riverside-San Bernardino-Ontario, CA	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	RR			\$4.55
Riverside-San Bernardino-Ontario, CA	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	UE			\$34.12
Riverside-San Bernardino-Ontario, CA	E0181	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, WITH PUMP, INCLUDES HEAVY DUTY	RR			\$16.75
Riverside-San Bernardino-Ontario, CA	E0182	PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY	RR			\$18.91
Riverside-San Bernardino-Ontario, CA	E0184	DRY PRESSURE MATTRESS	NU			\$157.93
Riverside-San Bernardino-Ontario, CA	E0184	DRY PRESSURE MATTRESS	RR			\$15.79
Riverside-San Bernardino-Ontario, CA	E0184	DRY PRESSURE MATTRESS	UE			\$118.45
Riverside-San Bernardino-Ontario, CA	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$173.46
Riverside-San Bernardino-Ontario, CA	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$17.35
Riverside-San Bernardino-Ontario, CA	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$130.10

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
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Riverside-San Bernardino-Ontario, CA	E0186	AIR PRESSURE MATTRESS	RR			\$19.22
Riverside-San Bernardino-Ontario, CA	E0187	WATER PRESSURE MATTRESS	RR			\$21.15
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Riverside-San Bernardino-Ontario, CA	E0188	SYNTHETIC SHEEPSKIN PAD	NU			\$23.50
Riverside-San Bernardino-Ontario, CA	E0188	SYNTHETIC SHEEPSKIN PAD	RR			\$2.35
Riverside-San Bernardino-Ontario, CA	E0188	SYNTHETIC SHEEPSKIN PAD	UE			\$17.63
Riverside-San Bernardino-Ontario, CA	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	NU			\$47.00
	E0400	LAMPOWOOL OUEEPOWN DAD, AANVOIZE	D.D.			4.7
Riverside-San Bernardino-Ontario, CA	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	RR			\$4.70
Riverside-San Bernardino-Ontario, CA	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	UE			\$35.25
Riverside-San Bernardino-Ontario, CA	E0103	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$633.40
Niverside-San Demardino-Ontano, CA	L0193	TOWERED AIR TEOTATION BED (LOW AIR E000 THERAIT)	IXIX			φ033.40
Riverside-San Bernardino-Ontario, CA	E0196	GEL PRESSURE MATTRESS	RR			\$30.00
Riverside-San Bernardino-Ontario, CA	E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$175.00
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Riverside-San Bernardino-Ontario, CA	E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$17.50

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Riverside-San Bernardino-Ontario, CA		AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$131.25
Riverside-San Bernardino-Ontario, CA	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$29.50
Riverside-San Bernardino-Ontario, CA	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$2.95
Riverside-San Bernardino-Ontario, CA	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$22.13
Riverside-San Bernardino-Ontario, CA	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$182.81
Riverside-San Bernardino-Ontario, CA	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$282.20
Riverside-San Bernardino-Ontario, CA	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$262.77
Riverside-San Bernardino-Ontario, CA	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$321.49
Riverside-San Bernardino-Ontario, CA	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE	NU			\$28.00
Riverside-San Bernardino-Ontario, CA	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE	RR			\$2.80
Riverside-San Bernardino-Ontario, CA	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE	UE			\$21.00
Riverside-San Bernardino-Ontario, CA	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE, WITH FAUCET ATTACHMENT/S	NU			\$22.00

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Riverside-San Bernardino-Ontario, CA	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE, WITH FAUCET ATTACHMENT/S	RR			\$2.20
Riverside-San Bernardino-Ontario, CA	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE, WITH FAUCET ATTACHMENT/S	UE			\$16.50
Riverside-San Bernardino-Ontario, CA	E0163	COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	NU			\$56.64
Riverside-San Bernardino-Ontario, CA	E0163	COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	RR			\$5.66
Riverside-San Bernardino-Ontario, CA	E0163	COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	UE			\$42.48
Riverside-San Bernardino-Ontario, CA	E0165	COMMODE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS	RR			\$13.11
Riverside-San Bernardino-Ontario, CA	E0167	PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY	NU			\$10.50
Riverside-San Bernardino-Ontario, CA	E0167	PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY	RR			\$1.05
Riverside-San Bernardino-Ontario, CA	E0167	PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY	UE			\$7.88
Riverside-San Bernardino-Ontario, CA	E0168	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	NU			\$115.56
Riverside-San Bernardino-Ontario, CA	E0168	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	RR			\$11.56
Riverside-San Bernardino-Ontario, CA	E0168	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	UE			\$86.67

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
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Riverside-San Bernardino-Ontario, CA	E0170	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE	RR			\$167.09
Riverside-San Bernardino-Ontario, CA	E0171	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE	RR			\$29.95
Riverside-San Bernardino-Ontario, CA	E0275	BED PAN, STANDARD, METAL OR PLASTIC	NU			\$14.50
Riverside-San Bernardino-Ontario, CA	E0275	BED PAN, STANDARD, METAL OR PLASTIC	RR			\$1.45
Riverside-San Bernardino-Ontario, CA	F0275	BED PAN, STANDARD, METAL OR PLASTIC	UE			\$10.88
Tavoloido can bomaramo cinano, civ	20210	SESTIMA, CHAMBIALD, INC. INC. E. ICHIC	02			Ų 10.00
Riverside-San Bernardino-Ontario, CA	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	NU			\$12.08
Riverside-San Bernardino-Ontario, CA	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	RR			\$1.21
Diverside Con Bernardine Ontorio CA	E0070	DED DAN EDACTUDE METAL OD DLACTIC	UE			60.00
Riverside-San Bernardino-Ontario, CA	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	UE			\$9.06
Riverside-San Bernardino-Ontario, CA	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	NU			\$8.62
Riverside-San Bernardino-Ontario, CA	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	RR			\$0.86
	E0005	UDINAL MALE ING TYPE ANYMATERIAL	lue.			00.47
Riverside-San Bernardino-Ontario, CA	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	UE			\$6.47
Riverside-San Bernardino-Ontario, CA	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	NU			\$9.79

		Constantion Equipment and Related Capping and Reseasence				
004.11	HCPCS					0.74
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Piverside San Bernardine Ontario CA	E0226	LIDINAL: EEMALE LIIG TYDE ANY MATERIAL	RR			¢0.00
Riverside-San Bernardino-Ontario, CA	E0320	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	KK			\$0.98
Riverside-San Bernardino-Ontario, CA	F0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	UE			\$7.34
Taverence can be marane emane, ex	20020	STATE OF THE STATE	02			\$1.01
Riverside-San Bernardino-Ontario, CA	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	NU			\$74.00
Riverside-San Bernardino-Ontario, CA	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	RR			\$7.40
Riverside-San Bernardino-Ontario, CA	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	UE			\$55.50
Riverside-San Bernardino-Ontario, CA	E0630	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S)	RR			\$58.44
Riverside-San Bernardino-Ontario, CA	E0635	PATIENT LIFT, ELECTRIC WITH SEAT OR SLING	RR			\$107.50
Miverside-Gail Bernardino-Ontario, GA	L0033	TATIENT EILT, LELOTINO WITH GEAT ON GENIO	IXIX			\$107.50
		MULTIPOSITIONAL DATIENT SUPPORT OVOTEM MUTUINTE ORATER LIET, RATIENT ACCESSIBLE				
Riverside-San Bernardino-Ontario, CA	E0636	MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEGRATED LIFT, PATIENT ACCESSIBLE CONTROLS	RR			\$915.55
,						
		MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE				
Riverside-San Bernardino-Ontario, CA	E1035	GIVER, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 LBS	RR			\$558.31
		MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, EXTRA-WIDE, WITH INTEGRATED SEAT,				
Riverside-San Bernardino-Ontario, CA	E1036	OPERATED BY CAREGIVER, PATIENT WEIGHT CAPACITY GREATER THAN 300 LBS	RR			\$840.00
	5005					40 10 0=
Riverside-San Bernardino-Ontario, CA	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	NU			\$248.25
Riverside-San Bernardino-Ontario, CA	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	RR			\$24.83
INVERSIDE-SAIT DEMARIDING-UNITARIO, CA	E0021	OLAT LITT MILOTIANION INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANION	IVIX			⊅ 24.83

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Riverside-San Bernardino-Ontario, CA	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	UE			\$186.19
Riverside-San Bernardino-Ontario, CA	E0628	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-ELECTRIC	NU			\$292.90
Riverside-San Bernardino-Ontario, CA	E0628	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-ELECTRIC	RR			\$29.29
Riverside-San Bernardino-Ontario, CA	E0628	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-ELECTRIC	UE			\$219.68
Riverside-San Bernardino-Ontario, CA	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	NU			\$278.21
Riverside-San Bernardino-Ontario, CA	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	RR			\$27.82
Riverside-San Bernardino-Ontario, CA	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	UE			\$208.66
Riverside-San Bernardino-Ontario, CA	A4557	LEAD WIRES, (E. G. , APNEA MONITOR), PER PAIR				\$12.50
Riverside-San Bernardino-Ontario, CA	A4595	ELECTRICAL STIMULATOR SUPPLIES, 2 LEAD, PER MONTH, (E. G. TENS, NMES)				\$10.84
Riverside-San Bernardino-Ontario, CA	E0720	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED STIMULATION	NU			\$148.40
Riverside-San Bernardino-Ontario, CA	E0730	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION	NU			\$109.66
Riverside-San Bernardino-Ontario, CA	E0731	FORM FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS OR NMES (WITH CONDUCTIVE FIBERS SEPARATED FROM THE PATIENT'S SKIN BY LAYERS OF FABRIC)	NU	KG		\$198.48

Single Payment Amounts

Negative Pressure Wound Therapy Pumps and Related Supplies and Accessories

Charlotte-Gastonia-Rock Hill, NC-SC	2
Cincinnati-Middletown, OH-KY-IN	2
Cleveland-Elyria-Mentor, OH	2
Dallas-Fort Worth-Arlington, TX	2
Kansas City, MO-KS	3
Miami-Fort Lauderdale-Pompano Beach, FL	3
Orlando-Kissimmee-Sanford, FL	3
Pittsburgh, PA	3
Riverside-San Bernardino-Ontario, CA	4





Single Payment Amounts Negative Pressure Wound Therapy Pumps and Related Supplies and Accessories

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.13
Charlotte-Gastonia-Rock Hill, NC-SC	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$8.24
Charlotte-Gastonia-Rock Hill, NC-SC	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$800.00
Cincinnati-Middletown, OH-KY-IN	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.13
Cincinnati-Middletown, OH-KY-IN	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$8.00
Cincinnati-Middletown, OH-KY-IN	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$730.00
Cleveland-Elyria-Mentor, OH	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.26
Cleveland-Elyria-Mentor, OH	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.63
Cleveland-Elyria-Mentor, OH	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$793.39
Dallas-Fort Worth-Arlington, TX	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.05
Dallas-Fort Worth-Arlington, TX	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$8.00
Dallas-Fort Worth-Arlington, TX	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$730.00

Single Payment Amounts Negative Pressure Wound Therapy Pumps and Related Supplies and Accessories

	HODOO					
CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Kansas City, MO-KS	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.09
Kansas City, MO-KS	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.12
Kansas City, MO-KS	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$698.71
Miami-Fort Lauderdale-Pompano Beach, FL	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$23.95
Miami-Fort Lauderdale-Pompano Beach, FL	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.00
Miami-Fort Lauderdale-Pompano Beach, FL	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$999.90
Orlando-Kissimmee-Sanford, FL	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.00
Orlando-Kissimmee-Sanford, FL	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.42
Orlando-Kissimmee-Sanford, FL	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$953.45
Pittsburgh, PA	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.56
Pittsburgh, PA	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$7.32
Pittsburgh, PA	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$797.27

Single Payment Amounts Negative Pressure Wound Therapy Pumps and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Riverside-San Bernardino-Ontario, CA	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES				\$24.05
Riverside-San Bernardino-Ontario, CA	A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NU	KG		\$6.99
Riverside-San Bernardino-Ontario, CA	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR			\$730.00

Single Payment Amounts

Respiratory Equipment and Related Supplies and Accessories

Charlotte-Gastonia-Rock Hill, NC-SC	2
Cincinnati-Middletown, OH-KY-IN	8
Cleveland-Elyria-Mentor, OH	14
Dallas-Fort Worth-Arlington, TX	20
Kansas City, MO-KS	26
Miami-Fort Lauderdale-Pompano Beach, FL	32
Orlando-Kissimmee-Sanford, FL	38
Pittsburgh, PA	44
Riverside-San Bernardino-Ontario, CA	50





	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$52.50
Charlotte-Gastonia-Rock Hill, NC-SC	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$159.37
Charlotte-Gastonia-Rock Hill, NC-SC	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$46.95
Charlotte-Gastonia-Rock Hill, NC-SC	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$19.28
Charlotte-Gastonia-Rock Hill, NC-SC	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$114.20
Charlotte-Gastonia-Rock Hill, NC-SC	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$42.26
Charlotte-Gastonia-Rock Hill, NC-SC	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$23.46
Charlotte-Gastonia-Rock Hill, NC-SC	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$17.55
Charlotte-Gastonia-Rock Hill, NC-SC	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$70.00
Charlotte-Gastonia-Rock Hill, NC-SC	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$20.78
Charlotte-Gastonia-Rock Hill, NC-SC	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$13.28
Charlotte-Gastonia-Rock Hill, NC-SC	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$17.32

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.74
Charlotte-Gastonia-Rock Hill, NC-SC	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$7.25
Charlotte-Gastonia-Rock Hill, NC-SC	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$101.37
Charlotte-Gastonia-Rock Hill, NC-SC	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$16.67
Charlotte-Gastonia-Rock Hill, NC-SC	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.67
Charlotte-Gastonia-Rock Hill, NC-SC	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$12.50
Charlotte-Gastonia-Rock Hill, NC-SC	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$16.12
		RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE				
Charlotte-Gastonia-Rock Hill, NC-SC	E0470	FEATURE, USED WITH NONINVASIVE INTERFACE, E. G. , NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	RR			\$132.40
Charlotte-Gastonia-Rock Hill, NC-SC	E0471	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACK-UP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E. G. , NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	RR			\$326.42
The state of the s		RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE FEATURE,				Ψ0±0.72
Charlotte-Gastonia-Rock Hill, NC-SC	E0472	USED WITH INVASIVE INTERFACE, E. G. , TRACHEOSTOMY TUBE (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	RR			\$485.00
Charlotte-Gastonia-Rock Hill, NC-SC	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$91.63
Charlotte-Gastonia-Rock Hill, NC-SC	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$9.16

HCDC6					
	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$68.72
E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$165.80
E0562	HUMIDIFIER HEATED LISED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$16.58
L0302	HOWIDITIEN, HEATED, OSED WITH OSHIVE AIRWATT RESSORE DEVICE	IXIX			φ10.50
E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$124.35
E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$52.47
A4619	FACE TENT	NU			\$1.77
A7003	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	NU			\$1.94
A7004	SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	NU			\$1.34
A7005	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NON-DISPOSABLE	NU	KG		\$19.22
A7006	ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER	NU			\$9.75
A7007	LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR	NU			\$4.50
Δ7010	CORRUGATED TURING DISPOSABLE LISED WITH LARGE VOLUME NERTH IZER 400 FEET	NII			\$19.70
	E0562 E0562 E0562 E0601 A4619 A7003 A7004	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE A4619 FACE TENT ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE A7004 SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE A7005 ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NONDISPOSABLE A7006 ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER A7007 LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR	HCPCS Code Description HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE UE E0562 HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE NU E0562 HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE RR E0562 HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE UE E0601 CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE RR A4619 FACE TENT NU ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE NU A7004 SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE NU A7005 DISPOSABLE NU A7006 ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NONDISPOSABLE NU A7006 ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NONDISPOSABLE NU A7007 LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR NU	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE E0562 HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE NU E0562 HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE RR E0562 HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE RR E0562 HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE UE A4619 FACE TENT ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE A7004 SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE A7005 DISPOSABLE A7006 ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NON-DISPOSABLE A7006 ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NON-DISPOSABLE A7006 ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER A7007 LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR NU	Code

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	A7012	WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER	NU			\$3.98
Onanotte Gastoriia (Nook) iiii, (No Ge	747012	WATER GOLLEGIION BEVIOL, GOLD WITH BURGE VOLOME NEBSCIZER	110			ψ3.30
Charlotte-Gastonia-Rock Hill, NC-SC	A7013	FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	NU			\$0.72
Charlotte-Gastonia-Rock Hill, NC-SC	A7014	FILTER, NONDISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	NU			\$4.40
Charlotte-Gastonia-Rock Hill, NC-SC	A7015	AEROSOL MASK, USED WITH DME NEBULIZER	NU			\$1.74
Charlotte-Gastonia-Rock Hill, NC-SC	A7017	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH OXYGEN	NU			\$142.53
Charlotte-Gastonia-Rock Hill, NC-SC	A7017	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH OXYGEN	RR			\$14.25
Charlotte-Gastonia-Rock Hill, NC-SC	A7017	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH OXYGEN	UE			\$106.90
Charlotte-Gastonia-Rock Hill, NC-SC	A7018	WATER, DISTILLED, USED WITH LARGE VOLUME NEBULIZER, 1000 ML				\$0.34
Charlotte-Gastonia-Rock Hill, NC-SC	E0565	COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF- CONTAINED OR CYLINDER DRIVEN	RR			\$55.58
Charlotte-Gastonia-Rock Hill, NC-SC	E0570	NEBULIZER, WITH COMPRESSOR	RR			\$9.75
Charlotte-Gastonia-Rock Hill, NC-SC	E0572	AEROSOL COMPRESSOR, ADJUSTABLE PRESSURE, LIGHT DUTY FOR INTERMITTENT USE	RR			\$40.50
Charlotte-Gastonia-Rock Hill, NC-SC	E0580	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	NU			\$122.86

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
		NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH				
Charlotte-Gastonia-Rock Hill, NC-SC	E0580	REGULATOR OR FLOWMETER	RR			\$12.29
	E0500	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH	ue.			200.45
Charlotte-Gastonia-Rock Hill, NC-SC	E0580	REGULATOR OR FLOWMETER	UE			\$92.15
Charlotte-Gastonia-Rock Hill, NC-SC	E0585	NEBULIZER, WITH COMPRESSOR AND HEATER	RR			\$31.69
Charlotte-Gastonia-Rock Hill, NC-SC	E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	NU			\$154.09
Charlotte-Gastonia-Rock Hill, NC-SC	E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	RR			\$15.41
Chanette Gasterna Rosk Film, No Ge	21072	IIIIIIEROIN EALERWETE ATERNOLIEE	Tu v			V 10111
Charlotte-Gastonia-Rock Hill, NC-SC	E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	UE			\$115.57
Charlotte-Gastonia-Rock Hill, NC-SC		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
		STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER,				
Charlotte-Gastonia-Rock Hill, NC-SC	E0424	CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$98.62
		STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS,				
Charlotte-Gastonia-Rock Hill, NC-SC	E0439	REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$98.62
Charlotte-Gastonia-Rock Hill, NC-SC	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$98.62
Chanotte Gasterna-Nook Hill, NO-50	_ 1030	ONE WELL OW SER CONCENTION WITH THE PRECORDED FLOW WATE	T CIT			ψ30.02
		OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR				
Charlotte-Gastonia-Rock Hill, NC-SC	E1391	GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$98.62
Objects the Oceans in Deale Hill NO CO						
Charlotte-Gastonia-Rock Hill, NC-SC		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				

		respirately Equipment and resisted Supplies and resisted		l		
	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Obertette Oceanie Bestellijk NO OO	E0404	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER,	DD			040.00
Charlotte-Gastonia-Rock Hill, NC-SC	E0431	REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.06
		PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY				
		RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR				
Charlotte-Gastonia-Rock Hill, NC-SC	E0434	MASK, AND TUBING	RR			\$19.06
		Provide Control of the Control of th				
Charlotte-Gastonia-Rock Hill, NC-SC		Payment Class C - Oxygen Generating Portable Equipment Only PORTABLE LIQUID OXYGEN SYSTEM, RENTAL: HOME LIQUEFIER USED TO FILL PORTABLE				
		LIQUID OXYGEN CONTAINERS, INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER,				
		HUMIDIFIER, CANNULA OR MASK AND TUBING, WITH OR WITHOUT SUPPLY RESERVOIR AND				
Charlotte-Gastonia-Rock Hill, NC-SC	E0433	CONTENTS GAUGE	RR			\$38.88
Object - Control - Dool - Lill NO CO	E4000	DODTARI E OVVOCAL CONCENTRATOR RENTAL	DD			#20.00
Charlotte-Gastonia-Rock Hill, NC-SC	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$38.88
		PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR USED TO FILL				
		PORTABLE OXYGEN CYLINDERS; INCLUDES PORTABLE CONTAINERS, REGULATOR,				
Charlotte-Gastonia-Rock Hill, NC-SC	K0738	FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$38.88
Charletta Castonia Book Hill NC SC		Boumont Class D. Stationary Oxygen Contents Only				
Charlotte-Gastonia-Rock Hill, NC-SC		Payment Class D - Stationary Oxygen Contents Only				
Charlotte-Gastonia-Rock Hill, NC-SC	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$64.56
Charlotte-Gastonia-Rock Hill, NC-SC	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$64.56
Changle Gasterna Rook Fini, 140-00	_0	OTTO OTTO CONTENTO, ENGOID, I MONTHO CONTENT - 1 CHI				ψυτ.50
Charlotte-Gastonia-Rock Hill, NC-SC		Payment Class E - Portable Oxygen Contents Only				
Charlotte-Gastonia-Rock Hill, NC-SC	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$54.72
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2						, , <u>-</u>
Charlotte-Gastonia-Rock Hill, NC-SC	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$54.72

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cincinnati-Middletown, OH-KY-IN	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$47.50
Cincinnati-Middletown, OH-KY-IN	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$140.25
Cincinnati-Middletown, OH-KY-IN	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$37.25
Cincinnati-Middletown, OH-KY-IN	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$19.00
Cincinnati-Middletown, OH-KY-IN	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$122.01
Cincinnati-Middletown, OH-KY-IN	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$45.27
Cincinnati-Middletown, OH-KY-IN	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$25.83
Cincinnati-Middletown, OH-KY-IN	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$18.10
Cincinnati-Middletown, OH-KY-IN	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$70.79
Cincinnati-Middletown, OH-KY-IN	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$22.18
Cincinnati-Middletown, OH-KY-IN	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.73
Cincinnati-Middletown, OH-KY-IN	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$19.03

22.11	HCPCS					
CBA Name	Code	HCPCS Code Description	Wodifier 1	Modifier 2	Modifier 3	SPA
Cincinnati-Middletown, OH-KY-IN	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.75
Cincinnati-Middletown, OH-KY-IN	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$7.77
Cincinnati-Middletown, OH-KY-IN	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$91.78
Cincinnati-Middletown, OH-KY-IN	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$14.78
Cincinnati-Middletown, OH-KY-IN	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.48
Cincinnati-Middletown, OH-KY-IN	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$11.09
Cincinnati-Middletown, OH-KY-IN	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$13.50
Cincinnati-Middletown, OH-KY-IN	E0470	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E. G. , NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	RR			\$142.54
Cincinnati-Middletown, OH-KY-IN	E0471	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACK-UP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E. G. , NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	RR			\$340.00
Cincinnati-Middletown, OH-KY-IN	E0472	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE FEATURE, USED WITH INVASIVE INTERFACE, E. G. , TRACHEOSTOMY TUBE (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)				\$450.00
Cincinnati-Middletown, OH-KY-IN	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$81.23
Cincinnati-Middletown, OH-KY-IN	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$8.12

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cincinnati-Middletown, OH-KY-IN	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$60.92
Cincinnati-Middletown, OH-KY-IN	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$173.98
Cincinnati-Middletown, OH-KY-IN	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$17.40
Cincinnati-Middletown, OH-KY-IN	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$130.49
Circinitati-wilduletown, Ori-K1-in	E0302	HOMIDIFIER, HEATED, USED WITH FOSITIVE AIRWAT FRESSORE DEVICE	OE .			\$130.49
Cincinnati-Middletown, OH-KY-IN	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$56.95
Cincinnati-Middletown, OH-KY-IN	A4619	FACE TENT	NU			\$1.79
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		ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER,				
Cincinnati-Middletown, OH-KY-IN	A7003	DISPOSABLE	NU			\$1.63
Cincinnati-Middletown, OH-KY-IN	A7004	SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	NU			\$1.35
Cincinnati-Middletown, OH-KY-IN	A7005	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NON-DISPOSABLE	NU	KG		\$23.18
Circinitati-wilduletown, Ori-K1-iii	A7003	DISFOSABLE	INU	NG		\$ 23.10
Cincinnati-Middletown, OH-KY-IN	A7006	ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER	NU			\$9.22
Cincinnati-Middletown, OH-KY-IN	A7007	LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR	NU			\$4.00
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Cincinnati-Middletown, OH-KY-IN	A7010	CORRUGATED TUBING, DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 100 FEET	NU			\$20.00

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cincinnati-Middletown, OH-KY-IN	A7012	WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER	NU			\$2.89
Cincinnati-Middletown, OH-KY-IN	A7013	FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	NU			\$0.69
Cincinnati-Middletown, OH-KY-IN	A7014	FILTER, NONDISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	NU			\$3.95
Cincinnati-Middletown, OH-KY-IN	A7015	AEROSOL MASK, USED WITH DME NEBULIZER	NU			\$1.50
Cincinnati-Middletown, OH-KY-IN	A7017	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH OXYGEN	NU			\$140.00
Oliforniati-Middletown, Olif-R1-IIV	Aron	OXIGEN	INO			ψ140.00
Cincinnati Middletowe OH KV IN	A7017	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH OXYGEN	RR			¢44.00
Cincinnati-Middletown, OH-KY-IN	A7017	OXIGEN	NN			\$14.00
		NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH				
Cincinnati-Middletown, OH-KY-IN	A7017	OXYGEN	UE			\$105.00
Cincinnati-Middletown, OH-KY-IN	A7018	WATER, DISTILLED, USED WITH LARGE VOLUME NEBULIZER, 1000 ML				\$0.35
		COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF- CONTAINED OR				
Cincinnati-Middletown, OH-KY-IN	E0565	CYLINDER DRIVEN	RR			\$42.50
Cincinnati-Middletown, OH-KY-IN	E0570	NEBULIZER, WITH COMPRESSOR	RR			\$10.29
Cincinnati-Middletown, OH-KY-IN	E0572	AEROSOL COMPRESSOR, ADJUSTABLE PRESSURE, LIGHT DUTY FOR INTERMITTENT USE	RR			\$37.38
Cincinnati-Middletown, OH-KY-IN	E0580	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	NU			\$111.69

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cincinnati-Middletown, OH-KY-IN	E0580	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	RR			\$11.17
Ollich mati-whothetown, Olli-K1-hV	20300	NEGOLATON ON TEOWNETEN	IXIX			φ11.17
		NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH				
Cincinnati-Middletown, OH-KY-IN	E0580	REGULATOR OR FLOWMETER	UE			\$83.77
Cincinnati-Middletown, OH-KY-IN	E0585	NEBULIZER, WITH COMPRESSOR AND HEATER	RR			\$35.00
		WATER CONTROL OF THE POPULATER				
Cincinnati-Middletown, OH-KY-IN	E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	NU			\$133.95
Cincinnati-Middletown, OH-KY-IN	E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	RR			\$13.40
Cincinnati-Middletown, OH-KY-IN	E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	UE			\$100.46
						*100110
Cincinnati-Middletown, OH-KY-IN		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
		STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER,				
Cincinnati-Middletown, OH-KY-IN	E0424	CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$88.44
Cincinnati-Middletown, OH-KY-IN	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$88.44
Ciricinnati-Middletown, Ori-K1-IIV	L0439	INCOURT ON, I COMMETEN, HOMIDII IEN, NEBOLIZEN, GANNOLA ON MASIN, & TOBING	IXIX			ФОО.44
		OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR				
Cincinnati-Middletown, OH-KY-IN	E1390	GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$88.44
Cincinnati-Middletown, OH-KY-IN	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$88.44
Oir sing of Middlets Old IOV P						
Cincinnati-Middletown, OH-KY-IN		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cincinnati-Middletown, OH-KY-IN	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.95
Cincinnati-Middletown, OH-KY-IN	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$19.95
Cincinnati-Middletown, OH-KY-IN		Payment Class C - Oxygen Generating Portable Equipment Only				
Cincinnati-Middletown, OH-KY-IN	E0433	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; HOME LIQUEFIER USED TO FILL PORTABLE LIQUID OXYGEN CONTAINERS, INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK AND TUBING, WITH OR WITHOUT SUPPLY RESERVOIR AND CONTENTS GAUGE	RR			\$40.00
Cincinnati-Middletown, OH-KY-IN	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$40.00
Cincinnati-Middletown, OH-KY-IN	K0738	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR USED TO FILL PORTABLE OXYGEN CYLINDERS; INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$40.00
Cincinnati-Middletown, OH-KY-IN		Payment Class D - Stationary Oxygen Contents Only				
Cincinnati-Middletown, OH-KY-IN	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$59.84
Cincinnati-Middletown, OH-KY-IN	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$59.84
Cincinnati-Middletown, OH-KY-IN		Payment Class E - Portable Oxygen Contents Only				
Cincinnati-Middletown, OH-KY-IN	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.00
Cincinnati-Middletown, OH-KY-IN	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.00

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cleveland-Elyria-Mentor, OH	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$41.39
Cleveland-Elyria-Mentor, OH	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$120.00
Cleveland-Elyria-Mentor, OH	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$33.93
Cleveland-Elyria-Mentor, OH	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$15.00
Cleveland-Elyria-Mentor, OH	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$109.00
Cleveland-Elyria-Mentor, OH	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$41.39
Cleveland-Elyria-Mentor, OH	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$21.76
Cleveland-Elyria-Mentor, OH	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$17.00
Cleveland-Elyria-Mentor, OH	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$63.16
Cleveland-Elyria-Mentor, OH	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$20.57
Cleveland-Elyria-Mentor, OH	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$10.63
Cleveland-Elyria-Mentor, OH	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$16.20

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cleveland-Elyria-Mentor, OH	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.49
Cleveland-Elyria-Mentor, OH	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$7.50
Cleveland-Elyria-Mentor, OH	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$81.25
Cleveland-Elyria-Mentor, OH	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$11.99
Cleveland-Elyria-Mentor, OH	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.20
Cleveland-Elyria-Mentor, OH	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$8.99
Cleveland-Elyria-Mentor, OH	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$13.00
Cleveland-Elyria-Mentor, OH	E0470	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E. G. , NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	RR			\$118.75
Cleveland-Elyria-Mentor, OH	E0471	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACK-UP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E. G. , NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	RR			\$310.00
Cleveland-Elyria-Mentor, OH	E0472	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE FEATURE, USED WITH INVASIVE INTERFACE, E. G. , TRACHEOSTOMY TUBE (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)				\$358.86
Cleveland-Elyria-Mentor, OH	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$74.30
Cleveland-Elyria-Mentor, OH	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$7.43

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
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Cleveland-Elyria-Mentor, OH	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$55.73
Cleveland-Elyria-Mentor, OH	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$153.38
Cleveland-Elyria-Mentor, OH	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$15.34
Cleveland-Elyria-Mentor, OH	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$115.04
Cleveland-Elyria-Mentor, OH	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$51.70
ordina Lighta memory en	2000.					,
Cleveland-Elyria-Mentor, OH	A4619	FACE TENT	NU			\$1.75
Cleveland-Elyria-Mentor, OH	A7003	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	NU			\$1.46
Cleveland-Elyria-Mentor, OH	A7004	SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	NU			\$1.13
		ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NON-		1/0		
Cleveland-Elyria-Mentor, OH	A7005	DISPOSABLE	NU	KG		\$18.22
Cleveland-Elyria-Mentor, OH	A7006	ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER	NU			\$10.00
Cleveland-Elyria-Mentor, OH	A7007	LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR	NU			\$3.95
Cleveland-Elyria-Mentor, OH	A7010	CORRUGATED TUBING, DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 100 FEET	NU			\$17.55

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cleveland-Elyria-Mentor, OH	A7012	WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER	NU			\$2.90
Cleveland-Elyria-Mentor, OH	A7013	FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	NU			\$0.62
Cleveland-Elyria-Mentor, OH	A7014	FILTER, NONDISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	NU			\$3.60
Cleveland-Elyria-Mentor, OH	A7015	AEROSOL MASK, USED WITH DME NEBULIZER	NU			\$1.50
Cleveland-Elyria-Mentor, OH	A7017	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH OXYGEN	NU			\$140.00
Cleveland-Elyria-Mentor, OH	A7017	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH OXYGEN	RR			\$14.00
Cleveland-Elyria-Mentor, OH	A7017	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH OXYGEN	UE			\$105.00
Cleveland-Elyria-Mentor, OH	A7018	WATER, DISTILLED, USED WITH LARGE VOLUME NEBULIZER, 1000 ML				\$0.35
Cleveland-Elyria-Mentor, OH	E0565	COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF- CONTAINED OR CYLINDER DRIVEN	RR			\$45.00
Cleveland-Elyria-Mentor, OH	E0570	NEBULIZER, WITH COMPRESSOR	RR			\$9.00
Cleveland-Elyria-Mentor, OH	E0572	AEROSOL COMPRESSOR, ADJUSTABLE PRESSURE, LIGHT DUTY FOR INTERMITTENT USE	RR			\$37.50
Cleveland-Elyria-Mentor, OH	E0580	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	NU			\$117.90

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
		NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH				
Cleveland-Elyria-Mentor, OH	E0580	REGULATOR OR FLOWMETER	RR			\$11.79
		NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH				
Cleveland-Elyria-Mentor, OH	E0580	REGULATOR OR FLOWMETER	UE			\$88.43
Cleveland-Elyria-Mentor, OH	E0585	NEBULIZER, WITH COMPRESSOR AND HEATER	RR			\$35.00
Cleveland-Elyria-Mentor, OH	E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	NU			\$140.00
Cicvolaria Liyila Meritor, Cir	LIGIZ	INNERCON EXTERNAL PEATER FOR NEBBELZER				ψ140.00
Cleveland-Elyria-Mentor, OH	E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	RR			\$14.00
Cleveland-Elyria-Mentor, OH	E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	UE			\$105.00
Cleveland-Elyria-Mentor, OH		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
		STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER,				
Cleveland-Elyria-Mentor, OH	E0424	CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$87.00
Cieveland-Elyna-Mentor, On	EU424	TOBING	KK			\$67.00
		CTATIONADY LIQUID OVVOEN OVOTEM DENITAL INQUIDES CONTAINED CONTENTS				
Cleveland-Elyria-Mentor, OH	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$87.00
		OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR				
Cleveland-Elyria-Mentor, OH	E1390	GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$87.00
		OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR				
Cleveland-Elyria-Mentor, OH	E1391	GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$87.00
Cleveland-Elyria-Mentor, OH		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				
Olevelariu-Liyria-ivieritor, Ori		r ayment Glass B - Fortable Equipment Offity (Gaseous of Liquid Taliks)				

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cleveland-Elyria-Mentor, OH	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$17.07
Cleveland-Elyria-Mentor, OH	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$17.07
Cleveland-Elyria-Mentor, OH		Payment Class C - Oxygen Generating Portable Equipment Only				
Cleveland-Elyria-Mentor, OH	E0433	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; HOME LIQUEFIER USED TO FILL PORTABLE LIQUID OXYGEN CONTAINERS, INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK AND TUBING, WITH OR WITHOUT SUPPLY RESERVOIR AND CONTENTS GAUGE	RR			\$36.00
Cleveland-Elyria-Mentor, OH	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$36.00
Cleveland-Elyria-Mentor, OH	K0738	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR USED TO FILL PORTABLE OXYGEN CYLINDERS; INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$36.00
Cleveland-Elyria-Mentor, OH		Payment Class D - Stationary Oxygen Contents Only				
Cleveland-Elyria-Mentor, OH	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$53.54
Cleveland-Elyria-Mentor, OH	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$53.54
Cleveland-Elyria-Mentor, OH		Payment Class E - Portable Oxygen Contents Only				
Cleveland-Elyria-Mentor, OH	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$50.00
Cleveland-Elyria-Mentor, OH	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$50.00

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$44.76
Dallas-Fort Worth-Arlington, TX	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$139.42
Dallas-Fort Worth-Arlington, TX	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$40.64
Dallas-Fort Worth-Arlington, TX	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$17.20
Dallas-Fort Worth-Arlington, TX	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$112.57
Dallas-Fort Worth-Arlington, TX	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$43.47
Dallas-Fort Worth-Arlington, TX	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$24.12
Dallas-Fort Worth-Arlington, TX	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$18.00
Dallas-Fort Worth-Arlington, TX	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$66.80
Dallas-Fort Worth-Arlington, TX	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$20.94
Dallas-Fort Worth-Arlington, TX	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$10.57
Dallas-Fort Worth-Arlington, TX	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$17.95

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.94
Dallas-Fort Worth-Arlington, TX	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$7.55
Dallas-Fort Worth-Arlington, TX	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$83.16
Dallas-Fort Worth-Arlington, TX	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$13.00
Dallas-Fort Worth-Arlington, TX	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES. REPLACEMENT ONLY	RR			\$1.30
Daniel Fort Worth Allington, 17	717040	ANNOTO DE VIGEO, NEI ENGEMENT ONET				ψ1.50
Dallas-Fort Worth-Arlington, TX	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$9.75
Dallas-Fort Worth-Arlington, TX	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$13.00
		RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE				
Dallas-Fort Worth-Arlington, TX	E0470	FEATURE, USED WITH NONINVASIVE INTERFACE, E. G. , NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	RR			\$137.65
		RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACK-UP RATE				
Dallas-Fort Worth-Arlington, TX	E0471	FEATURE, USED WITH NONINVASIVE INTERFACE, E. G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	RR			\$327.83
2 state of the training ton, 17	20411					Ψ021.03
Delles Fort Worth Addition TV	E0470	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE FEATURE, USED WITH INVASIVE INTERFACE, E. G., TRACHEOSTOMY TUBE (INTERMITTENT ASSIST DEVICE)				£200.40
Dallas-Fort Worth-Arlington, TX	E0472	WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	RR			\$368.12
Dallas-Fort Worth-Arlington, TX	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$72.00
Dallas-Fort Worth-Arlington, TX	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$7.20

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$54.00
Dallas-Fort Worth-Arlington, TX	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$168.50
Dallas-Fort Worth-Arlington, TX	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$16.85
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Dollog Fort Worth Arlington TV	E0562	HIMIDIEIED HEATED LISED WITH DOSITIVE AIDWAY DRESSLIDE DEVICE	UE			£426.20
Dallas-Fort Worth-Arlington, TX	E0302	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$126.38
Dallas-Fort Worth-Arlington, TX	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$56.03
Dallas-Fort Worth-Arlington, TX	A4619	FACE TENT	NU			\$1.74
Dallas-Fort Worth-Arlington, TX	A7003	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	NU			\$2.01
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	4.7004	OMALL VOLUME NOME!! TERED DISCUMATIONED!! IZED DIODOGADI.E	N			0.1.00
Dallas-Fort Worth-Arlington, TX	A7004	SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	NU			\$1.32
		ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NON-				
Dallas-Fort Worth-Arlington, TX	A7005	DISPOSABLE	NU	KG		\$19.99
Dallas-Fort Worth-Arlington, TX	A7006	ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER	NU			\$8.42
Dallas-Fort Worth-Arlington, TX	A7007	LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR	NU			\$3.97
						40.31
Dallas-Fort Worth-Arlington, TX	A7010	CORRUGATED TUBING, DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 100 FEET	NU			\$17.92

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	A7012	WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER	NU			\$3.26
Dallas-Fort Worth-Arlington, TX	A7013	FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	NU			\$0.60
Dallas-Fort Worth-Arlington, TX	A7014	FILTER, NONDISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	NU			\$3.96
Dallas-Fort Worth-Arlington, TX	A7015	AEROSOL MASK, USED WITH DME NEBULIZER	NU			\$1.61
Danas For Worth Allington, 170	717010	ALKOGOL MAGN, GGLD WITH DIVIL NEBGLIZER	110			Ψ1.01
		NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH				
Dallas-Fort Worth-Arlington, TX	A7017	OXYGEN	NU			\$127.28
Dallas-Fort Worth-Arlington, TX	A7017	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH OXYGEN	RR			\$12.73
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		NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH				
Dallas-Fort Worth-Arlington, TX	A7017	OXYGEN	UE			\$95.46
Dallas-Fort Worth-Arlington, TX	A7018	WATER, DISTILLED, USED WITH LARGE VOLUME NEBULIZER, 1000 ML				\$0.30
	E0505	COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF- CONTAINED OR	55			4=
Dallas-Fort Worth-Arlington, TX	E0565	CYLINDER DRIVEN	RR			\$52.22
Dallas-Fort Worth-Arlington, TX	E0570	NEBULIZER, WITH COMPRESSOR	RR			\$10.84
Dallas-Fort Worth-Arlington, TX	E0572	AEROSOL COMPRESSOR, ADJUSTABLE PRESSURE, LIGHT DUTY FOR INTERMITTENT USE	RR			\$36.61
Danas Fort Fronti-Annigum, TA	20012	ALTOGOL SOM REGOON, ABOOTABLE I REGOONE, EIGHT BOTT I ON INTERNITTENT OOL	i vi v			ψ30.01
		NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH				
Dallas-Fort Worth-Arlington, TX	E0580	REGULATOR OR FLOWMETER	NU			\$111.59

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	E0580	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	RR			\$11.16
Dallas-Fort Worth-Arlington, TX	E0580	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	UE			\$83.69
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Dallas-Fort Worth-Arlington, TX	E0585	NEBULIZER, WITH COMPRESSOR AND HEATER	RR			\$32.03
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Dallas-Fort Worth-Arlington, TX	E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	NU			\$147.50
0						·
Dallas-Fort Worth-Arlington, TX	E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	RR			\$14.75
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Dallas-Fort Worth-Arlington, TX	E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	UE			\$110.63
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Dallas-Fort Worth-Arlington, TX		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Dallas Fort World Fillington, TX						
Dallas Fast Wastle Adia star. TV	E0404	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND	DD			£404 50
Dallas-Fort Worth-Arlington, TX	E0424	TUBING	RR			\$101.58
	5 0400	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS,				•
Dallas-Fort Worth-Arlington, TX	E0439	REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$101.58
		OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR				
Dallas-Fort Worth-Arlington, TX	E1390	GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$101.58
		OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR				
Dallas-Fort Worth-Arlington, TX	E1391	GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$101.58
Dallas-Fort Worth-Arlington, TX		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.96
		PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR				
Dallas-Fort Worth-Arlington, TX	E0434	MASK, AND TUBING	RR			\$19.96
Dallas-Fort Worth-Arlington, TX		Payment Class C - Oxygen Generating Portable Equipment Only				
Dallas-Fort Worth-Arlington, TX	E0433	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; HOME LIQUEFIER USED TO FILL PORTABLE LIQUID OXYGEN CONTAINERS, INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK AND TUBING, WITH OR WITHOUT SUPPLY RESERVOIR AND CONTENTS GAUGE	RR			\$38.06
Danas-r ort Worth-Armington, TA	L0433	CONTENTO GAGGE	IXX			φ30.00
Dallas-Fort Worth-Arlington, TX	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$38.06
Dallas-Fort Worth-Arlington, TX	K0738	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR USED TO FILL PORTABLE OXYGEN CYLINDERS; INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$38.06
Dailas-i oft Worth-Arinington, TA	110730	I LOWING TER, HOMIDITIER, CANNOLA OR MAGIS, AND TODING	IXIX			φ30.00
Dallas-Fort Worth-Arlington, TX		Payment Class D - Stationary Oxygen Contents Only				
	E2444					^
Dallas-Fort Worth-Arlington, TX	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.28
Dallas-Fort Worth-Arlington, TX	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.28
Dallas-Fort Worth-Arlington, TX		Payment Class E - Portable Oxygen Contents Only				
Dallas-Fort Worth-Arlington, TX	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.00
Dallas-Fort Worth-Arlington, TX	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.00

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Kansas City, MO-KS	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$44.00
Kansas City, MO-KS	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$139.55
Kansas City, MO-KS	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$41.51
Kansas City, MO-KS	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$17.44
Kansas City, MO-KS	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$113.01
Kansas City, MO-KS	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$44.46
Kansas City, MO-KS	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$24.19
Kansas City, MO-KS	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$17.88
Kansas City, MO-KS	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$65.48
Kansas City, MO-KS	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$21.00
Kansas City, MO-KS	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$12.60
Kansas City, MO-KS	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$17.88

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Kansas City, MO-KS	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.44
Kansas City, MO-KS	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$7.50
Kansas City, MO-KS	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$87.26
Kansas City, MO-KS	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$14.04
Kansas City, MO-KS	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.40
Kansas City, MO-KS	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$10.53
Kansas City, MO-KS	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$14.31
Kansas City, MO-KS	E0470	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E. G. , NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	RR			\$126.59
Kansas City, MO-KS	E0471	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACK-UP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E. G. , NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	RR			\$333.94
Kansas City, MO-KS	E0472	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE FEATURE, USED WITH INVASIVE INTERFACE, E. G. , TRACHEOSTOMY TUBE (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)				\$361.15
Kansas City, MO-KS	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$74.00
Kansas City, MO-KS	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$7.40

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Kansas City, MO-KS	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$55.50
Kansas City, MO-KS	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$164.08
Kansas City, MO-KS	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$16.41
Kansas City, MO-KS	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$123.06
Kansas City, MO-KS	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$49.94
Kansas City, MO-KS	A4619	FACE TENT	NU			\$1.76
Kansas City, MO-KS	A7003	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	NU			\$1.72
Kansas City, MO-KS	A7004	SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	NU			\$1.32
Kansas City, MO-KS	A7005	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NON-DISPOSABLE	NU	KG		\$19.99
Kansas City, MO-KS	A7006	ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER	NU			\$8.25
Kansas City, MO-KS	A7007	LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR	NU			\$4.20
Kansas City, MO-KS	A7010	CORRUGATED TUBING, DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 100 FEET	NU			\$19.12

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Kansas City, MO-KS	A7012	WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER	NU			\$3.62
Kansas City, MO-KS	A7013	FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	NU			\$0.74
Kansas City, MO-KS	A7014	FILTER, NONDISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	NU			\$3.97
Kansas City, MO-KS	A7015	AEROSOL MASK, USED WITH DME NEBULIZER	NU			\$1.68
Kansas City, MO-KS	A7017	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH OXYGEN	NU			\$134.30
randad dily, ind red	7.1.017	SAT SELV				\$101100
Kansas City, MO-KS	A7017	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH OXYGEN	RR			\$13.43
ransas ony, we re	70017	ON GEN	Tur			ψ13.43
Kanaga City MO KC	A 7047	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH OXYGEN	UE			\$100.73
Kansas City, MO-KS	A7017	OXYGEN	UE			\$100.73
Kanasa Cita MO KO	47040	WATER DISTULED LISED WITH LARGE VOLUMENER HERUITZER 4000 MI				#0.05
Kansas City, MO-KS	A7018	WATER, DISTILLED, USED WITH LARGE VOLUME NEBULIZER, 1000 ML				\$0.35
W 80 MO MO		COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF- CONTAINED OR				
Kansas City, MO-KS	E0565	CYLINDER DRIVEN	RR			\$49.55
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Kansas City, MO-KS	E0570	NEBULIZER, WITH COMPRESSOR	RR			\$11.07
Kansas City, MO-KS	E0572	AEROSOL COMPRESSOR, ADJUSTABLE PRESSURE, LIGHT DUTY FOR INTERMITTENT USE	RR			\$37.68
		NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH				
Kansas City, MO-KS	E0580	REGULATOR OR FLOWMETER	NU			\$117.12

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Kansas City, MO-KS	E0580	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	RR			\$11.71
Kansas City, MO-KS	E0580	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	UE			\$87.84
Kansas City, MO-KS	E0585	NEBULIZER, WITH COMPRESSOR AND HEATER	RR			\$31.25
Kansas City, MO-KS	E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	NU			\$146.84
Kansas City, MO-KS	E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	RR			\$14.68
Kansas City, MO-KS	E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	UE			\$110.13
Kansas City, MO-KS		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Kansas City, MO-KS	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$99.00
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Kansas City, MO-KS	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$99.00
Kansas City, MO-KS	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$99.00
		OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR				
Kansas City, MO-KS	E1391	GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$99.00
Kansas City, MO-KS		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				

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CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
		PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER,				
Kansas City, MO-KS	E0431	REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.68
		DODTADLE LIGHT OWNER OVERTHAN DENTAL INCLUDES DODTADLE CONTAINED OURDLY				
		PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR				
Kansas City, MO-KS	E0434	MASK, AND TUBING	RR			\$19.68
						V 10110
K Oit MO KO		Decimant Olega C. Ourona Consenting Destable Funiques of Only				
Kansas City, MO-KS		Payment Class C - Oxygen Generating Portable Equipment Only PORTABLE LIQUID OXYGEN SYSTEM, RENTAL: HOME LIQUEFIER USED TO FILL PORTABLE				
		LIQUID OXYGEN CONTAINERS, INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER,				
		HUMIDIFIER, CANNULA OR MASK AND TUBING, WITH OR WITHOUT SUPPLY RESERVOIR AND				
Kansas City, MO-KS	E0433	CONTENTS GAUGE	RR			\$39.41
Kansas City, MO-KS	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$39.41
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		PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR USED TO FILL				
Kansas City, MO-KS	K0738	PORTABLE OXYGEN CYLINDERS; INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$39.41
Ransas City, MO-Ro	10730	TEOWINETER, HOWIDITIER, CANNOLA OR MAGIC, AND TOBING	IXIX			φ33.41
Kansas City, MO-KS		Payment Class D - Stationary Oxygen Contents Only				
Kansas City, MO-KS	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$56.50
Kansas City, MO-KS	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$56.50
Kansas City, MO-KS		Payment Class E - Portable Oxygen Contents Only				
Nansas City, MO-NS		rayilletit Glass E - Fortable Oxygeti Contents Offiy				
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Kansas City, MO-KS	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$54.49
Kansas City, MO-KS	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$54.49

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-Pompano Beach, FL	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$42.38
Miami-Fort Lauderdale-Pompano Beach, FL	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$134.95
Miami-Fort Lauderdale-Pompano Beach, FL	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$39.92
Miami-Fort Lauderdale-Pompano Beach, FL	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$17.20
Miami-Fort Lauderdale-Pompano Beach, FL	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$118.52
Miami-Fort Lauderdale-Pompano Beach, FL	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$43.95
Miami-Fort Lauderdale-Pompano Beach, FL	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$25.00
Miami-Fort Lauderdale-Pompano Beach, FL	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$17.89
Miami-Fort Lauderdale-Pompano Beach, FL	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$72.08
Miami-Fort Lauderdale-Pompano Beach, FL	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$21.00
Miami-Fort Lauderdale-Pompano Beach, FL	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$10.02
Miami-Fort Lauderdale-Pompano Beach, FL	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$22.08

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CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-Pompano						
Beach, FL	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$3.00
Miami-Fort Lauderdale-Pompano						
Beach, FL	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$8.20
Miami-Fort Lauderdale-Pompano						
Beach, FL	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$78.35
Miami-Fort Lauderdale-Pompano		EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE				
Beach, FL	A7045	AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$12.60
Miami-Fort Lauderdale-Pompano		EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE				
Beach, FL	A7045	AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.26
Miami-Fort Lauderdale-Pompano		EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE				
Beach, FL	A7045	AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$9.45
Miami-Fort Lauderdale-Pompano		WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE,				
Beach, FL	A7046	REPLACEMENT, EACH	NU			\$12.46
		RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE				
Miami-Fort Lauderdale-Pompano	E0.470	FEATURE, USED WITH NONINVASIVE INTERFACE, E. G. , NASAL OR FACIAL MASK (INTERMITTENT				0440.04
Beach, FL	E0470	ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	RR			\$146.64
		RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACK-UP RATE				
Miami-Fort Lauderdale-Pompano Beach, FL	E0471	FEATURE, USED WITH NONINVASIVE INTERFACE, E. G. , NASAL OR FACIAL MASK (INTERMITTENT	RR			\$344.71
beach, FL	EU47 I	ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	KK			\$344. <i>1</i> 1
		RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE FEATURE,				
Miami-Fort Lauderdale-Pompano Beach, FL	E0472	USED WITH INVASIVE INTERFACE, E. G. , TRACHEOSTOMY TUBE (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	RR			\$351.87
Deadil, I L	LU412	WITH CONTINUOUS FOSTIVE AIRWAT FILESCORE DEVICE)	IXIX			φυυ 1.07
Miami-Fort Lauderdale-Pompano Beach, FL	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$69.32
Dodoi, i L	L0301	TIOWING TEXT TO RETILE TED, OOLD WITH TOO TIVE AIRWATT RESOURCE DEVICE	140			Ψ09.32
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Miami-Fort Lauderdale-Pompano Beach, FL	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$6.93
Douoii, i L	E0301	HOWING IER, NORTHEATED, COLD WITH CONTVE ANIWAT I RECOURSE DEVICE	1313			φυ.93

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
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Miami-Fort Lauderdale-Pompano Beach, FL	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$51.99
Miami-Fort Lauderdale-Pompano						
Beach, FL	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$181.28
Miami-Fort Lauderdale-Pompano						
Beach, FL	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$18.13
Miami-Fort Lauderdale-Pompano Beach, FL	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$135.96
Deadii, i L	L0302	TOWNSHIER, HEATED, OSED WITH TOSHIVE AIRWATT RESSORE DEVICE	OL			\$133.90
Miami-Fort Lauderdale-Pompano						
Beach, FL	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$56.30
Miami-Fort Lauderdale-Pompano Beach, FL	A4619	FACE TENT	NU			\$1.50
Miami-Fort Lauderdale-Pompano		ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER,				
Beach, FL	A7003	DISPOSABLE	NU			\$1.96
Miami-Fort Lauderdale-Pompano						
Beach, FL	A7004	SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	NU			\$1.16
Miami-Fort Lauderdale-Pompano Beach, FL	A7005	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NON-DISPOSABLE	NU	KG		\$19.71
Deadii, i L	A7003	DISTOSABLE	NO	KG		φ19.71
Miami-Fort Lauderdale-Pompano						
Beach, FL	A7006	ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER	NU			\$8.15
Miami-Fort Lauderdale-Pompano Beach, FL	A7007	LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR	NU			\$3.36
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Miami-Fort Lauderdale-Pompano						
Beach, FL	A7010	CORRUGATED TUBING, DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 100 FEET	NU			\$16.06

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
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Miami-Fort Lauderdale-Pompano Beach, FL	A7012	WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER	NU			\$2.92
Miami-Fort Lauderdale-Pompano Beach, FL	A7013	FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	NU			\$0.54
Miami-Fort Lauderdale-Pompano Beach, FL	A7014	FILTER, NONDISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	NU			\$3.50
Miami-Fort Lauderdale-Pompano Beach, FL	A7015	AEROSOL MASK, USED WITH DME NEBULIZER	NU			\$1.41
Miami-Fort Lauderdale-Pompano Beach, FL	A7017	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH OXYGEN	NU			\$116.26
Miami-Fort Lauderdale-Pompano Beach, FL	A7017	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH OXYGEN	RR			\$11.63
Miami-Fort Lauderdale-Pompano Beach, FL	A7017	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH OXYGEN	UE			\$87.20
Miami-Fort Lauderdale-Pompano Beach, FL	A7018	WATER, DISTILLED, USED WITH LARGE VOLUME NEBULIZER, 1000 ML				\$0.30
Miami-Fort Lauderdale-Pompano Beach, FL	E0565	COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF- CONTAINED OR CYLINDER DRIVEN	RR			\$40.67
Miami-Fort Lauderdale-Pompano Beach, FL	E0570	NEBULIZER, WITH COMPRESSOR	RR			\$11.60
Miami-Fort Lauderdale-Pompano Beach, FL	E0572	AEROSOL COMPRESSOR, ADJUSTABLE PRESSURE, LIGHT DUTY FOR INTERMITTENT USE	RR			\$29.18
Miami-Fort Lauderdale-Pompano Beach, FL	E0580	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	NU			\$98.56

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-Pompano		NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH				
Beach, FL	E0580	REGULATOR OR FLOWMETER	RR			\$9.86
Miami-Fort Lauderdale-Pompano		NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH				
Beach, FL	E0580	REGULATOR OR FLOWMETER	UE			\$73.92
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Miami-Fort Lauderdale-Pompano Beach, FL	E0585	NEBULIZER, WITH COMPRESSOR AND HEATER	RR			\$29.00
Dodon, r L	20000	NESCELLIN, WITH COMMINE TEXT EN	TXIX			Ψ20.00
Miami-Fort Lauderdale-Pompano	E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	NU			£420.00
Beach, FL	E1372	ININIERSION EXTERNAL HEATER FOR NEBOLIZER	INU			\$120.00
Miami-Fort Lauderdale-Pompano						
Beach, FL	E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	RR			\$12.00
Miami-Fort Lauderdale-Pompano						
Beach, FL	E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	UE			\$90.00
Miami-Fort Lauderdale-Pompano						
Beach, FL		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
		OTATIONADY COMPRESSED CASEOUS OVACEN OVATEM PENTAL INCLUDES CONTAINED				
Miami-Fort Lauderdale-Pompano		STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND				
Beach, FL	E0424	TUBING	RR			\$114.16
Miami Fart Laudardala Damana		STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS,				
Miami-Fort Lauderdale-Pompano Beach, FL	E0439	REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$114.16
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Miami-Fort Lauderdale-Pompano Beach, FL	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$114.16
Dodon, i L	L 1000	CHEMICA CATOLIN CONCLAIMANT THE FRECOMBED FLOW MATE	TUT			Ψ117.10
Miami-Fort Lauderdale-Pompano	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE. EACH	RR			\$114.16
Beach, FL	E1391	GREATER OXIGEN CONCENTRATION AT THE PRESCRIBED PLOW RATE, EACH	NK			Ф114.16
Miami-Fort Lauderdale-Pompano						
Beach, FL		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				

		Respiratory Equipment and Related Supplies and Resource				
	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-Pompano Beach, FL	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$20.58
Deadil, FL	E0431		NN			\$20.56
Miami-Fort Lauderdale-Pompano		PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR				
Beach, FL	E0434	MASK, AND TUBING	RR			\$20.58
Miami-Fort Lauderdale-Pompano Beach, FL		Payment Class C - Oxygen Generating Portable Equipment Only				
50001,12		PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; HOME LIQUEFIER USED TO FILL PORTABLE				
Miami-Fort Lauderdale-Pompano		LIQUID OXYGEN CONTAINERS, INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK AND TUBING, WITH OR WITHOUT SUPPLY RESERVOIR AND				
Beach, FL	E0433	CONTENTS GAUGE	RR			\$37.84
Miami-Fort Lauderdale-Pompano Beach, FL	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$37.84
		PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR USED TO FILL				
Miami-Fort Lauderdale-Pompano		PORTABLE OXYGEN CYLINDERS; INCLUDES PORTABLE CONTAINERS, REGULATOR,				
Beach, FL	K0738	FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$37.84
Miami-Fort Lauderdale-Pompano						
Beach, FL		Payment Class D - Stationary Oxygen Contents Only				
Miami-Fort Lauderdale-Pompano Beach, FL	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.00
Deadii, FL	E0441	STATIONARY OXTGEN CONTENTS, GASEOUS, I MONTHS SUFFEY = 1 UNIT				\$33.00
Miami-Fort Lauderdale-Pompano						
Beach, FL	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.00
Miami-Fort Lauderdale-Pompano Beach, FL		Payment Class E - Portable Oxygen Contents Only				
		. Ly Class 2 . S. Lable Grygen Schleine Chry				
Miami-Fort Lauderdale-Pompano						
Beach, FL	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$54.67
Miami-Fort Lauderdale-Pompano Beach, FL	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$54.67
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	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orlando-Kissimmee-Sanford, FL	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$43.30
Orlando-Kissimmee-Sanford, FL	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$134.86
Orlando-Kissimmee-Sanford, FL	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$44.00
Orlando-Kissimmee-Sanford, FL	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$17.50
Orlando-Kissimmee-Sanford, FL	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$109.57
Orlando-Kissimmee-Sanford, FL	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$42.16
Orlando-Kissimmee-Sanford, FL	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$23.36
Orlando-Kissimmee-Sanford, FL	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$17.50
Orlando-Kissimmee-Sanford, FL	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$66.71
Orlando-Kissimmee-Sanford, FL	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$19.91
Orlando-Kissimmee-Sanford, FL	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.00
Orlando-Kissimmee-Sanford, FL	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$15.25

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orlando-Kissimmee-Sanford, FL	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.75
Orlando-Kissimmee-Sanford, FL	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$7.54
Orlando-Kissimmee-Sanford, FL	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$84.64
	7.1.0.1.					ÇO III C
Orlanda Kissimmas Conford Fl	A 70.45	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE	NU			£40.60
Orlando-Kissimmee-Sanford, FL	A7045	AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$13.63
		EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE				
Orlando-Kissimmee-Sanford, FL	A7045	AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.36
		EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE				
Orlando-Kissimmee-Sanford, FL	A7045	AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$10.22
		WATER CHAMPER FOR HIMMRIFIED HOER WITH ROOMTN'E AIRWAY RRESOURE DEVICE				
Orlando-Kissimmee-Sanford, FL	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$13.14
		RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE				
Orlando-Kissimmee-Sanford, FL	E0470	FEATURE, USED WITH NONINVASIVE INTERFACE, E. G. , NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	RR			\$130.00
		RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACK-UP RATE				
Orlando-Kissimmee-Sanford, FL	E0471	FEATURE, USED WITH NONINVASIVE INTERFACE, E. G. , NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	RR			\$310.00
Onando-Nissimmee-Samord, i E	L0471	,				\$310.00
		RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE FEATURE, USED WITH INVASIVE INTERFACE, E. G. , TRACHEOSTOMY TUBE (INTERMITTENT ASSIST DEVICE				
Orlando-Kissimmee-Sanford, FL	E0472	WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	RR			\$360.00
Orlando-Kissimmee-Sanford, FL	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$74.90
Orlando-Kissimmee-Sanford, FL	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$7.49

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
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Orlando-Kissimmee-Sanford, FL	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$56.18
Orlando-Kissimmee-Sanford, FL	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$160.00
Orlando-Kissimmee-Sanford, FL	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$16.00
Orlando-Kissimmee-Sanford, FL	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$120.00
Ondrido Nissimmee Gamora, i E	20002	TIOMBILLIA, TEATEB, GOLD WITH CONTRETAIN THE COOKE BEVIOL	OL .			ψ120.00
Orlando-Kissimmee-Sanford, FL	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$51.55
Orlando-Kissimmee-Sanford, FL	A4619	FACE TENT	NU			\$1.69
Orlando-Kissimmee-Sanford, FL	A7003	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	NU			\$1.96
Orlando-Kissimmee-Sanford, FL	A7004	SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	NU			\$1.25
	7.1.001					VIII-U
	4=005	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NON-		1/0		
Orlando-Kissimmee-Sanford, FL	A7005	DISPOSABLE	NU	KG		\$19.71
Orlando-Kissimmee-Sanford, FL	A7006	ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER	NU			\$8.50
Orlando-Kissimmee-Sanford, FL	A7007	LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR	NU			\$3.80
Orlando-Kissimmee-Sanford, FL	A7010	CORRUGATED TUBING, DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 100 FEET	NU			\$18.00

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
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Orlando-Kissimmee-Sanford, FL	A7012	WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER	NU			\$3.25
Orlando-Kissimmee-Sanford, FL	A7013	FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	NU			\$0.59
Orlando-Kissimmee-Sanford, FL	A7014	FILTER, NONDISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	NU			\$3.96
Orlando-Kissimmee-Sanford, FL	A7015	AEROSOL MASK, USED WITH DME NEBULIZER	NU			\$1.72
Orlando-Kissimmee-Sanford, FL	A7017	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH OXYGEN	NU			\$124.00
Orlando-Kissimmee-Sanford, FL	A7017	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH OXYGEN	RR			\$12.40
Orlando-Kissimmee-Sanford, FL	A7017	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH OXYGEN	UE			\$93.00
Orlando-Kissimmee-Sanford, FL	A7018	WATER, DISTILLED, USED WITH LARGE VOLUME NEBULIZER, 1000 ML				\$0.30
Orlando-Kissimmee-Sanford, FL	E0565	COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF- CONTAINED OR CYLINDER DRIVEN	RR			\$45.00
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Orlando-Kissimmee-Sanford, FL	E0570	NEBULIZER, WITH COMPRESSOR	RR			\$10.48
Orlando-Kissimmee-Sanford, FL	E0572	AEROSOL COMPRESSOR, ADJUSTABLE PRESSURE, LIGHT DUTY FOR INTERMITTENT USE	RR			\$32.01
Orlando-Kissimmee-Sanford, FL	E0580	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	NU			\$105.49

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orlando-Kissimmee-Sanford, FL	E0580	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	RR			\$10.55
Orlando-Kissimmee-Sanford, FL	E0580	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	UE			\$79.12
Orlando-Kissimmee-Sanford, FL	E0585	NEBULIZER, WITH COMPRESSOR AND HEATER	RR			\$32.05
Orlando-Kissimmee-Sanford, FL	E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	NU			\$126.51
Orlando-Kissimmee-Sanford, FL	E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	RR			\$12.65
Orlando-Kissimmee-Sanford, FL	E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	UE			\$94.88
Orlando-Kissimmee-Sanford, FL		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Orlando-Kissimmee-Sanford, FL	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$96.81
Orlando-Kissimmee-Sanford, FL	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$96.81
Orlando-Kissimmee-Sanford, FL	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$96.81
Orlando-Kissimmee-Sanford, FL	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$96.81
Orlando-Kissimmee-Sanford, FL		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
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Orlando-Kissimmee-Sanford, FL	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$18.80
Orlando-Kissimmee-Sanford, FL	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK. AND TUBING	RR			\$18.80
Onando-Rissimmee-Samord, FL	E0434	MASK, AND TUBING	KK			\$10.00
Orlando-Kissimmee-Sanford, FL		Payment Class C - Oxygen Generating Portable Equipment Only				
Orlando-Kissimmee-Sanford, FL	E0433	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; HOME LIQUEFIER USED TO FILL PORTABLE LIQUID OXYGEN CONTAINERS, INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK AND TUBING, WITH OR WITHOUT SUPPLY RESERVOIR AND CONTENTS GAUGE	RR			\$36.86
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Orlando-Kissimmee-Sanford, FL	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$36.86
Orlando-Kissimmee-Sanford, FL	K0738	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR USED TO FILL PORTABLE OXYGEN CYLINDERS; INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$36.86
Orlando-Kissimmee-Sanford, FL		Payment Class D - Stationary Oxygen Contents Only				
Orlanda Kinaimmaa Sanfard El	E0441	STATIONARY OVVCEN CONTENTS CASSOLIS 4 MONTH'S SURRIV 4 LINIT				\$54.22
Orlando-Kissimmee-Sanford, FL	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$54.22
Orlando-Kissimmee-Sanford, FL	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$54.22
Orlando-Kissimmee-Sanford, FL		Payment Class E - Portable Oxygen Contents Only				
Orlando-Kissimmee-Sanford, FL	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$52.67
Orlando-Kissimmee-Sanford, FL	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$52.67

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
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Pittsburgh, PA	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$41.53
Pittsburgh, PA	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$130.79
Dittohurah DA	A 7020	ODAL CURLION FOR COMPINATION ODAL MASSAL MASSZ REPLACEMENT ONLY FACU	NILL			#25.00
Pittsburgh, PA	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$35.00
Pittsburgh, PA	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$17.00
Pittsburgh, PA	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$104.96
Pittsburgh, PA	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$40.50
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Pittsburgh, PA	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$22.32
Pittsburgh, PA	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$16.91
Pittsburgh, PA	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$62.19
Pittsburgh, PA	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$20.00
Pittsburgh, PA	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.10
D''. I . I . DA	A-00-	TURNO HOER WITH ROOM AND				4
Pittsburgh, PA	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$17.75

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.47
Pittsburgh, PA	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$7.45
Pittsburgh, PA	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$87.51
ritisburgii, FA	A7044	ONAL INTENTACE USED WITH FOSITIVE AIRWAY FRESSURE DEVICE, EACH	NO			φο7.31
		EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE				
Pittsburgh, PA	A7045	AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$12.50
		EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE				
Pittsburgh, PA	A7045	AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.25
		EVILALATION PORT WITH OR WITHOUT CHINEL HEER WITH ACCESSORIES FOR POSITIVE				
Pittsburgh, PA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$9.38
Pittsburgh, PA	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$14.00
		RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE				
Pittsburgh, PA	E0470	FEATURE, USED WITH NONINVASIVE INTERFACE, E. G. , NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	RR			\$121.16
i modargri, i /	20110	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACK-UP RATE				V 121110
D'' 1 DA	E0.474	FEATURE, USED WITH NONINVASIVE INTERFACE, E. G. , NASAL OR FACIAL MASK (INTERMITTENT				
Pittsburgh, PA	E0471	ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	RR			\$315.09
		RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE FEATURE, USED WITH INVASIVE INTERFACE, E. G. , TRACHEOSTOMY TUBE (INTERMITTENT ASSIST DEVICE				
Pittsburgh, PA	E0472	WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	RR			\$361.38
Pittsburgh, PA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$68.15
Pittsburgh, PA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$6.82

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$51.11
Pittsburgh, PA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$161.74
r ittsburgii, r A	L0302	TIOWIDII IER, TIEATED, OOED WITTI OOTTVE AIRWATT RESSURE DEVICE	INO			\$101.74
Pittsburgh, PA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$16.17
Pittsburgh, PA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$121.31
Pittsburgh, PA	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$50.03
- Mossign, 171	2000.					Vocace
Pittsburgh, PA	A4619	FACE TENT	NU			\$1.80
		ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER,				
Pittsburgh, PA	A7003	DISPOSABLE	NU			\$1.70
Pittsburgh, PA	A7004	SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	NU			\$1.13
Dittahurah DA	A7005	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NON-DISPOSABLE	NU	KG		647.04
Pittsburgh, PA	A7005	DISPOSABLE	INU	NG		\$17.31
Pittsburgh, PA	A7006	ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER	NU			\$8.00
Pittsburgh, PA	A7007	LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR	NU			\$3.90
Pittshurah PA	A7010	CORRUGATED TURING DISPOSABLE LISED WITH LARGE VOLUME NERTH IZER 100 FEET	NILI			\$17.74
Pittsburgh, PA Pittsburgh, PA	A7007	LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR CORRUGATED TUBING, DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 100 FEET	NU			

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	A7012	WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER	NU			\$2.90
Pittsburgh, PA	A7013	FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	NU			\$0.60
Pittsburgh, PA	A7014	FILTER, NONDISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	NU			\$3.45
Pittsburgh, PA	A7015	AEROSOL MASK, USED WITH DME NEBULIZER	NU			\$1.36
		NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH				
Pittsburgh, PA	A7017	OXYGEN	NU			\$134.72
		NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH				
Pittsburgh, PA	A7017	OXYGEN	RR			\$13.47
		NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH				
Pittsburgh, PA	A7017	OXYGEN	UE			\$101.04
Pittsburgh, PA	A7018	WATER, DISTILLED, USED WITH LARGE VOLUME NEBULIZER, 1000 ML				\$0.33
		COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF- CONTAINED OR				
Pittsburgh, PA	E0565	CYLINDER DRIVEN	RR			\$44.57
Pittsburgh, PA	E0570	NEBULIZER, WITH COMPRESSOR	RR			\$10.00
Pittsburgh, PA	E0572	AEROSOL COMPRESSOR, ADJUSTABLE PRESSURE, LIGHT DUTY FOR INTERMITTENT USE	RR			\$37.50
		NEDULIZED DUBABLE OLASS OF AUTOSLAVADLE BLASTIC POTTLE TVDE FOR USE WITH				
Pittsburgh, PA	E0580	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	NU			\$115.25

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	E0580	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	RR			\$11.53
Pittsburgh, PA	E0580	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	UE			\$86.44
Pittsburgh, PA	E0585	NEBULIZER, WITH COMPRESSOR AND HEATER	RR			\$32.05
Pittsburgh, PA	E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	NU			\$140.00
Pittsburgh, PA	E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	RR			\$14.00
Pittsburgh, PA	E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	UE			\$105.00
Pittsburgh, PA		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Pittsburgh, PA	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$88.03
Pittsburgh, PA	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$88.03
Pittsburgh, PA	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$88.03
Pittsburgh, PA	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$88.03
Pittsburgh, PA		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$18.00
Pittsburgh, PA	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$18.00
Pittsburgh, PA		Payment Class C - Oxygen Generating Portable Equipment Only				
Pittsburgh, PA	E0433	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; HOME LIQUEFIER USED TO FILL PORTABLE LIQUID OXYGEN CONTAINERS, INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK AND TUBING, WITH OR WITHOUT SUPPLY RESERVOIR AND CONTENTS GAUGE	RR			\$38.17
Pittsburgh, PA	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$38.17
Pittsburgh, PA	K0738	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR USED TO FILL PORTABLE OXYGEN CYLINDERS; INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$38.17
Pittsburgh, PA		Payment Class D - Stationary Oxygen Contents Only				
Pittsburgh, PA	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$53.81
Pittsburgh, PA	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$53.81
Pittsburgh, PA		Payment Class E - Portable Oxygen Contents Only				
Pittsburgh, PA	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$50.99
Pittsburgh, PA	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$50.99

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Riverside-San Bernardino-Ontario, CA	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$45.60
Riverside-San Bernardino-Ontario, CA	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$139.42
Riverside-San Bernardino-Ontario, CA	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$41.00
Riverside-San Bernardino-Ontario, CA	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$18.00
Riverside-San Bernardino-Ontario, CA	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$99.88
Riverside-San Bernardino-Ontario, CA	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$40.75
Riverside-San Bernardino-Ontario, CA	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$21.38
Riverside-San Bernardino-Ontario, CA	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$16.13
Riverside-San Bernardino-Ontario, CA	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$61.00
Riverside-San Bernardino-Ontario, CA	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$20.00
Riverside-San Bernardino-Ontario, CA	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.10
Riverside-San Bernardino-Ontario, CA	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$16.00

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Riverside-San Bernardino-Ontario, CA	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.30
Riverside-San Bernardino-Ontario, CA	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$7.06
Riverside-San Bernardino-Ontario, CA	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$98.50
Riverside-San Bernardino-Ontario, CA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$16.62
Riverside-San Bernardino-Ontario, CA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.66
Riverside-San Bernardino-Ontario, CA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$12.47
Riverside-San Bernardino-Ontario, CA	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$12.96
Riverside-San Bernardino-Ontario, CA	E0470	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E. G. , NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	RR			\$117.88
Riverside-San Bernardino-Ontario, CA	E0471	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACK-UP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E. G. , NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	RR			\$305.00
Riverside-San Bernardino-Ontario, CA	E0472	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE FEATURE, USED WITH INVASIVE INTERFACE, E. G. , TRACHEOSTOMY TUBE (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	RR			\$462.11
Riverside-San Bernardino-Ontario, CA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$93.24
Riverside-San Bernardino-Ontario, CA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$9.32

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
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Riverside-San Bernardino-Ontario, CA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$69.93
Riverside-San Bernardino-Ontario, CA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$141.00
Riverside-San Bernardino-Ontario, CA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$14.10
Riverside-San Bernardino-Ontario, CA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$105.75
Riverside-San Bernardino-Ontario, CA	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$41.75
Niverside-Sair Bernardino-Oritano, CA	L0001	CONTINUOUS AIRWATT RESSURE (OF AF) BEVICE	IXIX			φ41.73
Riverside-San Bernardino-Ontario, CA	A4619	FACE TENT	NU			\$1.89
Riverside-San Bernardino-Ontario, CA	A7003	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	NU			\$1.74
Riverside-San Bernardino-Ontario, CA	A7004	SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	NU			\$1.27
		ADMINISTRATION SET, WITH SMALL VOLUME NONE!! TERED DNELWATIO NED!!! IZED, NON				
Riverside-San Bernardino-Ontario, CA	A7005	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NON-DISPOSABLE	NU	KG		\$19.00
	47000	ADMINISTRATION OF THE LONG LIVER BY TERES DAIS MATICALED IN LESS	N II I			00.40
Riverside-San Bernardino-Ontario, CA	A7006	ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER	NU			\$9.12
Riverside-San Bernardino-Ontario, CA	A7007	LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR	NU			\$4.46
Riverside-San Bernardino-Ontario, CA	A7010	CORRUGATED TUBING, DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 100 FEET	NU			\$19.49
		100				Ψ13.73

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Riverside-San Bernardino-Ontario, CA		WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER	NU			\$3.81
Riverside-San Bernardino-Ontario, CA	A7013	FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	NU			\$0.76
Riverside-San Bernardino-Ontario, CA	A7014	FILTER, NONDISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	NU			\$3.97
Riverside-San Bernardino-Ontario, CA	A7015	AEROSOL MASK, USED WITH DME NEBULIZER	NU			\$1.78
Riverside-San Bernardino-Ontario, CA	A7017	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH OXYGEN	NU			\$138.60
Riverside-San Bernardino-Ontario, CA	A7017	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH OXYGEN	RR			\$13.86
Riverside-San Bernardino-Ontario, CA	A7017	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH OXYGEN	UE			\$103.95
Riverside-San Bernardino-Ontario, CA	A7018	WATER, DISTILLED, USED WITH LARGE VOLUME NEBULIZER, 1000 ML				\$0.36
Riverside-San Bernardino-Ontario, CA	E0565	COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF- CONTAINED OR CYLINDER DRIVEN	RR			\$51.83
Riverside-San Bernardino-Ontario, CA	E0570	NEBULIZER, WITH COMPRESSOR	RR			\$8.43
Riverside-San Bernardino-Ontario, CA	E0572	AEROSOL COMPRESSOR, ADJUSTABLE PRESSURE, LIGHT DUTY FOR INTERMITTENT USE	RR			\$37.83
Riverside-San Bernardino-Ontario, CA	E0580	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	NU			\$120.00

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
		NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH				
Riverside-San Bernardino-Ontario, CA	E0580	REGULATOR OR FLOWMETER	RR			\$12.00
Riverside-San Bernardino-Ontario, CA	E0580	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	UE			\$90.00
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Riverside-San Bernardino-Ontario, CA	E0585	NEBULIZER, WITH COMPRESSOR AND HEATER	RR			\$35.39
Riverside-San Bernardino-Ontario, CA	F1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	NU			\$143.70
Tavereide Cari Demarante Chiane, Crit	21072	INTERIOR EXPERIENCE TEXT OF THE BOLIEER	110			ψ140.70
Riverside-San Bernardino-Ontario, CA	E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	RR			\$14.37
Diverside Can Demoraline Onterio CA	E4070	IMMERSION EXTERNAL HEATER FOR NEBULIZER	UE			£407.70
Riverside-San Bernardino-Ontario, CA	E1372	INVINERSION EXTERNAL HEATER FOR NEBULIZER	UE			\$107.78
Riverside-San Bernardino-Ontario, CA		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
		STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER,				
	E0404	CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND	DD			400.00
Riverside-San Bernardino-Ontario, CA	E0424	TUBING	RR			\$88.02
		STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS,				
Riverside-San Bernardino-Ontario, CA	E0439	REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$88.02
		OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR				
Riverside-San Bernardino-Ontario, CA	E1390	GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$88.02
		OVVCEN CONCENTRATOR DUAL RELIVERY RORT CARABLE OF RELIVERING OF RESCRIT OR				
Riverside-San Bernardino-Ontario, CA	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$88.02
Riverside-San Bernardino-Ontario, CA		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				

HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
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ABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, LATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$17.83
ABLE LIQUID OXYGEN SYSTEM RENTAL INCLUDES PORTABLE CONTAINER SUPPLY				
RVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR	RR			\$17.83
				7
Payment Class C - Ovygen Generating Portable Equipment Only				
ABLE LIQUID OXYGEN SYSTEM, RENTAL; HOME LIQUEFIER USED TO FILL PORTABLE				
O OXYGEN CONTAINERS, INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, DIFFIER, CANNULA OR MASK AND TUBING, WITH OR WITHOUT SUPPLY RESERVOIR AND				
ENTS GAUGE	RR			\$37.54
ABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$37.54
ABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR USED TO FILL				
ABLE OXYGEN CYLINDERS; INCLUDES PORTABLE CONTAINERS, REGULATOR, METER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$37.54
Payment Class D - Stationary Oxygen Contents Only				
, ,,				
ONADV OVVČEN CONTENTS CASEOUS 4 MONTH'S SUDDI V _ 4 UNIT				\$53.36
ONART OXTGEN CONTENTS, GASEOUS, I MONTHS SUFFET = 1 UNIT				\$33.30
ONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$53.36
Payment Class E - Portable Oxygen Contents Only				
ABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$45.22
ABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$45.22
ALA	ATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING BLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY VOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR AND TUBING Payment Class C - Oxygen Generating Portable Equipment Only BLE LIQUID OXYGEN SYSTEM, RENTAL; HOME LIQUEFIER USED TO FILL PORTABLE OXYGEN CONTAINERS, INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, FIER, CANNULA OR MASK AND TUBING, WITH OR WITHOUT SUPPLY RESERVOIR AND NTS GAUGE BLE OXYGEN CONCENTRATOR, RENTAL BLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR USED TO FILL BLE OXYGEN CYLINDERS; INCLUDES PORTABLE CONTAINERS, REGULATOR, IETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING Payment Class D - Stationary Oxygen Contents Only NARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT Payment Class E - Portable Oxygen Contents Only BLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT	BLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, ATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING RR BLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY WOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR AND TUBING Payment Class C - Oxygen Generating Portable Equipment Only BLE LIQUID OXYGEN SYSTEM, RENTAL; HOME LIQUEFIER USED TO FILL PORTABLE OXYGEN CONTAINERS, INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, FIER, CANNULA OR MASK AND TUBING, WITH OR WITHOUT SUPPLY RESERVOIR AND NTS GAUGE BLE OXYGEN CONCENTRATOR, RENTAL; HOME COMPRESSOR USED TO FILL BLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR USED TO FILL BLE OXYGEN CYLINDERS; INCLUDES PORTABLE CONTAINERS, REGULATOR, HETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING RR Payment Class D - Stationary Oxygen Contents Only NARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT Payment Class E - Portable Oxygen Contents Only BLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT	BLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, ATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING RR BLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY VOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR AND TUBING Payment Class C - Oxygen Generating Portable Equipment Only BLE LIQUID OXYGEN SYSTEM, RENTAL; HOME LIQUEFIER USED TO FILL PORTABLE OXYGEN CONTAINERS, INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, FIER, CANNULA OR MASK AND TUBING, WITH OR WITHOUT SUPPLY RESERVOIR AND NTS GAUGE BLE OXYGEN CONCENTRATOR, RENTAL BLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR USED TO FILL BLE OXYGEN CYLINDERS; INCLUDES PORTABLE CONTAINERS, REGULATOR, BETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING Payment Class D - Stationary Oxygen Contents Only NARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT Payment Class E - Portable Oxygen Contents Only BLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT	BLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, ATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING BLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY VOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR AND TUBING Payment Class C - Oxygen Generating Portable Equipment Only BLE LIQUID OXYGEN SYSTEM, RENTAL; HOME LIQUEFIER USED TO FILL PORTABLE OXYGEN CONTAINERS, INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, FIER, CANNULA OR MASK AND TUBING, WITH OR WITHOUT SUPPLY RESERVOIR AND NTS GAUGE BLE OXYGEN CONCENTRATOR, RENTAL: HOME COMPRESSOR USED TO FILL BLE GASEOUS OXYGEN SYSTEM, RENTAL: HOME COMPRESSOR USED TO FILL BLE CAYGEN CYLINDERS; INCLUDES PORTABLE CONTAINERS, REGULATOR, BETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING Payment Class D - Stationary Oxygen Contents Only NARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT Payment Class E - Portable Oxygen Contents Only BLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT

Single Payment Amounts

Standard Mobility Equipment and Related Accessories

Charlotte-Gastonia-Rock Hill, NC-SC	2
Cincinnati-Middletown, OH-KY-IN	35
Cleveland-Elyria-Mentor, OH	69
Dallas-Fort Worth-Arlington, TX	102
Kansas City, MO-KS	136
Miami-Fort Lauderdale-Pompano Beach, FL	169
Orlando-Kissimmee-Sanford, FL	203
Pittsburgh, PA	236
Riverside-San Bernardino-Ontario, CA	270





	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$39.43
Charlotte-Gastonia-Rock Hill, NC-SC	E1037	TRANSPORT CHAIR, PEDIATRIC SIZE	RR			\$96.06
Charlotte-Gastonia-Rock Hill, NC-SC	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$15.49
Charlotte-Gastonia-Rock Hill, NC-SC	E1039	TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY GREATER THAN 300 POUNDS	RR			\$32.48
Charlotte-Gastonia-Rock Hill, NC-SC	K0001	STANDARD WHEELCHAIR	RR			\$31.48
Charlotte-Gastonia-Rock Hill, NC-SC	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$54.73
Charlotte-Gastonia-Rock Hill, NC-SC	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$50.72
Charlotte-Gastonia-Rock Hill, NC-SC	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$80.87
Charlotte-Gastonia-Rock Hill, NC-SC	K0006	HEAVY DUTY WHEELCHAIR	RR			\$84.32
Charlotte-Gastonia-Rock Hill, NC-SC	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$131.09
Charlotte-Gastonia-Rock Hill, NC-SC	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$865.12
Charlotte-Gastonia-Rock Hill, NC-SC	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$86.51

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$648.84
Charlotte-Gastonia-Rock Hill, NC-SC	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,458.40
Charlotte-Gastonia-Rock Hill, NC-SC	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$145.84
Charlotte-Gastonia-Rock Hill, NC-SC	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,093.80
Charlotte-Gastonia-Rock Hill, NC-SC	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,835.30
Charlotte-Gastonia-Rock Hill, NC-SC	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$183.53
Charlotte-Gastonia-Rock Hill, NC-SC	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,376.48
Charlotte-Gastonia-Rock Hill, NC-SC	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$279.29
Charlotte-Gastonia-Rock Hill, NC-SC	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$332.93
Charlotte-Gastonia-Rock Hill, NC-SC	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$395.75
Charlotte-Gastonia-Rock Hill, NC-SC	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$352.21
Charlotte-Gastonia-Rock Hill, NC-SC	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$304.60

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$377.78
Charlotte-Gastonia-Rock Hill, NC-SC	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$360.84
Charlotte-Gastonia-Rock Hill, NC-SC	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$335.27
Charlotte-Gastonia-Rock Hill, NC-SC	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$489.59
Charlotte-Gastonia-Rock Hill, NC-SC	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$416.24
Charlotte-Gastonia-Rock Hill, NC-SC	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$701.57
Charlotte-Gastonia-Rock Hill, NC-SC	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$573.78
Charlotte-Gastonia-Rock Hill, NC-SC	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$752.47
Charlotte-Gastonia-Rock Hill, NC-SC	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$748.82
Charlotte-Gastonia-Rock Hill, NC-SC	E0705	TRANSFER DEVICE, ANY TYPE, EACH	NU			\$49.50
Charlotte-Gastonia-Rock Hill, NC-SC	E0705	TRANSFER DEVICE, ANY TYPE, EACH	RR			\$4.95
Charlotte-Gastonia-Rock Hill, NC-SC	E0705	TRANSFER DEVICE, ANY TYPE, EACH	UE			\$37.13

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$76.00
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Charlotte-Gastonia-Rock Hill, NC-SC	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.60
Charlotte-Gastonia-Rock Hill, NC-SC	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$57.00
Charlotte-Gastonia-Rock Hill, NC-SC	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$12.62
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Charlotte-Gastonia-Rock Hill, NC-SC	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.26
Charlotte-Gastonia-Rock Hill, NC-SC	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$9.47
Charlotte-Gastonia-Rock Hill, NC-SC	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$132.90
Charlotte-Gastonia-Rock Hill, NC-SC	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$13.29
Chanotte-Gastonia-Nock Filli, NC-SC	L0933	I INCOVAILE, LACIT	IXIX			\$13.23
		WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING				
Charlotte-Gastonia-Rock Hill, NC-SC	E0955	HARDWARE, EACH	UE			\$99.68
		WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED				
Charlotte-Gastonia-Rock Hill, NC-SC	E0956	MOUNTING HARDWARE, EACH	NU			\$73.01
Charlotte-Gastonia-Rock Hill, NC-SC	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$7.30
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		WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED				
Charlotte-Gastonia-Rock Hill, NC-SC	E0956	MOUNTING HARDWARE, EACH	UE			\$54.76

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
		WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING				
Charlotte-Gastonia-Rock Hill, NC-SC	E0957	HARDWARE, EACH	NU			\$113.61
		WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING				
Charlotte-Gastonia-Rock Hill, NC-SC	E0957	HARDWARE, EACH	RR			\$11.36
		WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING				
Charlotte-Gastonia-Rock Hill, NC-SC	E0957	HARDWARE, EACH	UE			\$85.21
	50050	MANUAL MUSEL QUAIR AGGEGGGBY ONE ARMARINE ATTACHMENT EAGU				
Charlotte-Gastonia-Rock Hill, NC-SC	E0958	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH	RR			\$41.59
Charlotte-Gastonia-Rock Hill, NC-SC	E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	NU			\$41.34
Chanotte-Gastonia-Rock Filli, NC-3C	E0939	MANUAL WHEELCHAIR ACCESSORT, ADAPTER FOR AMIFOTEE, EACH	NO			Ф41.34
Charlotte-Gastonia-Rock Hill, NC-SC	E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	RR			\$4.13
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Charlotte-Gastonia-Rock Hill, NC-SC	E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	UE			\$31.01
		WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY				
Charlotte-Gastonia-Rock Hill, NC-SC	E0960	TYPE MOUNTING HARDWARE	NU			\$70.40
		WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY				
Charlotte-Gastonia-Rock Hill, NC-SC	E0960	TYPE MOUNTING HARDWARE	RR			\$7.04
Charlette Castonia Back Hill NC CC	F0000	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY	LIE.			¢50.00
Charlotte-Gastonia-Rock Hill, NC-SC	E0960	TYPE MOUNTING HARDWARE	UE			\$52.80
Charlotte-Gastonia-Rock Hill, NC-SC	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$18.97
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Charlotte-Gastonia-Rock Hill, NC-SC	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.90
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	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$14.23
Charlotte-Gastonia-Rock Hill, NC-SC	E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	NU			\$64.42
Charlotte-Gastonia-Rock Hill, NC-SC	E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	RR			\$6.44
Charlotte-Gastonia-Rock Hill, NC-SC	E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	UE			\$48.32
Charlotte-Gastonia-Rock Hill, NC-SC	E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	NU			\$59.97
Charlotte-Gastonia-Rock Hill, NC-SC	E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	RR			\$6.00
Charlotte-Gastonia-Rock Hill, NC-SC	E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	UE			\$44.98
Charlotte-Gastonia-Rock Hill, NC-SC	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$32.38
Charlotte-Gastonia-Rock Hill, NC-SC	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.24
Charlotte-Gastonia-Rock Hill, NC-SC	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$24.29
Charlotte-Gastonia-Rock Hill, NC-SC	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$70.00
Charlotte-Gastonia-Rock Hill, NC-SC	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$7.00

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$52.50
Charlotte-Gastonia-Rock Hill, NC-SC	E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	NU			\$64.36
Charlotte-Gastonia-Rock Hill, NC-SC	E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	RR			\$6.44
Charlotte-Gastonia-Rock Hill, NC-SC	E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	UE			\$48.27
Charlotte-Gastonia-Rock Hill, NC-SC	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$26.68
Charlotte-Gastonia-Rock Hill, NC-SC	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.67
Charlotte-Gastonia-Rock Hill, NC-SC	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$20.01
Charlotte-Gastonia-Rock Hill, NC-SC	E0985	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	NU			\$190.66
Charlotte-Gastonia-Rock Hill, NC-SC	E0985	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	RR			\$19.07
Charlotte-Gastonia-Rock Hill, NC-SC	E0985	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	UE			\$143.00
Charlotte-Gastonia-Rock Hill, NC-SC	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$71.40
Charlotte-Gastonia-Rock Hill, NC-SC	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$7.14

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
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Charlotte-Gastonia-Rock Hill, NC-SC	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$53.55
Charlotte-Gastonia-Rock Hill, NC-SC	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$85.56
Charlotte-Gastonia-Rock Hill, NC-SC	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$8.56
Charlotte-Gastonia-Rock Hill, NC-SC	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$64.17
Charlotte-Gastonia-Rock Hill, NC-SC	E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	NU			\$110.89
Changle Castorna Rook Fini, NO CO	21010	GROOK/BOOKBEKT OK WINTONE WHEELOWIN, E/OH	110			\$110.03
Charlotte-Gastonia-Rock Hill, NC-SC	E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	RR			\$11.09
Charlotte-Gastonia-Rock Hill, NC-SC	E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	UE			\$83.17
	E4040	SUCCES ADSORDED FOR DOWER WHEEL OLD IN EACH	N			400.47
Charlotte-Gastonia-Rock Hill, NC-SC	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$98.47
Charlotte-Gastonia-Rock Hill, NC-SC	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$9.85
Charlotte-Gastonia-Rock Hill, NC-SC	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$73.85
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Charlotte-Gastonia-Rock Hill, NC-SC	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$184.32
Charlotte-Gastonia-Rock Hill, NC-SC	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$18.43

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$138.24
Charlotte-Gastonia-Rock Hill, NC-SC	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$135.64
Grianotte-Gastorna-Rock Film, Ro-Go	L 1020	TIANDWAKE FOR SO TOTION, OTHER CONTROL INTERNIAGE ON FOOTHORING ACCESSORY	INO			ψ100.04
		WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING				
Charlotte-Gastonia-Rock Hill, NC-SC	E1028	HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$13.56
		WIJEEL OLIAID AGGEGGGDV MAANUAL OWINGAWAY DETDAGTARI E OD DEMOVADI E MOUNTING				
Charlotte-Gastonia-Rock Hill, NC-SC	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$101.73
Charlette Castonia Dook Hill NC CC	E422E	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$36.11
Charlotte-Gastonia-Rock Hill, NC-SC	E1225	DEGREES, BUT LESS THAN 80 DEGREES), EACH	KK			\$30.11
		WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80				
Charlotte-Gastonia-Rock Hill, NC-SC	E1226	DEGREES), EACH	NU			\$398.55
Charlotte-Gastonia-Rock Hill, NC-SC	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$39.86
	E4000	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80				
Charlotte-Gastonia-Rock Hill, NC-SC	E1226	DEGREES), EACH	UE			\$298.91
		MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR				
Charlotte-Gastonia-Rock Hill, NC-SC	E2201	EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$278.01
Charlotte-Gastonia-Rock Hill, NC-SC	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$27.80
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		MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR				.
Charlotte-Gastonia-Rock Hill, NC-SC	E2201	EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$208.51
Charlotte-Gastonia-Rock Hill, NC-SC	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$395.62

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$39.56
Charlotte-Gastonia-Rock Hill, NC-SC	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$296.72
Charlotte-Gastonia-Rock Hill, NC-SC	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$411.65
Charlotte-Gastonia-Rock Hill, NC-SC	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$41.17
Charlotte-Gastonia-Rock Hill, NC-SC	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$308.74
Charlotte-Gastonia-Rock Hill, NC-SC	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$720.80
Charlotte-Gastonia-Rock Hill, NC-SC	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$72.08
Charlotte-Gastonia-Rock Hill, NC-SC	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$540.60
Charlotte-Gastonia-Rock Hill, NC-SC	E2205	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS (INCLUDES ERGONOMIC OR CONTOURED), ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$29.92
Charlotte-Gastonia-Rock Hill, NC-SC	E2205	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS (INCLUDES ERGONOMIC OR CONTOURED), ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$2.99
Charlotte-Gastonia-Rock Hill, NC-SC	E2205	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS (INCLUDES ERGONOMIC OR CONTOURED), ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$22.44
Charlotte-Gastonia-Rock Hill, NC-SC	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$36.07

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
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Charlotte-Gastonia-Rock Hill, NC-SC	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.61
Charlotte-Gastonia-Rock Hill, NC-SC	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$27.05
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Charlotte-Gastonia-Rock Hill, NC-SC	E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	NU			\$40.74
Charlotte-Gastonia-Rock Hill, NC-SC	E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	RR			\$4.07
Charlotte-Gastonia-Rock Hill, NC-SC	E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	UE			\$30.56
Charlotte-Gastonia-Rock Hill, NC-SC	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$79.76
Obertette Oceanie Deale IIII NO CO	E0000	WHITELOUALD ACCESSORY OVERNOOD TANK CARDIED FACIL	DD			67.00
Charlotte-Gastonia-Rock Hill, NC-SC	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$7.98
Charlotte-Gastonia-Rock Hill, NC-SC	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$59.82
Charlotte-Gastonia-Rock Hill, NC-SC	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$79.75
Chanotic Gasterna Rock Film, No Co	LLLOO	Acceptation with the control of the	110			ψ13.10
Charlotte-Gastonia-Rock Hill, NC-SC	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$7.98
Charlotte-Gastonia-Rock Hill, NC-SC	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$59.81
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Charlotte-Gastonia-Rock Hill, NC-SC	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.00

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
Charlotte-Gastonia-Rock Hill, NC-SC	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.75
Charlotte-Gastonia-Rock Hill, NC-SC	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$37.36
Charlotte-Gastonia-Rock Hill, NC-SC	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.74
Charlotte-Gastonia-Rock Hill, NC-SC	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$28.02
Charlotte-Gastonia-Rock Hill, NC-SC	E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$5.68
Charlotte-Gastonia-Rock Hill, NC-SC	E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$0.57
Charlotte-Gastonia-Rock Hill, NC-SC	E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$4.26
Charlotte-Gastonia-Rock Hill, NC-SC	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$28.38
Charlotte-Gastonia-Rock Hill, NC-SC	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.84
Charlotte-Gastonia-Rock Hill, NC-SC	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$21.29
Charlotte-Gastonia-Rock Hill, NC-SC	E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	NU			\$29.30

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	RR			\$2.93
Charlotte-Gastonia-Rock Hill, NC-SC	E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	UE			\$21.98
Charlotte-Gastonia-Rock Hill, NC-SC	E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	NU			\$9.14
Charlotte-Gastonia-Rock Hill, NC-SC	E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	RR			\$0.91
Charlotte-Gastonia-Rock Hill, NC-SC	E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	UE			\$6.86
Charlotte-Gastonia-Rock Hill, NC-SC	E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	NU			\$39.75
Charlotte-Gastonia-Rock Hill, NC-SC	E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	RR			\$3.98
Charlotte-Gastonia-Rock Hill, NC-SC	E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	UE			\$29.81
		MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE,				
Charlotte-Gastonia-Rock Hill, NC-SC	E2220	EACH	NU			\$26.81
		MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE,				
Charlotte-Gastonia-Rock Hill, NC-SC	E2220	EACH	RR			\$2.68
		MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE,				
Charlotte-Gastonia-Rock Hill, NC-SC	E2220	EACH	UE			\$20.11
		MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY				
Charlotte-Gastonia-Rock Hill, NC-SC	E2221	SIZE, EACH	NU			\$24.00

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, EACH	RR			\$2.40
Charlotte-Gastonia-Rock Hill, NC-SC	E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, EACH	UE			\$18.00
Charlotte-Gastonia-Rock Hill, NC-SC	E2222	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH	NU			\$19.75
Charlotte-Gastonia-Rock Hill, NC-SC	E2222	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH	RR			\$1.98
Charlotte-Gastonia-Rock Hill, NC-SC	E2222	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH	UE			\$14.81
Charlotte-Gastonia-Rock Hill, NC-SC	E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	NU			\$91.20
Charlotte-Gastonia-Rock Hill, NC-SC	E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	RR			\$9.12
Charlotte-Gastonia-Rock Hill, NC-SC	E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	UE			\$68.40
Charlotte-Gastonia-Rock Hill, NC-SC	E2225	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$16.36
Charlotte-Gastonia-Rock Hill, NC-SC	E2225	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.64
Charlotte-Gastonia-Rock Hill, NC-SC	E2225	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$12.27
Charlotte-Gastonia-Rock Hill, NC-SC	E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$35.84

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.58
Charlotte-Gastonia-Rock Hill, NC-SC	E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$26.88
Charlotte-Gastonia-Rock Hill, NC-SC	E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH	NU			\$905.09
Charlotte-Gastonia-Rock Hill, NC-SC	E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH	RR			\$90.51
Chanotic-Gastonia-Rock Filli, No-OO	LZZZO	WANDAE WHEELSHAIR AGGEGGGRY, WHEEL BRAKING GTOTEM AND LOOK, GOMI ELTE, EAGIT	IXIX			φ90.51
Charlotte-Gastonia-Rock Hill, NC-SC	E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH	UE			\$678.82
Charlotte-Gastonia-Rock Hill, NC-SC	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$133.53
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		MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT),				
Charlotte-Gastonia-Rock Hill, NC-SC	E2231	INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$13.35
Charlotte-Gastonia-Rock Hill, NC-SC	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$100.15
		POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E. G. GEL				
Charlotte-Gastonia-Rock Hill, NC-SC	E2359	CELL, ABSORBED GLASSMAT)	NU			\$152.32
		POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E. G. GEL				
Charlotte-Gastonia-Rock Hill, NC-SC	E2359	CELL, ABSORBED GLASSMAT)	RR			\$15.23
Charlotte-Gastonia-Rock Hill, NC-SC	E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL. ABSORBED GLASSMAT)	UE			\$114.24
Onanotto-Gastonia-Nock Hill, NO-SO	22009	OLLE, ABOUNDED GENOUWAT)	JL .			Ψ117.24
		POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL,				
Charlotte-Gastonia-Rock Hill, NC-SC	E2361	ABSORBED GLASSMAT)	NU			\$104.98

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.50
Charlotte-Gastonia-Rock Hill, NC-SC	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$78.74
Charlotte-Gastonia-Rock Hill, NC-SC	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$141.92
Charlotte-Gastonia-Rock Hill, NC-SC	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$14.19
Charlotte-Gastonia-Rock Hill, NC-SC	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$106.44
Charlotte-Gastonia-Rock Hill, NC-SC	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$72.84
Charlotte-Gastonia-Rock Hill, NC-SC	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.28
Charlotte-Gastonia-Rock Hill, NC-SC	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$54.63
Charlotte-Gastonia-Rock Hill, NC-SC	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$154.12
Charlotte-Gastonia-Rock Hill, NC-SC	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$15.41
Charlotte-Gastonia-Rock Hill, NC-SC	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$115.59
Charlotte-Gastonia-Rock Hill, NC-SC	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$394.80

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$39.48
Charlotte-Gastonia-Rock Hill, NC-SC	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$296.10
Charlotte-Gastonia-Rock Hill, NC-SC	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$365.76
Charlotte-Gastonia-Rock Hill, NC-SC	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$36.58
Charlotte-Gastonia-Rock Hill, NC-SC	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$274.32
Charlotte-Gastonia-Rock Hill, NC-SC	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$517.41
Charlotte-Gastonia-Rock Hill, NC-SC	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$51.74
Charlotte-Gastonia-Rock Hill, NC-SC	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$388.06
Charlotte-Gastonia-Rock Hill, NC-SC	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$123.07
Charlotte-Gastonia-Rock Hill, NC-SC	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$12.31
Charlotte-Gastonia-Rock Hill, NC-SC	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$92.30
Charlotte-Gastonia-Rock Hill, NC-SC	E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	NU			\$634.40

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	RR			\$63.44
Charlotte-Gastonia-Rock Hill, NC-SC	E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	UE			\$475.80
Charlotte-Gastonia-Rock Hill, NC-SC	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$57.74
Charlotte-Gastonia-Rock Hill, NC-SC	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.77
Charlotte-Gastonia-Rock Hill, NC-SC	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$43.31
Charlotte-Gastonia-Rock Hill, NC-SC	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$112.24
Charlotte-Gastonia-Rock Hill, NC-SC	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$11.22
Charlotte-Gastonia-Rock Hill, NC-SC	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$84.18
Charlotte-Gastonia-Rock Hill, NC-SC	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$60.88
Charlotte-Gastonia-Rock Hill, NC-SC	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$6.09
Charlotte-Gastonia-Rock Hill, NC-SC	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$45.66
Charlotte-Gastonia-Rock Hill, NC-SC	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$102.26

CPA Nama	HCPCS Code		Modifier 1	Modifier 2	Modifier 3	SPA
CBA Name	Code	HCPCS Code Description	Modifier 1	Wodiner 2	woulder 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.23
Charlotte-Gastonia-Rock Hill, NC-SC	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$76.70
Charlotte-Gastonia-Rock Hill, NC-SC	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$46.34
Charlotte-Gastonia-Rock Hill, NC-SC	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.63
Charlotte-Gastonia-Rock Hill, NC-SC	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$34.76
Charlotte-Gastonia-Rock Hill, NC-SC	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$15.87
Charlotte-Gastonia-Rock Hill, NC-SC	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.59
Charlotte-Gastonia-Rock Hill, NC-SC	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$11.90
Charlotte-Gastonia-Rock Hill, NC-SC	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$39.50
Charlotte-Gastonia-Rock Hill, NC-SC	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.95
Charlotte-Gastonia-Rock Hill, NC-SC	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$29.63
Charlotte-Gastonia-Rock Hill, NC-SC	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$57.28

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.73
Charlotte-Gastonia-Rock Hill, NC-SC	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$42.96
Charlotte-Gastonia-Rock Hill, NC-SC	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$41.46
Charlotte-Gastonia-Rock Hill, NC-SC	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.15
Charlotte-Gastonia-Rock Hill, NC-SC	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$31.10
Charlotte-Gastonia-Rock Hill, NC-SC	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$49.13
Charlotte-Gastonia-Rock Hill, NC-SC	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.91
Charlotte-Gastonia-Rock Hill, NC-SC	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$36.85
Charlotte-Gastonia-Rock Hill, NC-SC	E2397	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH	NU			\$389.06
Charlotte-Gastonia-Rock Hill, NC-SC	E2397	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH	RR			\$38.91
Charlotte-Gastonia-Rock Hill, NC-SC	E2397	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH	UE			\$291.80
Charlotte-Gastonia-Rock Hill, NC-SC	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$41.49

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
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Charlotte-Gastonia-Rock Hill, NC-SC	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$4.15
Charlotte-Gastonia-Rock Hill, NC-SC	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$31.12
Charlette Castonia Dook Hill NC CC	F2602	CENERAL LISE WHEEL CHAIR SEAT CHOUGH WIRTH 22 INCHES OR CREATER ANY REDTH	NII I			too Ec
Charlotte-Gastonia-Rock Hill, NC-SC	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$83.56
Charlotte-Gastonia-Rock Hill, NC-SC	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.36
Charlotte-Gastonia-Rock Hill, NC-SC	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$62.67
Charlotte-Gastonia-Rock Hill, NC-SC	E2603	SKIN DROTECTION WHEEL CHAIR SEAT CHCHION, WIDTH LESS THAN 22 INCHES ANY DERTH	NU			6440.44
Chanotte-Gastonia-Nock Hill, NC-3C	E2003	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NO			\$110.14
Charlotte-Gastonia-Rock Hill, NC-SC	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$11.01
Charlotte-Gastonia-Rock Hill, NC-SC	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$82.61
Charlotte-Gastonia-Rock Hill, NC-SC	E2604	CVIN PROTECTION WHEEL CHAIR SEAT CHEMION WIRTH 22 INCHES OR CREATER, ANY DERTH	NU			6445.70
Chanotte-Gastonia-Rock filli, NC-3C	E2004	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	INU			\$145.79
Charlotte-Gastonia-Rock Hill, NC-SC	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$14.58
Charlotte-Gastonia-Rock Hill, NC-SC	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$109.34
Charlette Castonic Barris IIII NO CO	F2005	DOCITIONING WHITELCHAID STAT CHOUGH WIDTH LEGG THAN SO INCHES ANY DEST	NII I			0400.00
Charlotte-Gastonia-Rock Hill, NC-SC	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$199.36

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$19.94
Charlotte-Gastonia-Rock Hill, NC-SC	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$149.52
Charlotte-Gastonia-Rock Hill, NC-SC	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$324.94
Charlotte-Gastonia-Rock Hill, NC-SC	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$32.49
Charlotte-Gastonia-Rock Hill, NC-SC	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$243.71
Charlotte-Gastonia-Rock Hill, NC-SC	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$200.36
Charlotte-Gastonia-Rock Hill, NC-SC	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$20.04
Charlotte-Gastonia-Rock Hill, NC-SC	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$150.27
Charlotte-Gastonia-Rock Hill, NC-SC	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$271.62
Charlotte-Gastonia-Rock Hill, NC-SC	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$27.16
Charlotte-Gastonia-Rock Hill, NC-SC	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$203.72
Charlotte-Gastonia-Rock Hill, NC-SC	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$200.00

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$20.00
Charlotte-Gastonia-Rock Hill, NC-SC	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$150.00
Charlotte-Gastonia-Rock Hill, NC-SC	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$315.98
Charlotte-Gastonia-Rock Hill, NC-SC	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$31.60
Charlotte-Gastonia-Rock Hill, NC-SC	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$236.99
Charlotte-Gastonia-Rock Hill, NC-SC	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$297.61
Charlotte-Gastonia-Rock Hill, NC-SC	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$29.76
Charlotte-Gastonia-Rock Hill, NC-SC	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$223.21
Charlotte-Gastonia-Rock Hill, NC-SC	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$424.46
Charlotte-Gastonia-Rock Hill, NC-SC	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$42.45
Charlotte-Gastonia-Rock Hill, NC-SC	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$318.35
Charlotte-Gastonia-Rock Hill, NC-SC	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$350.00

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			¢25.00
Chanotte-Gastonia-Rock fill, NC-SC	E2015	INCHES, ANT HEIGHT, INCLUDING ANT TIPE MOUNTING HARDWARE	KK			\$35.00
		POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22				
Charlotte-Gastonia-Rock Hill, NC-SC	E2615	INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$262.50
		POSITIONING WILEEL CLIAID DACK CHOLION POSTEDIOD LATERAL WIDTH SO INCLIES OF				
Charlotte-Gastonia-Rock Hill, NC-SC	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$450.74
Charlotte-Gastonia-Rock Hill, NC-SC	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$45.07
Chanotic Gastorna Rook rinn, 140 00	22010	SILENTER, MATERIAN, INCLODING ANT THE INCOMPAND WARE	Turv			ψ43.07
		POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR				
Charlotte-Gastonia-Rock Hill, NC-SC	E2616	GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$338.06
		POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH				
Charlotte-Gastonia-Rock Hill, NC-SC	E2620	LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$391.25
Charlotte-Gastonia-Rock Hill, NC-SC	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$39.13
, , , , , , , , , , , , , , , , , , , ,						
		POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH				
Charlotte-Gastonia-Rock Hill, NC-SC	E2620	LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$293.44
		POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH				
Charlotte-Gastonia-Rock Hill, NC-SC	E2621	22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$425.69
Charlotte-Gastonia-Rock Hill, NC-SC	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$42.57
Charlotte-Gastonia-Rock Hill. NC-SC	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$319.27
Onanolic-Gastonia-Nock Filli, NO-30	L2021	22 INCIDED ON SINEATER, ANT TIEIGHT, INCLUDING ANT TIFE INCONTING HANDWARE	JL .			ψ313.21
		WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO				
Charlotte-Gastonia-Rock Hill, NC-SC	E2626	WHEELCHAIR, BALANCED, ADJUSTABLE	NU			\$558.54

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CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	E2626	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE	RR			\$55.85
Charlotte-Gastonia-Rock Hill, NC-SC	E2626	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE	UE			\$418.91
Charlotte-Gastonia-Rock Hill, NC-SC	E2627	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE RANCHO TYPE	NU			\$907.44
Charlotte-Gastonia-Rock Hill, NC-SC	E2627	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE RANCHO TYPE	RR			\$90.74
Charlotte-Gastonia-Rock Hill, NC-SC	E2627	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE RANCHO TYPE	UE			\$680.58
Charlotte-Gastonia-Rock Hill, NC-SC	E2628	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, RECLINING	NU			\$699.00
Charlotte-Gastonia-Rock Hill, NC-SC	E2628	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, RECLINING	RR			\$69.90
Charlotte-Gastonia-Rock Hill, NC-SC	E2628	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, RECLINING	UE			\$524.25
Charlotte-Gastonia-Rock Hill, NC-SC	E2629	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT (FRICTION DAMPENING TO PROXIMAL AND DISTAL JOINTS)	NU			\$880.84
Charlotte-Gastonia-Rock Hill, NC-SC	E2629	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT (FRICTION DAMPENING TO PROXIMAL AND DISTAL JOINTS)	RR			\$88.08
Charlotte-Gastonia-Rock Hill, NC-SC	E2629	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT (FRICTION DAMPENING TO PROXIMAL AND DISTAL JOINTS)	UE			\$660.63
Charlotte-Gastonia-Rock Hill, NC-SC	E2630	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE SUSPENSION SUPPORT	NU			\$558.89

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	E2630	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE SUSPENSION SUPPORT	RR			\$55.89
Charlotte-Gastonia-Rock Hill, NC-SC	E2630	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE SUSPENSION SUPPORT	UE			\$419.17
Charlotte-Gastonia-Rock Hill, NC-SC	E2631	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM	NU			\$248.42
Charlotte-Gastonia-Rock Hill, NC-SC	E2631	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM	RR			\$24.84
Charlotte-Gastonia-Rock Hill, NC-SC	E2631	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM	UE			\$186.32
Charlotte-Gastonia-Rock Hill, NC-SC	E2632	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER ARM WITH ELASTIC BALANCE CONTROL	NU			\$154.53
Charlotte-Gastonia-Rock Hill, NC-SC	E2632	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER ARM WITH ELASTIC BALANCE CONTROL	RR			\$15.45
Charlotte-Gastonia-Rock Hill, NC-SC	E2632	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER ARM WITH ELASTIC BALANCE CONTROL	UE			\$115.90
Charlotte-Gastonia-Rock Hill, NC-SC	E2633	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	NU			\$121.16
Charlotte-Gastonia-Rock Hill, NC-SC	E2633	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	RR			\$12.12
Charlotte-Gastonia-Rock Hill, NC-SC	E2633	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	UE			\$90.87
Charlotte-Gastonia-Rock Hill, NC-SC	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$131.17

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$13.12
Charlotte-Gastonia-Rock Hill, NC-SC	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$98.38
Charlotte-Gastonia-Rock Hill, NC-SC	K0019	ARM PAD, EACH	NU			\$12.02
Charlotte-Gastonia-Rock Hill, NC-SC	K0019	ARM PAD, EACH	RR			\$1.20
Charlotte-Gastonia-Rock Hill, NC-SC	K0019	ARM PAD, EACH	UE			\$9.02
Charlotte-Gastonia-Rock Hill, NC-SC	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$53.00
Charlotte-Gastonia-Rock Hill, NC-SC	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.30
Charlotte-Gastonia-Rock Hill, NC-SC	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$39.75
Charlotte-Gastonia-Rock Hill, NC-SC	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$65.44
Charlotte-Gastonia-Rock Hill, NC-SC	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$6.54
Charlotte-Gastonia-Rock Hill, NC-SC	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$49.08
Charlotte-Gastonia-Rock Hill, NC-SC	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$79.24

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
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Charlotte-Gastonia-Rock Hill, NC-SC	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$7.92
Charlotte-Gastonia-Rock Hill, NC-SC	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$59.43
Charlotte-Gastonia-Rock Hill, NC-SC	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$86.83
Charlotte-Gastonia-Rock Hill, NC-SC	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.68
Charlotte-Gastonia-Rock Hill, NC-SC	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$65.12
Charlotte-Gastonia-Rock Hill, NC-SC	K0065	SPOKE PROTECTORS, EACH	NU			\$40.04
Charlotte-Gastonia-Rock Hill, NC-SC	K0065	SPOKE PROTECTORS, EACH	RR			\$4.00
Charlotte-Gastonia-Rock Hill, NC-SC	K0065	SPOKE PROTECTORS, EACH	UE			\$30.03
Charlotte-Gastonia-Rock Hill, NC-SC	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$90.62
Charlotte-Gastonia-Rock Hill, NC-SC	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$9.06
Charlotte-Gastonia-Rock Hill, NC-SC	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$67.97
Charlotte-Gastonia-Rock Hill, NC-SC	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$162.31

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$16.23
Charlotte-Gastonia-Rock Hill, NC-SC	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$121.73
Charlotte-Gastonia-Rock Hill, NC-SC	K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH	NU			\$99.38
Charlotte-Gastonia-Rock Hill, NC-SC	K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH	RR			\$9.94
Charlotte-Gastonia-Rock Hill, NC-SC	K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH	UE			\$74.54
Charlotte-Gastonia-Rock Hill, NC-SC	K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH	NU			\$61.81
Charlotte-Gastonia-Rock Hill, NC-SC	K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH	RR			\$6.18
Charlotte-Gastonia-Rock Hill, NC-SC	K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH	UE			\$46.36
Charlotte-Gastonia-Rock Hill, NC-SC	K0073	CASTER PIN LOCK,EACH	NU			\$33.16
Charlotte-Gastonia-Rock Hill, NC-SC	K0073	CASTER PIN LOCK,EACH	RR			\$3.32
Charlotte-Gastonia-Rock Hill, NC-SC	K0073	CASTER PIN LOCK,EACH	UE			\$24.87
Charlotte-Gastonia-Rock Hill, NC-SC	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$50.39

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.04
Charlotte-Gastonia-Rock Hill, NC-SC	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$37.79
Charlotte-Gastonia-Rock Hill, NC-SC	K0098	DRIVE BELT FOR POWER WHEELCHAIR	NU			\$22.36
Charlotte-Gastonia-Rock Hill, NC-SC	K0098	DRIVE BELT FOR POWER WHEELCHAIR	RR			\$2.24
Charlotte-Gastonia-Rock Hill, NC-SC	K0098	DRIVE BELT FOR POWER WHEELCHAIR	UE			\$16.77
Charlotte-Gastonia-Rock Hill, NC-SC	K0105	IV HANGER, EACH	NU			\$93.45
Charlotte-Gastonia-Rock Hill, NC-SC	K0105	IV HANGER, EACH	RR			\$9.35
Charlotte-Gastonia-Rock Hill, NC-SC	K0105	IV HANGER, EACH	UE			\$70.09
Charlotte-Gastonia-Rock Hill, NC-SC	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$12.64
Charlotte-Gastonia-Rock Hill, NC-SC	K0733	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E. G. , GEL CELL, ABSORBED GLASSMAT)	NU			\$24.98
Charlotte-Gastonia-Rock Hill, NC-SC	K0733	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E. G. , GEL CELL, ABSORBED GLASSMAT)	RR			\$2.50
Charlotte-Gastonia-Rock Hill, NC-SC	K0733	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E. G. , GEL CELL, ABSORBED GLASSMAT)	UE			\$18.74

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$49.52
Charlotte-Gastonia-Rock Hill, NC-SC	E0130	WALKED BIOLD (BIOKLID), AD ILICTABLE OR FIXED LIFECUT	RR			\$4.95
Chanotte-Gastonia-Rock fill, NC-3C	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	KK			\$4.95
Charlotte-Gastonia-Rock Hill, NC-SC	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$37.14
Charlotte-Gastonia-Rock Hill, NC-SC	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$52.59
Charlotte-Gastonia-Rock Hill, NC-SC	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$5.26
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	E0405	MALKED, FOLDING (PICKUP), AD HOTARI E OD FIXED HEIGHT	ue.			•••
Charlotte-Gastonia-Rock Hill, NC-SC	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$39.44
Charlotte-Gastonia-Rock Hill, NC-SC	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$290.00
Charlotte-Gastonia-Rock Hill, NC-SC	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$29.00
Charlotte-Gastonia-Rock Hill, NC-SC	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$217.50
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Objections Contaction Deads Hill NO CO	E04.44	WALKED BIOLD WHEELED AD HISTARIE OR FIVED HEIGHT	N			674.60
Charlotte-Gastonia-Rock Hill, NC-SC	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$74.86
Charlotte-Gastonia-Rock Hill, NC-SC	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$7.49
Charlotte-Gastonia-Rock Hill, NC-SC	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$56.15

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
ODA Name	Code	noi os code Description	WIOGITIET	WIOGITIET 2	Wiodiller 3	JI A
Charlotte-Gastonia-Rock Hill, NC-SC	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$60.94
Charlotte-Gastonia-Rock Hill, NC-SC	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.09
Object to Contact Deals IIII NO CO	E04.40	WALKED FOLDING WHEELED AD HISTARIE OF EIVER HEIGHT	ue.			645.74
Charlotte-Gastonia-Rock Hill, NC-SC	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$45.71
Charlotte-Gastonia-Rock Hill, NC-SC	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$403.50
Charlotte-Gastonia-Rock Hill, NC-SC	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$40.35
Charlotte-Gastonia-Rock Hill, NC-SC	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$302.63
Chanotic Gastorna Nook Film, No Co	20147	WALKER, TIEAN I BOTT, WOLTH LE BRANCHO CHOTEM, VANABLE WILLE REGIOTANOL	OL .			ψ302.03
Charlotte-Gastonia-Rock Hill, NC-SC	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$89.64
Charlotte-Gastonia-Rock Hill, NC-SC	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$8.96
Charlotte-Gastonia-Rock Hill, NC-SC	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$67.23
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Charlotte-Gastonia-Rock Hill, NC-SC	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$144.00
Charlotte-Gastonia-Rock Hill, NC-SC	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$14.40
Charlotte-Gastonia-Rock Hill, NC-SC	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$108.00
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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
ODA Name	Jour	Tiol de deut Beschiption	Woulder 1	Modifier 2	mounier o	OI A
Charlotte-Gastonia-Rock Hill, NC-SC	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$45.38
Charlotte-Gastonia-Rock Hill, NC-SC	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.54
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Charlotte-Gastonia-Rock Hill, NC-SC	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$34.04
Charlotte-Gastonia-Rock Hill, NC-SC	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$19.03
Objects to Control Destrict NO CO	E0455	WHEEL ATTACHMENT DIGID DICK LID WALKED, DED DAID	DD			#4.00
Charlotte-Gastonia-Rock Hill, NC-SC	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.90
Charlotte-Gastonia-Rock Hill, NC-SC	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$14.27
Charlotte-Gastonia-Rock Hill, NC-SC	E0156	SEAT ATTACHMENT, WALKER	NU			\$15.00
Chance Gasterna Hosternin, Ho Go						V 10100
Charlotte-Gastonia-Rock Hill, NC-SC	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.50
Charlotte-Gastonia-Rock Hill, NC-SC	E0156	SEAT ATTACHMENT, WALKER	UE			\$11.25
Charlette Castonic Book LEU NO CO	E0157	CRUTCH ATTACHMENT WALKED FACH	NU			¢E0.44
Charlotte-Gastonia-Rock Hill, NC-SC	E0157	CRUTCH ATTACHMENT, WALKER, EACH	INU			\$58.44
Charlotte-Gastonia-Rock Hill, NC-SC	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$5.84
Charlotte-Gastonia-Rock Hill, NC-SC	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$43.83
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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
ODA Name	Code	noi do dode Description	WIOGITIET	Wiodiller 2	Wiodiffer 3	JI A
Charlotte-Gastonia-Rock Hill, NC-SC	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$20.74
Charlotte-Gastonia-Rock Hill, NC-SC	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$2.07
Oberlette Ocetonia Bask IIII NO CO	F0450	LEG EXTENDIONO FOR WALKER, REPORT OF FOUR (4)	ue.			#45 50
Charlotte-Gastonia-Rock Hill, NC-SC	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$15.56
Charlotte-Gastonia-Rock Hill, NC-SC	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$14.03
Charlotte-Gastonia-Rock Hill, NC-SC	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.40
Charlotte-Gastonia-Rock Hill, NC-SC	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$10.52
Chanotte-Gastonia-Nock Hill, NC-5C	L0139	DIANE ATTACHWENT FOR WHELLED WALKEN, KET LACEWENT, EACH	OL			\$10.52
Cincinnati-Middletown, OH-KY-IN	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$43.34
Cincinnati-Middletown, OH-KY-IN	E1037	TRANSPORT CHAIR, PEDIATRIC SIZE	RR			\$93.22
Cincinnati-Middletown, OH-KY-IN	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$14.42
Circumati Middletomi, Cirrer in	21000	. contac				ψ14.4 <u>2</u>
		TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY GREATER THAN 300				
Cincinnati-Middletown, OH-KY-IN	E1039	POUNDS	RR			\$29.38
Cincinnati-Middletown, OH-KY-IN	K0001	STANDARD WHEELCHAIR	RR			\$30.77
Cincinnati-Middletown, OH-KY-IN	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$53.10
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CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cincinnati-Middletown, OH-KY-IN	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$47.81
Cincinnati-Middletown, OH-KY-IN	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$49.96
Cincinnati-Middletown, OH-KY-IN	K0006	HEAVY DUTY WHEELCHAIR	RR			\$78.40
Cincinnati-Middletown, OH-KY-IN	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$106.05
Cincinnati-Middletown, OH-KY-IN	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$865.86
Cincinnati-Middletown, OH-KY-IN	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$86.59
Cincinnati-Middletown, OH-KY-IN	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$649.40
Cincinnati-Middletown, OH-KY-IN	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,478.82
Cincinnati-Middletown, OH-KY-IN	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$147.88
Cincinnati-Middletown, OH-KY-IN	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,109.12
Cincinnati-Middletown, OH-KY-IN	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,856.11
Cincinnati-Middletown, OH-KY-IN	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$185.61

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CBA Name	Code	HCPCS Code Description	Modifier 1	woaltier 2	Modifier 3	SPA
Cincinnati-Middletown, OH-KY-IN	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,392.08
Cincinnati-Middletown, OH-KY-IN	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$277.25
Cincinnati-Middletown, OH-KY-IN	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$316.26
Cincinnati-Middletown, OH-KY-IN	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$410.63
Cincinnati-Middletown, OH-KY-IN	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$373.47
Cincinnati-Middletown, OH-KY-IN	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$297.67
Cincinnati-Middletown, OH-KY-IN	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$364.94
Cincinnati-Middletown, OH-KY-IN	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$332.25
Cincinnati-Middletown, OH-KY-IN	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$329.93
Cincinnati-Middletown, OH-KY-IN	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$489.15
Cincinnati-Middletown, OH-KY-IN	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$419.99
Cincinnati-Middletown, OH-KY-IN	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$697.40

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CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cincinnati-Middletown, OH-KY-IN	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$588.24
Cincinnati-Middletown, OH-KY-IN	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$773.36
Cincinnati-Middletown, OH-KY-IN	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$718.91
Cincinnati-Middletown, OH-KY-IN	E0705	TRANSFER DEVICE, ANY TYPE, EACH	NU			\$40.26
Cincinnati-Middletown, OH-KY-IN	E0705	TRANSFER DEVICE, ANY TYPE, EACH	RR			\$4.03
Cincinnati-Middletown, OH-KY-IN	E0705	TRANSFER DEVICE, ANY TYPE, EACH	UE			\$30.20
Cincinnati-Middletown, OH-KY-IN	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$65.22
Cincinnati-Middletown, OH-KY-IN	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$6.52
Cincinnati-Middletown, OH-KY-IN	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$48.92
Cincinnati-Middletown, OH-KY-IN	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$11.97
Cincinnati-Middletown, OH-KY-IN	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.20
Cincinnati-Middletown, OH-KY-IN	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$8.98

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
ODA Name	Code	noi os code Description	Wiodiffer	Wiodiffer 2	Wiodillel 3	JI A
Cincinnati-Middletown, OH-KY-IN	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$150.81
Cincinnati-Middletown, OH-KY-IN	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$15.08
Cincinnati-Middletown, OH-KY-IN	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$113.11
Cincinnati-Middletown, OH-KY-IN	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$75.86
Cincinnati-Middletown, OH-KY-IN	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$7.59
Cincinnati-Middletown, OH-KY-IN	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$56.90
Cincinnati-Middletown, OH-KY-IN	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$107.32
Cincinnati-Middletown, OH-KY-IN	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$10.73
Cincinnati-Middletown, OH-KY-IN	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$80.49
Cincinnati-Middletown, OH-KY-IN	E0958	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH	RR			\$38.90
Cincinnati-Middletown, OH-KY-IN	E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	NU			\$40.00
Cincinnati-Middletown, OH-KY-IN	E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	RR			\$4.00

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
ODA Name	Jour	nor de deue seconpuen	modifier 1	Modifier 2	modifier o	0171
Cincinnati-Middletown, OH-KY-IN	E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	UE			\$30.00
Cincinnati-Middletown, OH-KY-IN	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$69.69
Cincinnati-Middletown, OH-KY-IN	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$6.97
Cincinnati-Middletown, OH-KY-IN	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$52.27
Cincinnati-Middletown, OH-KY-IN	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$18.50
Cincinnati-Middletown, OH-KY-IN	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.85
Cincinnati-Middletown, OH-KY-IN	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$13.88
Cincinnati-Middletown, OH-KY-IN	E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	NU			\$61.28
Cincinnati-Middletown, OH-KY-IN	E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	RR			\$6.13
Cincinnati-Middletown, OH-KY-IN	E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	UE			\$45.96
Cincinnati-Middletown, OH-KY-IN	E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	NU			\$64.74
Cincinnati-Middletown, OH-KY-IN	E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	RR			\$6.47

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CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cincinnati-Middletown, OH-KY-IN	E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	UE			\$48.56
	50074	MANUAL MULTI CHAIR ACCESSORY ANTI TIRRING REVICE TAGU				
Cincinnati-Middletown, OH-KY-IN	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$30.00
Cincinnati-Middletown, OH-KY-IN	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.00
Cincinnati-Middletown, OH-KY-IN	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$22.50
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		WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE				
Cincinnati-Middletown, OH-KY-IN	E0973	ASSEMBLY, EACH	NU			\$60.27
		WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE				
Cincinnati-Middletown, OH-KY-IN	E0973	ASSEMBLY, EACH	RR			\$6.03
Cincinnati-Middletown, OH-KY-IN	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$45.20
Official and a second of the s	20373	AGGEWIDET, EAGT	OL .			ψ+3.20
Cincinnati-Middletown, OH-KY-IN	E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	NU			\$67.38
Cincinnati-Middletown, OH-KY-IN	E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	RR			\$6.74
Cincinnati Middletawa OLLKY IN	E0074	MANUAL WHEELCHAID ACCESSORY ANTI BOLL BACK DEVICE. FACU	UE			¢50.54
Cincinnati-Middletown, OH-KY-IN	E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	UE			\$50.54
Cincinnati-Middletown, OH-KY-IN	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$23.99
Cincinnati-Middletown, OH-KY-IN	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.40

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
ODA Name	Oode	noi do dode Description	Woulder	Woulder 2	Wiodiller 5	OI A
Cincinnati-Middletown, OH-KY-IN	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$17.99
Cincinnati-Middletown, OH-KY-IN	E0985	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	NU			\$192.02
Oin sings of Middleton, Old IVV IN	F0005	WHEEL CHAID ACCESSORY SEAT LIFT MECHANISM	DD			£40.00
Cincinnati-Middletown, OH-KY-IN	E0985	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	RR			\$19.20
Cincinnati-Middletown, OH-KY-IN	E0985	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	UE			\$144.02
Cincinnati-Middletown, OH-KY-IN	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$71.96
Cincinnati-Middletown, OH-KY-IN	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$7.20
Ciricii ii ati-iviiddietowii, Oi i-ix i -iiv	L0990	WHILLEGHAM ACCESSONT, ELEVATING EEG NEGT, COWN LETE ASSEMBLT, LAGIT	IXIX			\$7.20
Cincinnati-Middletown, OH-KY-IN	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$53.97
Cincinnati-Middletown, OH-KY-IN	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$81.77
Cincinnati-Middletown, OH-KY-IN	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$8.18
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Cincinnati-Middletown, OH-KY-IN	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$61.33
Cincinnati-Middletown, OH-KY-IN	E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	NU			\$118.24
Cincinnati-Middletown, OH-KY-IN	E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	RR			\$11.82
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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cincinnati-Middletown, OH-KY-IN	E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	UE			\$88.68
Cincinnati-Middletown, OH-KY-IN	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$95.52
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Cincinnati-Middletown, OH-KY-IN	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$9.55
Cincinnati-Middletown, OH-KY-IN	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$71.64
	F4000	DESIDUAL LIND SUPPORT OVERTAL FOR WHEEL QUAID, ANY TYPE				* 404.00
Cincinnati-Middletown, OH-KY-IN	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$181.92
Cincinnati-Middletown, OH-KY-IN	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$18.19
Cincinnati-Middletown, OH-KY-IN	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$136.44
Cincinnati-Middletown, OH-KY-IN	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$136.47
Cincinnati-Middletown, OH-KY-IN	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$13.65
Cincinnati-Middletown, OH-KY-IN	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$102.35
Cincinnati-Middletown, OH-KY-IN	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$36.83
Cincinnati-Middletown, OH-KY-IN	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$370.32

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CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cincinnati-Middletown, OH-KY-IN	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$37.03
Cincinnati-Middletown, OH-KY-IN	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$277.74
Cincinnati-Middletown, OH-KY-IN	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$307.16
Cincinnati-Middletown, OH-KY-IN	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$30.72
Cincinnati-Middletown, OH-KY-IN	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$230.37
Cincinnati-Middletown, OH-KY-IN	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$398.27
Cincinnati-Middletown, OH-KY-IN	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$39.83
Cincinnati-Middletown, OH-KY-IN	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$298.70
Cincinnati-Middletown, OH-KY-IN	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$411.65
Cincinnati-Middletown, OH-KY-IN	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$41.17
Cincinnati-Middletown, OH-KY-IN	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$308.74
Cincinnati-Middletown, OH-KY-IN	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$764.49

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cincinnati-Middletown, OH-KY-IN	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR		mounter o	\$76.45
Olicimat-windletown, OTFICT-IN	LZZOŦ	WANDAL WILLESTIAIN ASSESSED, NONSTANDAND SEAT FINANCE DELTHI, 22 TO 23 INCITES	IXIX			φ/0.43
Cincinnati-Middletown, OH-KY-IN	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$573.37
Cincinnati-Middletown, OH-KY-IN	E2205	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS (INCLUDES ERGONOMIC OR CONTOURED), ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$29.66
Cincinnati-Middletown, OH-KY-IN	E2205	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS (INCLUDES ERGONOMIC OR CONTOURED), ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$2.97
Cincinnati-Middletown, OH-KY-IN	E2205	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS (INCLUDES ERGONOMIC OR CONTOURED), ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$22.25
Cincinnati-Middletown, OH-KY-IN	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$34.95
Cincinnati-Middletown, OH-KY-IN	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.50
Cincinnati-Middletown, OH-KY-IN	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$26.21
Cincinnati-Middletown, OH-KY-IN	E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	NU			\$40.12
Cincinnati-Middletown, OH-KY-IN	E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	RR			\$4.01
Cincinnati-Middletown, OH-KY-IN	E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	UE			\$30.09
Cincinnati-Middletown, OH-KY-IN	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$82.34

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
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Cincinnati-Middletown, OH-KY-IN	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$8.23
Cincinnati-Middletown, OH-KY-IN	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$61.76
	E0000	ACCESSORY ARM TROUGH WITH OR WITHOUT HAND CURRENT FACIL	.			200.00
Cincinnati-Middletown, OH-KY-IN	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$80.60
Cincinnati-Middletown, OH-KY-IN	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$8.06
Cincinnati-Middletown, OH-KY-IN	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$60.45

Cincinnati-Middletown, OH-KY-IN	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$4.92
Cincinnati-Middletown, OH-KY-IN	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.49
Cincinnati-Middletown, OH-KY-IN	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.69
Ciricinnati-Middletown, On-Ki-liv	LZZIO	WHELLOHAIN ACCESSORT, BEARINGS, ANT THE EACHMENT ONET, EACH	OL .			φ3.03
Cincinnati-Middletown, OH-KY-IN	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$30.44
Cincinnati-Middletown, OH-KY-IN	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.04
Cincinnati Middlet OLLICA IN	E0044	MANUAL WHEEL CHAIR ACCESSORY PRELIMATIC PROPERTY SIGNATURE AND SIZE EAST	LIE			600.00
Cincinnati-Middletown, OH-KY-IN	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$22.83
Cincinnati-Middletown, OH-KY-IN	E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$5.85

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CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cincinnati-Middletown, OH-KY-IN	E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH				\$0.59
Cincinnati-Middletown, OH-KY-IN	E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$4.39
Cincinnati-Middletown, OH-KY-IN	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$26.39
Cincinnati-Middletown, OH-KY-IN	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.64
Cincinnati-Middletown, OH-KY-IN	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$19.79
Cincinnati-Middletown, OH-KY-IN	E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	NU			\$27.15
Cincinnati-Middletown, OH-KY-IN	E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	RR			\$2.72
Cincinnati-Middletown, OH-KY-IN	E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	UE			\$20.36
Cincinnati-Middletown, OH-KY-IN	E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	NU			\$8.92
Cincinnati-Middletown, OH-KY-IN	E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	RR			\$0.89
Cincinnati-Middletown, OH-KY-IN	E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	UE			\$6.69
Cincinnati-Middletown, OH-KY-IN	E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	NU			\$38.18

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CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cincinnati-Middletown, OH-KY-IN	E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	RR			\$3.82
Ontonnaa Madiotown, Office Inv	ELLIO	With the Wilese Strain and the Strain				ψ0.02
Cincinnati-Middletown, OH-KY-IN	E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	UE			\$28.64
Cincinnati-Middletown, OH-KY-IN	E2220	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, EACH	NU			\$25.50
Cincinnati-Middletown, OH-KY-IN	E2220	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, EACH	RR			\$2.55
Cincinnati-Middletown, OH-KY-IN	E2220	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, EACH	UE			\$19.13
Cincinnati-Middletown, OH-KY-IN	E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, EACH	NU			\$23.66
Cincinnati-Middletown, OH-KY-IN	E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, EACH	RR			\$2.37
Cincinnati-Middletown, OH-KY-IN	E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, EACH	UE			\$17.75
Cincinnati-Middletown, OH-KY-IN	E2222	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH	NU			\$19.36
Cincinnati-Middletown, OH-KY-IN	E2222	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH	RR			\$1.94
Cincinnati-Middletown, OH-KY-IN	E2222	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH	UE			\$14.52
Cincinnati-Middletown, OH-KY-IN	E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	NU			\$75.92

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Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	RR			\$7.59
E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	UE			\$56.94
E2225	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$17.75
E2225	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.78
E2225	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$13.31
E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$34.57
E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.46
E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$25.93
E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH	NU			\$900.00
E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH	RR			\$90.00
E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH	UE			\$675.00
	MANUAL WILEST CHAIR ACCESSORY COUR SEAT CURRENT DAGE (DEDI ACCES SURVE SEAT)				
E2231	INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$128.53
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BRAKING SYSTEM AND LOCK, COMPLETE, EACH E2228 MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT),

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cincinnati-Middletown, OH-KY-IN	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$12.85
Cincinnati-Middletown, OH-KY-IN	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$96.40
Cincinnati-Middletown, OH-KY-IN	E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$157.68
Cincinnati-Middletown, OH-KY-IN	E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$15.77
Cincinnati-Middletown, OH-KY-IN	E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$118.26
Cincinnati-Middletown, OH-KY-IN	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$107.22
Cincinnati-Middletown, OH-KY-IN	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.72
Cincinnati-Middletown, OH-KY-IN	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$80.42
Cincinnati-Middletown, OH-KY-IN	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$142.29
Cincinnati-Middletown, OH-KY-IN	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$14.23
Cincinnati-Middletown, OH-KY-IN	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$106.72
Cincinnati-Middletown, OH-KY-IN	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$72.81

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		POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL,				
Cincinnati-Middletown, OH-KY-IN	E2365	ABSORBED GLASSMAT)	RR			\$7.28
		POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL,				
Cincinnati-Middletown, OH-KY-IN	E2365	ABSORBED GLASSMAT)	UE			\$54.61
		POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY				
Cincinnati-Middletown, OH-KY-IN	E2366	ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$162.98
		POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY				
Cincinnati-Middletown, OH-KY-IN	E2366	ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$16.30
		POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY				
Cincinnati-Middletown, OH-KY-IN	E2366	ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$122.24
Cincinnati-Middletown, OH-KY-IN	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$385.81
Cincinnati-Middletown, OH-KY-IN	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$38.58
Cincinnati-Middletown, OH-KY-IN	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$289.36
Cincinnati-Middletown, OH-KY-IN	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$350.50
Cincinnati-Middletown, OH-KY-IN	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$35.05
Cincinnati-Middletown, OH-KY-IN	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$262.88
		POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX				
Cincinnati-Middletown, OH-KY-IN	E2370	COMBINATION, REPLACEMENT ONLY	NU			\$520.28

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
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Cincinnati-Middletown, OH-KY-IN	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$52.03
Cincinnati-Middletown, OH-KY-IN	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$390.21
Cincinnati-Middletown, OH-KY-IN	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$122.89
Cincinnati-Middletown, OH-KY-IN	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$12.29
Cincinnati-Middletown, OH-KY-IN	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$92.17
Cincinnati-Middletown, OH-KY-IN	E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	NU			\$634.40
		POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED				
Cincinnati-Middletown, OH-KY-IN	E2375	ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	RR			\$63.44
		POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED				
Cincinnati-Middletown, OH-KY-IN	E2375	ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	UE			\$475.80
Cincinnati-Middletown, OH-KY-IN	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$56.71
		POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT				
Cincinnati-Middletown, OH-KY-IN	E2381	ONLY, EACH	RR			\$5.67
		DOWER WHEEL CHAIR ACCESCORY PRICHMATIC DRIVE WHEEL TIPE, ANY SIZE, REDI ACCAMENT				
Cincinnati-Middletown, OH-KY-IN	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$42.53
Cincinnati-Middletown, OH-KY-IN	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$111.77

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CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
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Cincinnati-Middletown, OH-KY-IN	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$11.18
Ciricii ii ati-iviiddietowii, Oi i-iX i -iiv	L2303	ANT TITE, ANT SIZE, KEI EACEMENT ONET, EACH	KIK			Φ11.10
Cincinnati-Middletown, OH-KY-IN	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$83.83
Ciricinnati-iviiddietown, On-K1-iiv	E2303	ANT TIPE, ANT SIZE, REPLACEMENT ONLT, EACH	UE			\$03.0
Cincinnati Middletown Ol LKV IN	F0004	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY,	NILL			¢=7.4
Cincinnati-Middletown, OH-KY-IN	E2384	EACH	NU			\$57.46
Cin nin a sti Middleton OLLKY IN	F0004	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY,	DD			A.F1
Cincinnati-Middletown, OH-KY-IN	E2384	EACH	RR			\$5.75
		POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY,				
Cincinnati-Middletown, OH-KY-IN	E2384	EACH	UE			\$43.10
		POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT				
Cincinnati-Middletown, OH-KY-IN	E2386	ONLY, EACH	NU			\$104.83
		POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT				
Cincinnati-Middletown, OH-KY-IN	E2386	ONLY, EACH	RR			\$10.48
		POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT				
Cincinnati-Middletown, OH-KY-IN	E2386	ONLY, EACH	UE			\$78.62
	E0007	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT				
Cincinnati-Middletown, OH-KY-IN	E2387	ONLY, EACH	NU			\$47.80
	F065-	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT				
Cincinnati-Middletown, OH-KY-IN	E2387	ONLY, EACH	RR			\$4.78
		POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT	l			
Cincinnati-Middletown, OH-KY-IN	E2387	ONLY, EACH	UE			\$35.85
	Foct	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY				
Cincinnati-Middletown, OH-KY-IN	E2391	SIZE, REPLACEMENT ONLY, EACH	NU			\$15.68

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cincinnati-Middletown, OH-KY-IN	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR	modifier 2	modifier o	\$1.57
Cincinnati-Middletown, OH-KY-IN	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$11.76
Cincinnati-Middletown, OH-KY-IN	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$39.25
Cincinnati-Middletown, OH-KY-IN	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.93
Cincinnati-Middletown, OH-KY-IN	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$29.44
Cincinnati-Middletown, OH-KY-IN	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$55.88
Cincinnati-Middletown, OH-KY-IN	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.59
Cincinnati-Middletown, OH-KY-IN	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$41.91
Cincinnati-Middletown, OH-KY-IN	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$41.21
Cincinnati-Middletown, OH-KY-IN	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.12
Cincinnati-Middletown, OH-KY-IN	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$30.91
Cincinnati-Middletown, OH-KY-IN	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$43.66

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
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Cincinnati-Middletown, OH-KY-IN	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.37
Cincinnati-Middletown, OH-KY-IN	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$32.75
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Cincinnati-Middletown, OH-KY-IN	E2397	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH	NU			\$410.68
Cincinnati-Middletown, OH-KY-IN	E2397	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH	RR			\$41.07
Circuin and Middletown Old IV/ IN	F0007	POWED WHEEL CHAID ACCESSORY LITHIUM DAGED DATTERY FACIL	ue.			#200.04
Cincinnati-Middletown, OH-KY-IN	E2397	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH	UE			\$308.01
Cincinnati-Middletown, OH-KY-IN	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$40.20
Cincinnati-Middletown, OH-KY-IN	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$4.02
						V.1.02
Cincinnati-Middletown, OH-KY-IN	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$30.15
Cincinnati-Middletown, OH-KY-IN	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$87.65
	F0000	OFNEDAL LIGE WHEEL QUAID OF AT QUOLUON WIDTH OF NIGHES OF OPE ATER, ANY DEPTH	DD			40.77
Cincinnati-Middletown, OH-KY-IN	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.77
Cincinnati-Middletown, OH-KY-IN	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$65.74
Cincinnati-Middletown, OH-KY-IN	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$108.14
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CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cincinnati-Middletown, OH-KY-IN	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$10.81
Cincinnati-Middletown, OH-KY-IN	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$81.11
Cincinnati-Middletown, OH-KY-IN	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$148.13
Cincinnati-Middletown, OH-KY-IN	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$14.81
Cincinnati-Middletown, OH-KY-IN	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$111.10
Cincinnati-Middletown, OH-KY-IN	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$202.36
Cincinnati-Middletown, OH-KY-IN	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$20.24
Cincinnati-Middletown, OH-KY-IN	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$151.77
Cincinnati-Middletown, OH-KY-IN	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$327.68
Cincinnati-Middletown, OH-KY-IN	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$32.77
Cincinnati-Middletown, OH-KY-IN	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$245.76
Cincinnati-Middletown, OH-KY-IN	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$205.72

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CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cincinnati-Middletown, OH-KY-IN	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$20.57
Cincinnati-Middletown, OH-KY-IN	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$154.29
Cincinnati-Middletown, OH-KY-IN	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$274.36
Cincinnati-Middletown, OH-KY-IN	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$27.44
Cincinnati-Middletown, OH-KY-IN	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$205.77
Cincinnati-Middletown, OH-KY-IN	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$201.18
Cincinnati-Middletown, OH-KY-IN	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$20.12
Cincinnati-Middletown, OH-KY-IN	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$150.89
Cincinnati-Middletown, OH-KY-IN	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$314.90
Cincinnati-Middletown, OH-KY-IN	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$31.49
Cincinnati-Middletown, OH-KY-IN	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$236.18
Cincinnati-Middletown, OH-KY-IN	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$295.76

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CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cincinnati-Middletown, OH-KY-IN	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$29.58
Cincinnati-Middletown, OH-KY-IN	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$221.82
Cincinnati-Middletown, OH-KY-IN	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$439.02
Cincinnati-Middletown, OH-KY-IN	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$43.90
Cincinnati-Middletown, OH-KY-IN	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$329.27
Cincinnati-Middletown, OH-KY-IN	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$349.80
Cincinnati-Middletown, OH-KY-IN	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$34.98
Cincinnati-Middletown, OH-KY-IN	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$262.35
Cincinnati-Middletown, OH-KY-IN	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$466.27
Cincinnati-Middletown, OH-KY-IN	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$46.63
Cincinnati-Middletown, OH-KY-IN	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$349.70
Cincinnati-Middletown, OH-KY-IN	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$407.02

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cincinnati-Middletown, OH-KY-IN	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$40.70
Cincinnati-Middletown, OH-KY-IN	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$305.27
Cincinnati-Middletown, OH-KY-IN	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$440.23
Cincinnati-Middletown, OH-KY-IN	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$44.02
Cincinnati-Middletown, OH-KY-IN	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$330.17
Cincinnati-Middletown, OH-KY-IN	E2626	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE	NU			\$583.56
Cincinnati-Middletown, OH-KY-IN	E2626	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE	RR			\$58.36
Cincinnati-Middletown, OH-KY-IN	E2626	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE	UE			\$437.67
Cincinnati-Middletown, OH-KY-IN	E2627	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE RANCHO TYPE	NU			\$881.00
Cincinnati-Middletown, OH-KY-IN	E2627	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE RANCHO TYPE	RR			\$88.10
Cincinnati-Middletown, OH-KY-IN	E2627	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE RANCHO TYPE	UE			\$660.75
Cincinnati-Middletown, OH-KY-IN	E2628	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, RECLINING	NU			\$620.12

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CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cincinnati-Middletown, OH-KY-IN	E2628	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, RECLINING	RR			\$62.01
Cincinnati-Middletown, OH-KY-IN	E2628	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, RECLINING	UE			\$465.09
Cincinnati-Middletown, OH-KY-IN	E2629	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT (FRICTION DAMPENING TO PROXIMAL AND DISTAL JOINTS)	NU			\$940.00
Cincinnati-Middletown, OH-KY-IN	E2629	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT (FRICTION DAMPENING TO PROXIMAL AND DISTAL JOINTS)	RR			\$94.00
Cincinnati-Middletown, OH-KY-IN	E2629	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT (FRICTION DAMPENING TO PROXIMAL AND DISTAL JOINTS)	UE			\$705.00
Cincinnati-Middletown, OH-KY-IN	E2630	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE SUSPENSION SUPPORT	NU			\$587.00
Cincinnati-Middletown, OH-KY-IN	E2630	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE SUSPENSION SUPPORT	RR			\$58.70
Cincinnati-Middletown, OH-KY-IN	E2630	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE SUSPENSION SUPPORT	UE			\$440.25
Cincinnati-Middletown, OH-KY-IN	E2631	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM	NU			\$231.00
Cincinnati-Middletown, OH-KY-IN	E2631	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM	RR			\$23.10
Cincinnati-Middletown, OH-KY-IN	E2631	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM	UE			\$173.25
Cincinnati-Middletown, OH-KY-IN	E2632	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER ARM WITH ELASTIC BALANCE CONTROL	NU			\$145.00

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CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
		WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER				
Cincinnati-Middletown, OH-KY-IN	E2632	ARM WITH ELASTIC BALANCE CONTROL	RR			\$14.50
	F0000	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER				A ==
Cincinnati-Middletown, OH-KY-IN	E2632	ARM WITH ELASTIC BALANCE CONTROL	UE			\$108.75
Cincinnati-Middletown, OH-KY-IN	E2633	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	NU			\$121.12
Cincinnati-Middletown, OH-KY-IN	E2633	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	RR			\$12.11
Cincinnati-Middletown, OH-KY-IN	E2633	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	UE			\$90.84
Circumati-ividuletown, Or i-K1-iiV	L2033	WHELEGIAIN ACCESSORT, ADDITION TO MODILE ANNI SOLITORI, SOLINATOR	OL			φ90.04
Cincinnati-Middletown, OH-KY-IN	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$137.36
Cincinnati-Middletown, OH-KY-IN	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$13.74
Cincinnati-Middletown, OH-KY-IN	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$103.02
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Cincinnati-Middletown, OH-KY-IN	K0019	ARM PAD, EACH	NU			\$11.64
Cincinnati-Middletown, OH-KY-IN	K0019	ARM PAD, EACH	RR			\$1.16
Omornati-ivilualetown, Ori-NT-IN	KUUTS	ANNIT AD, LACIT	IXIX			φ1.10
Cincinnati-Middletown, OH-KY-IN	K0019	ARM PAD, EACH	UE			\$8.73
Cincinnati-Middletown, OH-KY-IN	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$55.38

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cincinnati-Middletown, OH-KY-IN	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.54
Cincinnati-Middletown, OH-KY-IN	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$41.54
Oliforniati Middletown, Office IIV	1100-10	ABOUTABLE ARROLL FOOTI BATE, EXCIT	OL .			Ψ11.04
Cincinnati-Middletown, OH-KY-IN	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$66.74
Cincinnati-Middletown, OH-KY-IN	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$6.67
Cincinnati-Middletown, OH-KY-IN	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$50.06
Cincinnati-Middletown, OH-KY-IN	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$70.C4
Ciricinitati-Middletown, Ori-K1-IIV	K0033	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	INO			\$79.64
Cincinnati-Middletown, OH-KY-IN	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$7.96
Cincinnati-Middletown, OH-KY-IN	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$59.73
Cincinnati-Middletown, OH-KY-IN	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$84.28
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	140050	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH,	20			20.40
Cincinnati-Middletown, OH-KY-IN	K0056	LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.43
		SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH,				
Cincinnati-Middletown, OH-KY-IN	K0056	LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$63.21
Cincinnati-Middletown, OH-KY-IN	K0065	SPOKE PROTECTORS, EACH	NU			\$39.38

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cincinnati-Middletown, OH-KY-IN	K0065	SPOKE PROTECTORS, EACH	RR			\$3.94
Cincinnati-Middletown, OH-KY-IN	K0065	SPOKE PROTECTORS, EACH	UE			\$29.54
Cincipati Middletowa OLI KV IN	Kooso	DEAD WHEEL ASSEMBLY COMPLETE WITH SOLID TIPE SPOYES OF MOLDED EACH	NU			\$85.44
Cincinnati-Middletown, OH-KY-IN	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	INU			\$65.44
Cincinnati-Middletown, OH-KY-IN	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$8.54
Cincinnati-Middletown, OH-KY-IN	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$64.08
Circinati Middletour OLLKV IN	1/0070	DEAD WHIEL ACCEMBLY COMPLETE WITH DISCHMATIC TIPE OPOURS OF MOLDED FACIL	Nu i			* 454 7 0
Cincinnati-Middletown, OH-KY-IN	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$154.78
Cincinnati-Middletown, OH-KY-IN	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.48
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Cincinnati-Middletown, OH-KY-IN	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$116.09
Cincinnati-Middletown, OH-KY-IN	K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH	NU			\$94.44
Cincinnati-Middletown, OH-KY-IN	K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH	RR			\$9.44
Cincinnati Middletoura OLLIOVINI	K0074	EDON'T CASTED ASSEMBLY, COMPLETE, WITH DNICHMATIC TIPE, EACH				£70.00
Cincinnati-Middletown, OH-KY-IN	K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH	UE			\$70.83
Cincipneti Middleterre OLLKV IN	V0070	EDONT CASTED ASSEMBLY COMPLETE WITH SEMI-DAISTIMATIC TIDE FACIL	NILL			650.54
Cincinnati-Middletown, OH-KY-IN	K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH	NU			\$56.51

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
ODA Name	Jour	noi oo oode bescription	Wiodiner 1	Modifier 2	mounier o	OI A
Cincinnati-Middletown, OH-KY-IN	K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH	RR			\$5.65
Cincinnati-Middletown, OH-KY-IN	K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH	UE			\$42.38
Omomitati-ivilductown, Ori-ixi-iiv	10072	TRONT GAGTER AGGENBET, GOME EETE, WITH GENETINE GWATHO TIKE, EAGIT	OL .			Ψ42.30
Cincinnati-Middletown, OH-KY-IN	K0073	CASTER PIN LOCK,EACH	NU			\$34.20
Cincinnati-Middletown, OH-KY-IN	K0073	CASTER PIN LOCK,EACH	RR			\$3.42
						\$0.112
Cincinnati-Middletown, OH-KY-IN	K0073	CASTER PIN LOCK,EACH	UE			\$25.65
Cincinnati-Middletown, OH-KY-IN	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$48.95
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Cincinnati-Middletown, OH-KY-IN	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$4.90
Cincinnati-Middletown, OH-KY-IN	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$36.71
Cincinnati-Middletown, OH-KY-IN	K0098	DRIVE BELT FOR POWER WHEELCHAIR	NU			\$22.22
Cincinnati-Middletown, OH-KY-IN	K0098	DRIVE BELT FOR POWER WHEELCHAIR	RR			\$2.22
0	140000	DRIVE DELT FOR ROWER WILEFLOUAR	lue.			040.05
Cincinnati-Middletown, OH-KY-IN	K0098	DRIVE BELT FOR POWER WHEELCHAIR	UE			\$16.67
Cincinnati-Middletown, OH-KY-IN	K0105	IV HANGER, EACH	NU			\$91.20

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
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Cincinnati-Middletown, OH-KY-IN	K0105	IV HANGER, EACH	RR			\$9.12
Cincinnati-Middletown, OH-KY-IN	K0105	IV HANGER, EACH	UE			\$68.40
Cincinnati-Middletown, OH-KY-IN	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$12.25
Cincinnati-Middletown, OH-KY-IN	K0733	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E. G. , GEL CELL, ABSORBED GLASSMAT)	NU			\$24.46
Cincinnati-Middletown, OH-KY-IN	K0733	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E. G. , GEL CELL, ABSORBED GLASSMAT)	RR			\$2.45
Cincinnati-Middletown, OH-KY-IN	K0733	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E. G. , GEL CELL, ABSORBED GLASSMAT)	UE			\$18.35
Cincinnati-Middletown, OH-KY-IN	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$42.00
Cincinnati-Middletown, OH-KY-IN	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.20
Cincinnati-Middletown, OH-KY-IN	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$31.50
Cincinnati-Middletown, OH-KY-IN	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$45.03
Cincinnati-Middletown, OH-KY-IN	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.50
Cincinnati-Middletown, OH-KY-IN	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$33.77

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
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Cincinnati-Middletown, OH-KY-IN	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$287.62
Cincinnati-Middletown, OH-KY-IN	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$28.76
Cincinnati-Middletown, OH-KY-IN	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$215.72
	20110					V _10
Cincinnati-Middletown, OH-KY-IN	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$64.54
Cincinnati-Middletown, OH-KY-IN	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.45
Cincinnati-Middletown, OH-KY-IN	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$48.41
Cincinnati-Middletown, OH-KY-IN	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$54.50
Cincinnati-Middletown, OH-KY-IN	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.45
Cincinnati-Middletown, OH-KY-IN	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$40.88
Cincinnati Middletown OLLKV IN	F04.47	WALKED HEAVY DUTY MULTIPLE DRAKING CYCTEM VADIADLE WHEEL DECISTANCE	NU			£270.04
Cincinnati-Middletown, OH-KY-IN	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NO			\$379.94
Cincinnati-Middletown, OH-KY-IN	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$37.99
Cincinnati-Middletown, OH-KY-IN	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$284.96

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
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Cincinnati-Middletown, OH-KY-IN	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$82.00
Cincinnati-Middletown, OH-KY-IN	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$8.20
						V35
Cincinnati-Middletown, OH-KY-IN	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$61.50
Cincinnati-Middletown, OH-KY-IN	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$130.71
Cincinnati Middletown OH KV IN	E0149	WALKER HEAVY DUTY WHEELED BIOLD OR FOLDING ANY TYPE	RR			\$13.07
Cincinnati-Middletown, OH-KY-IN	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	KK			\$13.07
Cincinnati-Middletown, OH-KY-IN	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$98.03
Cincinnati-Middletown, OH-KY-IN	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$39.68
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Cincinnati-Middletown, OH-KY-IN	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$3.97
Cincinnati-Middletown, OH-KY-IN	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$29.76
Cincinnati-Middletown, OH-KY-IN	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$17.26
Omoninati-wildingtown, On-IX1-IIV	L0100	WILLEAT MODITION WALKER, I ENTAIN	INO			Ψ17.20
Cincinnati-Middletown, OH-KY-IN	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.73
Cincinnati-Middletown, OH-KY-IN	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$12.95
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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
02717141110						0.71
Cincinnati-Middletown, OH-KY-IN	E0156	SEAT ATTACHMENT, WALKER	NU			\$14.63
Cincinnati-Middletown, OH-KY-IN	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.46
Cincinnati-Middletown, OH-KY-IN	E0156	SEAT ATTACHMENT, WALKER	UE			\$10.97
						V 10101
Cincinnati-Middletown, OH-KY-IN	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$51.26
Cincinnati-Middletown, OH-KY-IN	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$5.13
Cincinnati-Middletown, OH-KY-IN	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$38.45
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	50450	LEG EVITENDIANO FOR WALKER, REP. OF FOUR (I)				447.00
Cincinnati-Middletown, OH-KY-IN	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$17.66
Cincinnati-Middletown, OH-KY-IN	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.77
Cincinnati-Middletown, OH-KY-IN	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$13.25
Cincinnati-Middletown, OH-KY-IN	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$13.12
Ontorinati Middlotowii, Orietteliv	20100	STATE AT A STREET ON WHILEELD WALKEN, NEI LAGENERI, LAGIT	110			ψ10.12
Cincinnati-Middletown, OH-KY-IN	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.31
Cincinnati-Middletown, OH-KY-IN	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.84

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cleveland-Elyria-Mentor, OH	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$41.98
Cleveland-Elyria-Mentor, OH	E1037	TRANSPORT CHAIR, PEDIATRIC SIZE	RR			\$93.22
Cleveland-Elyria-Mentor, OH	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$14.34
Cleveland-Elyria-Mentor, OH	E1039	TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY GREATER THAN 300 POUNDS	RR			\$30.64
Cleveland-Elyria-Mentor, OH	K0001	STANDARD WHEELCHAIR	RR			\$32.25
Cleveland-Elyria-Mentor, OH	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$53.10
Cleveland-Elyria-Mentor, OH	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$49.40
Cleveland-Elyria-Mentor, OH	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$61.25
Cleveland-Elyria-Mentor, OH	K0006	HEAVY DUTY WHEELCHAIR	RR			\$78.13
Cleveland-Elyria-Mentor, OH	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$111.20
Cleveland-Elyria-Mentor, OH	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$838.63
Cleveland-Elyria-Mentor, OH	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$83.86

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cleveland-Elyria-Mentor, OH	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$628.97
Cleveland-Elyria-Mentor, OH	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,461.10
Cleveland-Elyria-Mentor, OH	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$146.11
Cleveland-Elyria-Mentor, OH	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,095.83
Cleveland-Elyria-Mentor, OH	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,881.58
Cleveland-Elyria-Mentor, OH	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$188.16
Cleveland-Elyria-Mentor, OH	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,411.19
Cleveland-Elyria-Mentor, OH	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$272.01
Cleveland-Elyria-Mentor, OH	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$300.09
Cleveland-Elyria-Mentor, OH	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$363.92
Cleveland-Elyria-Mentor, OH	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$338.31
Cleveland-Elyria-Mentor, OH	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$302.60

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
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Cleveland-Elyria-Mentor, OH	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$345.02
Cieveland-Liyna-intentor, Or i	ROOZ I	CALACITI OF TO AND INCLUDING 300 FOUNDS	IXIX			φ343.02
Cleveland-Elyria-Mentor, OH	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$346.13
Cievelariu-Eiyria-iweritor, Ori	K0622	CAPACITY OF TO AND INCLUDING 300 FOUNDS	INN			φ340.13
Cleveland-Elyria-Mentor, OH	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$334.25
Cleveland-Elyna-Meritor, On	NU023	TO AND INCLUDING 300 FOUNDS	KK			\$334.23
Claveland Eluria Mantar, OH	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			6467.00
Cleveland-Elyria-Mentor, OH	NU024	CAPACITY 301 TO 450 POUNDS	KK			\$467.38
Clausiand Elwis Mantan Oll	140005	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY	RR			£400.44
Cleveland-Elyria-Mentor, OH	K0825	301 TO 450 POUNDS	KK			\$420.14
Clausiand Floria Mantar, Old	K0020	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT				6740.00
Cleveland-Elyria-Mentor, OH	K0826	CAPACITY 451 TO 600 POUNDS	RR			\$719.92
Cleveland-Elyria-Mentor, OH	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$595.72
Cleveland-Elyna-Meritor, On	NU021	CAPACITY 451 TO 600 POUNDS	KK			\$393.12
Cleveland-Elyria-Mentor, OH	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$770.62
Clevelatid-Liyila-ivietitor, Of I	10020	WEIGHT CALACITY OUT FOUNDS ON MONE	IXIX			\$110.02
Cleveland-Elyria-Mentor, OH	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$743.14
Cieveland-Liyna-ivientor, Or i	110023	I GONDO ON MONE	IXIX			ψ/43.14
Cleveland-Elyria-Mentor, OH	E0705	TRANSFER DEVICE, ANY TYPE, EACH	NU			\$41.90
Sistolatia Lighta-Worldon, Off	20700	TO SECTION, AND THE E, EACH	. 10			Ψ-1.30
Cleveland-Elyria-Mentor, OH	E0705	TRANSFER DEVICE, ANY TYPE, EACH	RR			\$4.19
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Cleveland-Elyria-Mentor, OH	E0705	TRANSFER DEVICE, ANY TYPE, EACH	UE			\$31.43
2.2.2.2						Ψ01140

	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Code	nor oo code bescription	Wiodiliei	Wiodiffer 2	Wiodiller 3	SI A
E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$69.22
E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$6.92
E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$51.92
	, , .				
E0054	WEEL LOOP/USED FOR ANY TYPE WITH OR WITHOUT ANKLE STOAD FACIL	NII I			044.75
E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$11.75
E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.18
E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$8.81
E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$148.90
E0055	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING	DD			\$14.89
E0955	nardware, each	KK			\$14.09
	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING				
E0955	HARDWARE, EACH	UE			\$111.68
	WHEEL CHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED				
E0956	MOUNTING HARDWARE, EACH	NU			\$77.78
E0956	MHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$7.78
E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE. EACH	UE			\$58.34
	E0950 E0950 E0951 E0951 E0955 E0955 E0955	E0950 WHEELCHAIR ACCESSORY, TRAY, EACH E0950 WHEELCHAIR ACCESSORY, TRAY, EACH E0950 WHEELCHAIR ACCESSORY, TRAY, EACH E0951 HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH E0951 HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH E0951 HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH E0951 HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	E0950 WHEELCHAIR ACCESSORY, TRAY, EACH E0950 WHEELCHAIR ACCESSORY, TRAY, EACH E0950 WHEELCHAIR ACCESSORY, TRAY, EACH E0951 HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH E0951 HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH E0951 HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH E0951 HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED	E0950 WHEELCHAIR ACCESSORY, TRAY, EACH E0950 WHEELCHAIR ACCESSORY, TRAY, EACH E0950 WHEELCHAIR ACCESSORY, TRAY, EACH E0951 HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH E0951 HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH E0951 HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH E0951 HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH E0951 HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING RR E0955 WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING RR WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING UE WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED	Code

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cleveland-Elyria-Mentor, OH	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$109.74
Cleveland-Elyria-Mentor, OH	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$10.97
Cleveland-Elyria-Mentor, OH	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$82.31
Cleveland-Elyria-Mentor, OH	E0958	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH	RR			\$38.90
Cleveland-Elyria-Mentor, OH	E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	NU			\$39.15
Cleveland-Elyria-Mentor, OH	E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	RR			\$3.92
Cleveland-Elyria-Mentor, OH	E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	UE			\$29.36
Cleveland-Elyria-Mentor, OH	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$70.80
Cleveland-Elyria-Mentor, OH	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.08
Cleveland-Elyria-Mentor, OH	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$53.10
Cleveland-Elyria-Mentor, OH	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$20.63
Cleveland-Elyria-Mentor, OH	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$2.06

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
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Cleveland-Elyria-Mentor, OH	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$15.47
Cleveland-Elyria-Mentor, OH	E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	NU			\$61.44
Olevestered Elemia Mandan Old	F0000	MANUAL MULEEL CHAID ACCESSORY, HEADDEST EXTENSION, EACH	DD			60.44
Cleveland-Elyria-Mentor, OH	E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	RR			\$6.14
Cleveland-Elyria-Mentor, OH	E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	UE			\$46.08
Cleveland-Elyria-Mentor, OH	E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	NU			\$61.74
Cleveland-Elyria-Mentor, OH	E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	RR			\$6.17
Cieveland-Liyna-ivientor, Orr	L0907	WINDOLE WILLEGIAIN ACCESSORT, HAND NIW WITH NOSECTIONS, ANT THE, EACH	IXIX			φ0.17
Cleveland-Elyria-Mentor, OH	E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	UE			\$46.31
Cleveland-Elyria-Mentor, OH	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$33.55
Cleveland-Elyria-Mentor, OH	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.36
Ciorciana Elyna memer, em						ψο.σσ
Cleveland-Elyria-Mentor, OH	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$25.16
		WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE				
Cleveland-Elyria-Mentor, OH	E0973	ASSEMBLY, EACH	NU			\$62.71
Cleveland-Elyria-Mentor, OH	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$6.27

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CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
		WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE				
Cleveland-Elyria-Mentor, OH	E0973	ASSEMBLY, EACH	UE			\$47.03
Cleveland-Elyria-Mentor, OH	E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	NU			\$67.38
Cleveland-Elyria-Mentor, OH	E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	RR			\$6.74
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Claveland Flyria Manter, OH	E0974	MANUAL WHEELCHAIR ACCESSORY ANTI BOLLBACK DEVICE FACH	UE			¢50.54
Cleveland-Elyria-Mentor, OH	E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	UE			\$50.54
Cleveland-Elyria-Mentor, OH	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$24.80
Cleveland-Elyria-Mentor, OH	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.48
Cleveland-Elyria-Mentor, OH	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$18.60
Cleveland-Elyria-Mentor, OH	E0985	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	NU			\$196.10
Cleveland-Elyria-Mentor, OH	E0985	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	RR			\$19.61
						V 10101
Olavaland Elimia Mantan Oll	F0005	WHEEL OHALD ACCESSORY OF AT HET MECHANISM	ue			¢4.47.00
Cleveland-Elyria-Mentor, OH	E0985	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	UE			\$147.08
Cleveland-Elyria-Mentor, OH	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$73.09
Cleveland-Elyria-Mentor, OH	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$7.31

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cleveland-Elyria-Mentor, OH	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$54.82
Cleveland-Elyria-Mentor, OH	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$83.99
Cleveland-Elyria-Mentor, OH	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$8.40
Cleveland-Elyria-Mentor, OH	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$62.99
Cleveland-Elyria-Mentor, OH	E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	NU			\$107.24
Cleveland-Elyria-Mentor, OH	E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	RR			\$10.72
Cleveland-Elyria-Mentor, OH	E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	UE			\$80.43
Cleveland-Elyria-Mentor, OH	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$103.21
Cleveland-Elyria-Mentor, OH	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$10.32
Cleveland-Elyria-Mentor, OH	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$77.41
Cleveland-Elyria-Mentor, OH	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$188.28
Cleveland-Elyria-Mentor, OH	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$18.83

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cleveland-Elyria-Mentor, OH	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$141.21
Cleveland-Elyria-Mentor, OH	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$143.44
		WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING	-			
Cleveland-Elyria-Mentor, OH	E1028	HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$14.34
Cleveland-Elyria-Mentor, OH	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$107.58
Cleveland-Elyria-Mentor, OH	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$37.63
Cleveland-Elyria-Mentor, OH	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$381.57
Cleveland-Elyria-Mentor, OH	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$38.16
Cleveland-Elyria-Mentor, OH	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$286.18
Cleveland-Elyria-Mentor, OH	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$297.14
Cleveland-Elyria-Mentor, OH	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$29.71
Cleveland-Elyria-Mentor, OH	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$222.86
Cleveland-Elyria-Mentor, OH	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$385.54

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
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Cleveland-Elyria-Mentor, OH	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$38.55
Cleveland-Elyria-Mentor, OH	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$289.16
Cleveland-Elyria-Mentor, OH	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$399.00
Cleveland-Elyria-Mentor, OH	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$39.90
Cleveland-Elyria-Mentor, OH	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$299.25
Cleveland-Elyria-Mentor, OH	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$698.96
Cleveland-Elyria-Mentor, OH	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$69.90
Cleveland-Elyria-Mentor, OH	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$524.22
Cleveland-Elyria-Mentor, OH	E2205	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS (INCLUDES ERGONOMIC OR CONTOURED), ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$30.62
Cleveland-Elyria-Mentor, OH	E2205	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS (INCLUDES ERGONOMIC OR CONTOURED), ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$3.06
Cleveland-Elyria-Mentor, OH	E2205	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS (INCLUDES ERGONOMIC OR CONTOURED), ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$22.97
Cleveland-Elyria-Mentor, OH	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$36.07

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
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Cleveland-Elyria-Mentor, OH	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.61
Cleveland-Elyria-Mentor, OH	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$27.05
Cleveland-Elyria-Mentor, OH	E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	NU			\$42.50
Cleveland-Elyria-Mentor, OH	E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	RR			\$4.25
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Cleveland-Elyria-Mentor, OH	E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	UE			\$31.88
Cleveland-Elyria-Mentor, OH	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$84.00
Cleveland-Elyria-Mentor, OH	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$8.40
Cleveland-Elyria-Mentor, OH	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$63.00
Cleveland-Elyria-Mentor, OH	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$80.41
Ciovolana Liyna Montor, Orr		ACCESSION, AND THE SENT ON THE CONTRACT ON THE CONTRACT OF THE CONTRACT ON THE				ψου.41
Clausiand Floria M. (1904)	F0000	ACCESSORY ARM TROUGH, WITH OR WITHOUT HAVE SUPPORT FACE	DD			60.01
Cleveland-Elyria-Mentor, OH	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$8.04
Cleveland-Elyria-Mentor, OH	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$60.31
Cleveland-Elyria-Mentor, OH	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$4.92

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cleveland-Elyria-Mentor, OH	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.49
Cleveland-Elyria-Mentor, OH	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.69
Cleveland-Elyria-Mentor, OH	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$32.88
Cleveland-Elyria-Mentor, OH	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.29
Cleveland-Elyria-Mentor, OH	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$24.66
Cleveland-Elyria-Mentor, OH	E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NIII			\$5.85
Oleverand-Liyna-Mentol, Oli	LZZIZ	WINDAL WHELESHAIR ACCESSORY, TOBE FOR THEOMATIC FROM CESION TIRE, ANY GIZE, EACH	NO			φ3.03
Cleveland-Elyria-Mentor, OH	E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$0.59
Cleveland-Elyria-Mentor, OH	E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$4.39
Cleveland-Elyria-Mentor, OH	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$27.38
Cleveland-Elyria-Mentor, OH	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.74
Cleveland-Elyria-Mentor, OH	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$20.54
Cleveland-Elyria-Mentor, OH	E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	NU			\$29.12

	Hobos					
CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
ODA Name	Jour	Tiol de deue Beschiption	mounier 1	mounici 2	Wiodilier o	OI A
Cleveland-Elyria-Mentor, OH	E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	RR			\$2.91
Cleveland-Elyria-Mentor, OH	E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	UE			\$21.84
Cleveland-Elyria-Mentor, OH	E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	NU			\$9.34
Cleveland-Elyria-Mentor, OH	E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	RR			\$0.93
Cleveland-Elyria-Mentor, OH	E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	UE			\$7.01
Cleveland-Elyria-Mentor, OH	E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	NU			\$35.48
Cleveland-Elyria-Mentor, OH	E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	RR			\$3.55
Cleveland-Elyria-Mentor, OH	E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	UE			\$26.61
Cleveland-Elyria-Mentor, OH	E2220	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, EACH	NU			\$24.76
Cleveland-Elyria-Mentor, OH	E2220	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, EACH	RR			\$2.48
Cleveland-Elyria-Mentor, OH	E2220	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, EACH	UE			\$18.57
Cleveland-Elyria-Mentor, OH	E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, EACH	NU			\$22.82

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cleveland-Elyria-Mentor, OH	E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, EACH	RR			\$2.28
Cleveland-Elyria-Mentor, OH	E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, EACH	UE			\$17.12
Cleveland-Elyria-Mentor, OH	E2222	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH	NU			\$19.12
Cleveland-Elyria-Mentor, OH	E2222	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH	RR			\$1.91
Cleveland-Elyria-Mentor, OH	E2222	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH	UE			\$14.34
Cleveland-Elyria-Mentor, OH	E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	NU			\$75.56
Cleveland-Elyria-Mentor, OH	E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	RR			\$7.56
Cleveland-Elyria-Mentor, OH	E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	UE			\$56.67
Cleveland-Elyria-Mentor, OH	E2225	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$17.50
Cleveland-Elyria-Mentor, OH	E2225	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.75
Cleveland-Elyria-Mentor, OH	E2225	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$13.13
Cleveland-Elyria-Mentor, OH	E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$34.57

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cleveland-Elyria-Mentor, OH	E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.46
Cieveland-Elyna-Mentor, On	E2220	WIANDAL WHEELCHAIR ACCESSORT, CASTER FORR, ANT SIZE, REFLACEMENT ONLT, EACH	NN			\$3.40
Cleveland-Elyria-Mentor, OH	E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$25.93
	50000	HANNA WATER OLAR AGGEOGRA WATER DRAWING OVERTILA AND LOOK ORADI ETF. FACIL				
Cleveland-Elyria-Mentor, OH	E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH	NU			\$875.00
Cleveland-Elyria-Mentor, OH	E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH	RR			\$87.50
Cleveland-Elyria-Mentor, OH	E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH	UE			\$656.25
Cleveland-Elyria-Mentor, OH	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$132.06
		MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT),				
Cleveland-Elyria-Mentor, OH	E2231	INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$13.21
Cleveland-Elyria-Mentor, OH	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$99.05

		POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E. G. GEL				
Cleveland-Elyria-Mentor, OH	E2359	CELL, ABSORBED GLASSMAT)	NU			\$158.74
Cleveland-Elyria-Mentor, OH	E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$15.87
J.S. Sand Light World, Off		5111, 1.155.1515 51.166111 (1)				ψ10.07
		POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E. G. GEL				
Cleveland-Elyria-Mentor, OH	E2359	CELL, ABSORBED GLASSMAT)	UE			\$119.06
Cleveland-Elyria-Mentor, OH	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$106.75
Olevelariu-Liyria-ivieritor, Ori	L2301	ADDOUBLE GLAGGINAT)	110			\$100.75

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
02/11/00						0.71
		POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL,				
Cleveland-Elyria-Mentor, OH	E2361	ABSORBED GLASSMAT)	RR			\$10.68
		POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL,				
Cleveland-Elyria-Mentor, OH	E2361	ABSORBED GLASSMAT)	UE			\$80.06
		POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL				
Cleveland-Elyria-Mentor, OH	E2363	CELL, ABSORBED GLASSMAT)	NU			\$136.23
		POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL				
Cleveland-Elyria-Mentor, OH	E2363	CELL, ABSORBED GLASSMAT)	RR			\$13.62
		POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL				
Cleveland-Elyria-Mentor, OH	E2363	CELL, ABSORBED GLASSMAT)	UE			\$102.17
Cleveland-Elyria-Mentor, OH	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$75.50
Cieveland-Liyna-Mentor, Orr	L2303	ADOUNDED GEAGGINAT)	110			φ <i>1</i> 3.30
		DOWER WILESTONAND ACCESSORY II A OF A SP. A OIR DATTERY SACULES OF OFFICE				
Cleveland-Elyria-Mentor, OH	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.55
,						
		POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL,				
Cleveland-Elyria-Mentor, OH	E2365	ABSORBED GLASSMAT)	UE			\$56.63
		POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY				
Cleveland-Elyria-Mentor, OH	E2366	ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$171.67
		POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY				
Cleveland-Elyria-Mentor, OH	E2366	ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$17.17
Classiand Elwis Manter CU	F2266	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY	UE			\$128.75
Cleveland-Elyria-Mentor, OH	E2366	ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$128.75
Cleveland-Elyria-Mentor, OH	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$402.75
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	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
		ner co company				0.7.
Cleveland-Elyria-Mentor, OH	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$40.28
Cleveland-Elyria-Mentor, OH	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$302.06
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Cleveland-Elyria-Mentor, OH	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$369.36
Cleveland-Elyria-Mentor, OH	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$36.94
Cleveland-Elyria-Mentor, OH	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$277.02
Cleveland-Elyria-Mentor, OH	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$573.97
Cleveland-Elyria-Mentor, OH	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$57.40
Cleveland-Elyria-Mentor, OH	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$430.48
Cleveland-Elyria-Mentor, OH	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$133.50
Cleveland-Elyria-Mentor, OH	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$13.35
Cleveland-Elyria-Mentor, OH	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$100.13
Cleveland-Elyria-Mentor, OH	E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	NU			\$634.40

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
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Cleveland-Elyria-Mentor, OH	E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	RR			\$63.44
Cleveland-Elyria-Mentor, OH	E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	UE			\$475.80
Cleveland-Elyria-Mentor, OH	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$56.08
Cleveland-Elyria-Mentor, OH	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.61
Cleveland-Elyria-Mentor, OH	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$42.06
Cleveland-Elyria-Mentor, OH	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$111.12
Cleveland-Elyria-Mentor, OH	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$11.11
Cleveland-Elyria-Mentor, OH	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$83.34
Cleveland-Elyria-Mentor, OH	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$58.19
Cleveland-Elyria-Mentor, OH	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.82
Cleveland-Elyria-Mentor, OH	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$43.64
Cleveland-Elyria-Mentor, OH	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$109.80

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cleveland-Elyria-Mentor, OH	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.98
Cleveland-Elyria-Mentor, OH	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$82.3
Cleveland-Elyria-Mentor, OH	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$49.25
Cleveland-Elyria-Mentor, OH	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.93
Cleveland-Elyria-Mentor, OH	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$36.94
Cleveland-Elyria-Mentor, OH	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$16.98
Cleveland-Elyria-Mentor, OH	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.70
Cleveland-Elyria-Mentor, OH	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$12.74
Cleveland-Elyria-Mentor, OH	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$39.70
Cleveland-Elyria-Mentor, OH	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.97
Cleveland-Elyria-Mentor, OH	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$29.78
Cleveland-Elyria-Mentor, OH	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$56.42

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cleveland-Elyria-Mentor, OH	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.64
Cleveland-Elyria-Mentor, OH	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$42.32
Cleveland-Elyria-Mentor, OH	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$42.74
Cleveland-Elyria-Mentor, OH	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.27
Cleveland-Elyria-Mentor, OH	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$32.06
Cleveland-Elyria-Mentor, OH	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$47.44
Cleveland-Elyria-Mentor, OH	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.74
Cleveland-Elyria-Mentor, OH	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$35.58
Cleveland-Elyria-Mentor, OH	E2397	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH	NU			\$410.68
Cleveland-Elyria-Mentor, OH	E2397	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH	RR			\$41.07
Cleveland-Elyria-Mentor, OH	E2397	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH	UE			\$308.01
Cleveland-Elyria-Mentor, OH	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$39.88

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cleveland-Elyria-Mentor, OH	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$3.99
Cleveland-Elyria-Mentor, OH	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$29.91
Cleveland-Elyria-Mentor, OH	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$84.00
Cleveland-Elyria-Mentor, OH	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.40
Cleveland-Elyria-Mentor, OH	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$63.00
Cleveland-Elyria-Mentor, OH	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$110.14
Cleveland-Elyria-Mentor, OH	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$11.01
Cleveland-Elyria-Mentor, OH	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$82.61
Cleveland-Elyria-Mentor, OH	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$145.58
Cleveland-Elyria-Mentor, OH	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$14.56
Cleveland-Elyria-Mentor, OH	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$109.19
Cleveland-Elyria-Mentor, OH	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$200.24

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cleveland-Elyria-Mentor, OH	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$20.02
Cleveland-Elyria-Mentor, OH	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$150.18
Cleveland-Elyria-Mentor, OH	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$319.22
Olevelariu-Liyria-ivieritor, Or i	L2000	TOSTHONING WHELECHAIN SEAT COSHION, WIDTH 22 INCHES ON GREATER, ANT DET TH	NO			ψ319.22
Cleveland-Elyria-Mentor, OH	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$31.92
Cleveland-Elyria-Mentor, OH	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$239.42
Cleveland-Elyria-Mentor, OH	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$207.68
Cleveland-Elyria-Mentor, OH	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$20.77
Olovolana Liyna Montor, Orr	22007		- I			Q2011
		SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22				
Cleveland-Elyria-Mentor, OH	E2607	INCHES, ANY DEPTH	UE			\$155.76
		SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR				
Cleveland-Elyria-Mentor, OH	E2608	GREATER, ANY DEPTH	NU			\$274.48
		CAN DECLECTION AND DOCITIONING WHITE CHAIR STAT CHEHON WIRTH SO INCHES OR				
Cleveland-Elyria-Mentor, OH	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$27.45
Cleveland-Elyria-Mentor, OH	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$205.86
Claveland Elvrig Manter Old	E0044	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT,	NILL			£400.00
Cleveland-Elyria-Mentor, OH	E2611	INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$190.60

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
CDA Name	Code	Tior co code Description	Wiodiller	Wiodiller 2	Wiodiller 3	JI A
Claveland Floria Mantar, Old	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			640.00
Cleveland-Elyria-Mentor, OH	E2011	INCLUDING ANY TYPE WOUNTING HARDWARE	KK			\$19.00
Clausiand Elimia Mantan Oll	F0044	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT,	ue.			6440.0
Cleveland-Elyria-Mentor, OH	E2611	INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$142.95
Clausiand Floria Mantan Oll	F0040	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT,	NU I			6000 0
Cleveland-Elyria-Mentor, OH	E2612	INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$296.34
Claveland Floria Mantar, Old	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$00.0
Cleveland-Elyria-Mentor, OH	E2012	INCLUDING ANY TYPE WOUNTING HARDWARE	KK			\$29.63
0	F0040	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT,				****
Cleveland-Elyria-Mentor, OH	E2612	INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$222.26
Claveland Floria Mantar, Old	F2642	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY	NULL			#200 FF
Cleveland-Elyria-Mentor, OH	E2613	HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$290.55
Cleveland-Elyria-Mentor, OH	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$29.06
Clevelatid-Etyria-interitor, Ori	E2013	HEIGHT, INCLUDING ANT TITE MOUNTING HARDWARE	INN			\$29.0C
Cleveland-Elyria-Mentor, OH	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$217.9°
ciovolaria Ligita Meriter, err	22010	Indian, metablicant in a macrime in warming	02			\$21710
		POCITIONING WHITELGHAID BACK CHICHION POCTEDIOD, WIDTH ON INCHES OF CREATER, AND				
Cleveland-Elyria-Mentor, OH	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$450.00
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		POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY				
Cleveland-Elyria-Mentor, OH	E2614	HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$45.00
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		POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY				
Cleveland-Elyria-Mentor, OH	E2614	HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$337.50
		POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22				
Cleveland-Elyria-Mentor, OH	E2615	INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$335.00
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	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cleveland-Elyria-Mentor, OH	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$33.50
Cleveland-Elyria-Mentor, OH	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$251.25
Cleveland-Elyria-Mentor, OH	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$479.30
Cleveland-Elyria-Mentor, OH	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$47.93
Cleveland-Elyria-Mentor, OH	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$359.48
Cleveland-Elyria-Mentor, OH	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$402.46
Cleveland-Elyria-Mentor, OH	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$40.25
Cleveland-Elyria-Mentor, OH	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$301.85
Cleveland-Elyria-Mentor, OH	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$454.51
Cleveland-Elyria-Mentor, OH	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$45.45
Cleveland-Elyria-Mentor, OH	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$340.88
Cleveland-Elyria-Mentor, OH	E2626	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE	NU			\$571.06

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cleveland-Elyria-Mentor, OH	E2626	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE	RR			\$57.11
Cleveland-Elyria-Mentor, OH	E2626	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE	UE			\$428.30
Cleveland-Elyria-Mentor, OH	E2627	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE RANCHO TYPE	NU			\$851.33
Cleveland-Elyria-Mentor, OH	E2627	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE RANCHO TYPE	RR			\$85.13
Cleveland-Elyria-Mentor, OH	E2627	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE RANCHO TYPE	UE			\$638.50
Cleveland-Elyria-Mentor, OH	E2628	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, RECLINING	NU			\$645.80
Cleveland-Elyria-Mentor, OH	E2628	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, RECLINING	RR			\$64.58
Cleveland-Elyria-Mentor, OH	E2628	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, RECLINING	UE			\$484.35
Cleveland-Elyria-Mentor, OH	E2629	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT (FRICTION DAMPENING TO PROXIMAL AND DISTAL JOINTS)	NU			\$906.20
Cleveland-Elyria-Mentor, OH	E2629	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT (FRICTION DAMPENING TO PROXIMAL AND DISTAL JOINTS)	RR			\$90.62
Cleveland-Elyria-Mentor, OH	E2629	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT (FRICTION DAMPENING TO PROXIMAL AND DISTAL JOINTS)	UE			\$679.65
Cleveland-Elyria-Mentor, OH	E2630	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE SUSPENSION SUPPORT	NU			\$567.39

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CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cleveland-Elyria-Mentor, OH	E2630	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE SUSPENSION SUPPORT	RR			\$56.74
Cleveland-Elyria-Mentor, OH	E2630	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE SUSPENSION SUPPORT	UE			\$425.54
Cleveland-Elyria-Mentor, OH	E2631	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM	NU			\$226.56
Cleveland-Elyria-Mentor, OH	E2631	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM	RR			\$22.66
Cleveland-Elyria-Mentor, OH	E2631	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM	UE			\$169.92
Cleveland-Elyria-Mentor, OH	E2632	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER ARM WITH ELASTIC BALANCE CONTROL	NU			\$147.37
Cleveland-Elyria-Mentor, OH	E2632	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER ARM WITH ELASTIC BALANCE CONTROL	RR			\$14.74
Cleveland-Elyria-Mentor, OH	E2632	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER ARM WITH ELASTIC BALANCE CONTROL	UE			\$110.53
Cleveland-Elyria-Mentor, OH	E2633	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	NU			\$122.00
Cleveland-Elyria-Mentor, OH	E2633	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	RR			\$12.20
Cleveland-Elyria-Mentor, OH	E2633	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	UE			\$91.50
Cleveland-Elyria-Mentor, OH	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$131.17

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
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Cleveland-Elyria-Mentor, OH	K0015	DETACHADI E NON AD ILICTADI E HEICHT ADMDECT EACH	RR			£42.42
Cieveiand-Eigha-ivientor, On	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	KK			\$13.12
Cleveland-Elyria-Mentor, OH	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$98.38
Cleveland-Elyria-Mentor, OH	K0019	ARM PAD, EACH	NU			\$11.68
Cleveland-Elyria-Mentor, OH	K0019	ARM PAD, EACH	RR			\$1.17
Cleveland-Elyria-Mentor, OH	K0019	ARM PAD, EACH	UE			\$8.76
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Cleveland-Elyria-Mentor, OH	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$52.98
Oleveland-Liyna-Memor, Orr	10040	ADSOLIABLE ANGLE FOOTI EATE, EAGIT	110			\$32.90
Cleveland-Elyria-Mentor, OH	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.30
Cleveland-Elyria-Mentor, OH	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$39.74
Cleveland-Elyria-Mentor, OH	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$67.66
Cleveland-Elyria-Mentor, OH	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$6.77
Cleveland-Elyria-Mentor, OH	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$50.75
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Claveland Eluria Mantar Old	KOOFO	ELEVATING FOOTBESTS, ARTICULATING (TELESCOPING), FACUL	NU			600.44
Cleveland-Elyria-Mentor, OH	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	INU			\$80.14

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CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cleveland-Elyria-Mentor, OH	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.01
Cleveland-Elyria-Mentor, OH	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$60.11
Ciorciana Elyna memer, em	1.0000					400111
		SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH,				
Cleveland-Elyria-Mentor, OH	K0056	LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$84.28
		SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH,				
Cleveland-Elyria-Mentor, OH	K0056	LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.43
Cleveland-Elyria-Mentor, OH	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$63.21
Oleveland Lighta Mentor, Oli	110000	Eloni Weloni, on deniveroni Wilelesi Will	OL .			ψου.Σ1
Cleveland-Elyria-Mentor, OH	K0065	SPOKE PROTECTORS, EACH	NU			\$39.38
Cleveland-Elyria-Mentor, OH	K0065	SPOKE PROTECTORS, EACH	RR			\$3.94
Cleveland-Elyria-Mentor, OH	K0065	SPOKE PROTECTORS, EACH	UE			\$29.54
Gleveland-Liyna-Wentor, Orr	10003	STOKE FROTEGIONS, EACH	UL			Ψ29.54
Cleveland-Elyria-Mentor, OH	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$85.00
Cleveland-Elyria-Mentor, OH	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$8.50
Cleveland-Elyria-Mentor, OH	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$63.75
Olovolana-Liyna-ivicinoi, Oli	10009	THE MOLEULI, COMMILETE, WITH COLID TINE, OF ONES ON MOLDED, EACH	OL .			ψ03.73
Cleveland-Elyria-Mentor, OH	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$155.10

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
OD/THAINS	Jour	Tiol Go Gode Boostipaon	modifier 1	modifier 2	mounior o	0.71
	140070	DEAD WHEEL ASSEMBLY COMPLETE WITH DIFFINANTIC TIPE OPOUTS OF MOURED FACIL	DD			
Cleveland-Elyria-Mentor, OH	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.51
Cleveland-Elyria-Mentor, OH	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$116.33
Cleveland-Elyria-Mentor, OH	K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH	NU			\$93.09
Cleveland-Elyria-Mentor, OH	K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH	RR			\$9.31
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Clausiand Floria Mantan Oll	1/0074	EDONIT CARTED ACCEMBLY COMPLETE WITH DISCUMATIO TIDE FACIL	LIE			# 00.00
Cleveland-Elyria-Mentor, OH	K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH	UE			\$69.82
Cleveland-Elyria-Mentor, OH	K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH	NU			\$56.04
Cleveland-Elyria-Mentor, OH	K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH	RR			\$5.60
Cleveland-Elyria-Mentor, OH	K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH	UE			\$42.03
Cleveland-Elyria-Mentor, OH	K0073	CASTER PIN LOCK,EACH	NU			\$31.78
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Claveland Fluria Manter Old	K0072	CASTED DINI LOCK FACIL	DD			62.40
Cleveland-Elyria-Mentor, OH	K0073	CASTER PIN LOCK,EACH	RR			\$3.18
Cleveland-Elyria-Mentor, OH	K0073	CASTER PIN LOCK,EACH	UE			\$23.84
Cleveland-Elyria-Mentor, OH	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$49.35

CBA Name	HCPCS Code		Modifier 1	Modifier 2	Modifier 2	SPA
CDA Name	Code	HCPCS Code Description	Woulder	Wiodiller 2	Mounter 3	SFA
Cleveland-Elyria-Mentor, OH	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$4.94
Cleveland-Elyria-Mentor, OH	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$37.01
Cleveland-Elyria-Mentor, OH	K0098	DRIVE BELT FOR POWER WHEELCHAIR	NU			\$22.00
Cleveland-Elyria-Mentor, OH	K0098	DRIVE BELT FOR POWER WHEELCHAIR	RR			\$2.20
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Cleveland-Elyria-Mentor, OH	K0098	DRIVE BELT FOR POWER WHEELCHAIR	UE			\$16.50
Clevelarid-Eigha-ivientor, On	K0096	DRIVE BELL FOR FOWER WHEELCHAIR	UE			\$16.50
Cleveland-Elyria-Mentor, OH	K0105	IV HANGER, EACH	NU			\$85.22
Cleveland-Elyria-Mentor, OH	K0105	IV HANGER, EACH	RR			\$8.52
Cleveland-Elyria-Mentor, OH	K0105	IV HANGER, EACH	UE			\$63.92
Cleveland-Elyria-Mentor, OH	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$12.68
Cleveland-Elyria-Mentor, OH	K0733	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E. G. , GEL CELL, ABSORBED GLASSMAT)	NU			\$25.17
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Cleveland-Elyria-Mentor, OH	K0733	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E. G. , GEL CELL, ABSORBED GLASSMAT)	RR			\$2.52
Olevelatiu-Eigha-Wehlul, Off	NU/ 33	G., GEL GELE, ABSUNDED GEASSINAT)	IXIX			Ф 2.32
		POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E.				
Cleveland-Elyria-Mentor, OH	K0733	G. , GEL CELL, ABSORBED GLASSMAT)	UE			\$18.88

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
ODA Raine	Jour	Tiol de doue Description	Wodiner 1	Modifier 2	modifier 5	OI A
Cleveland-Elyria-Mentor, OH	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$45.25
Cleveland-Elyria-Mentor, OH	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.53
Cleveland-Elyria-Mentor, OH	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$33.94
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Cleveland-Elyria-Mentor, OH	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$46.24
Cleveland-Elyria-Mentor, OH	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.62
olovolana Elyna Montor, Cri	20100	Willers, Felding (Fig. 1), Added Add Stripes Telestri	, , , ,			Ų ⊪o2
Cleveland-Elyria-Mentor, OH	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$34.68
Cleveland-Elyria-Mentor, OH	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$295.00
Cleveland-Elyria-Mentor, OH	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$29.50
Cleveland-Elyria-Mentor, OH	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$221.25
Cleveland-Elyria-Mentor, OH	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$71.29
Cleveland-Elyria-Mentor, OH	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$7.13
Cleveland-Elyria-Mentor, OH	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$53.47

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
ODA Name	Jour	Tiol de douc Bescription	Wiodiner 1	Modifier 2	Modifier 0	OI A
Cleveland-Elyria-Mentor, OH	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$55.24
Cleveland-Elyria-Mentor, OH	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.52
Cleveland-Elyria-Mentor, OH	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$41.43
Cleveland-Elyria-Mentor, OH	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$397.06
Cleveland-Elyria-Mentor, OH	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$39.71
Cleveland-Elyria-Mentor, OH	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$297.80
Cleveland-Elyria-Mentor, OH	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$84.32
Cleveland-Elyria-Mentor, OH	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$8.43
Cleveland-Elyria-Mentor, OH	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$63.24
Cleveland-Elyria-Mentor, OH	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$132.50
Cleveland-Elyria-Mentor, OH	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$13.25
Cleveland-Elyria-Mentor, OH	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$99.38

ODA Nome	HCPCS	HODOG Code Description	Madified 4	Madifian O	Markina O	CD4
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Wodifier 3	SPA
Cleveland-Elyria-Mentor, OH	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$40.00
Cleveland-Elyria-Mentor, OH	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.00
Corolana Liyna memer, cri	20.0.					VU
Cleveland-Elyria-Mentor, OH	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$30.00
Cleveland-Elyria-Mentor, OH	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$18.31
Cleveland-Elyria-Mentor, OH	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.83
Oleveland Llyna Wenter, err	20100	WHELE ATTACHMENT, RIGID FICK OF WALKER, FERTAM	TXX			Ψ1.00
Cleveland-Elyria-Mentor, OH	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$13.73
Cleveland-Elyria-Mentor, OH	E0156	SEAT ATTACHMENT, WALKER	NU			\$15.67
Cleveland-Elyria-Mentor, OH	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.57
Oleveland-Llyna-Memor, Orr	20100	OLAT ATTACHWENT, WALKEN	IXX			Ψ1.57
Cleveland-Elyria-Mentor, OH	E0156	SEAT ATTACHMENT, WALKER	UE			\$11.75
Cleveland-Elyria-Mentor, OH	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$50.00
Cleveland-Elyria-Mentor, OH	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$5.00
Distributed Eights Mornor, Off	20101	one comments of the comments o	TVX			\$5.00
Cleveland-Elyria-Mentor, OH	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$37.50

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CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cleveland-Elyria-Mentor, OH	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$19.00
Cleveland-Elyria-Mentor, OH	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.90
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Cleveland-Elyria-Mentor, OH	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$14.25
Cleveland-Elyria-Mentor, OH	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$13.42
Cleveland-Elyria-Mentor, OH	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.34
	F0450	DRAKE ATTACHMENT FOR MUSELER WALKER, REDUACEMENT, FACIL				
Cleveland-Elyria-Mentor, OH	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$10.07
Dallas-Fort Worth-Arlington, TX	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$42.07
Dallas-Fort Worth-Arlington, TX	E1037	TRANSPORT CHAIR, PEDIATRIC SIZE	RR			\$93.22
Dallas-Fort Worth-Arlington, TX	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$14.62
Dallas-Fort Worth-Amington, 1A	E 1036	FOUNDS	NN			\$14.02
		TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY GREATER THAN 300				
Dallas-Fort Worth-Arlington, TX	E1039	POUNDS	RR			\$29.38
Dallas-Fort Worth-Arlington, TX	K0001	STANDARD WHEELCHAIR	RR			\$34.64
Dallas-Fort Worth-Arlington, TX	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$56.9 1
Danas i Sit Worth-Annigton, 1A	110002	CONTROLLE (LOW OLAT) WILL LOUAN	IXIX			φυυ.9

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CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
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Dallas-Fort Worth-Arlington, TX	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$56.66
Dallas-Fort Worth-Arlington, TX	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$82.78
Dallas-Fort Worth-Arlington, TX	K0006	HEAVY DUTY WHEELCHAIR	RR			\$87.27
Dallas-Fort Worth-Arlington, TX	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$122.21
	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$868.80
Dallas-Fort Worth-Arlington, TX	K0800	INCLUDING 300 POUNDS	NO			\$606.60
Dallas-Fort Worth-Arlington, TX	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$86.88
Dallas-Fort Worth-Arlington, TX	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$651.60
Dallas-Fort Worth-Arlington, TX	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,447.16
Dallas-Fort Worth-Arlington, TX	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$144.72
Dallas-Fort Worth-Arlington, TX	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,085.37
Dallas-Fort Worth-Arlington, TX	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,752.63
Dallas-Fort Worth-Arlington, TX	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$175.26

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,314.47
Dallas-Fort Worth-Arlington, TX	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$260.25
Dallas-Fort Worth-Arlington, TX	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$300.26
Dallas-Fort Worth-Arlington, TX	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$366.50
Dallas-Fort Worth-Arlington, TX	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$335.03
Dallas-Fort Worth-Arlington, TX	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$271.69
Dallas-Fort Worth-Arlington, TX	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$337.13
Dallas-Fort Worth-Arlington, TX	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$348.00
Dallas-Fort Worth-Arlington, TX	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$334.14
Dallas-Fort Worth-Arlington, TX	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$473.64
Dallas-Fort Worth-Arlington, TX	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$422.88
Dallas-Fort Worth-Arlington, TX	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$618.76

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CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$541.84
Dallas-1 of Worth-Amington, 17	10027	ON NOTE AND COMPO	IXIX			φ341.04
		POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT				
Dallas-Fort Worth-Arlington, TX	K0828	WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$689.27
		POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601				
Dallas-Fort Worth-Arlington, TX	K0829	POUNDS OR MORE	RR			\$660.72
Dallas-Fort Worth-Arlington, TX	E0705	TRANSFER DEVICE, ANY TYPE, EACH	NU			\$40.13
Dallas-Fort Worth-Arlington, TX	E0705	TRANSFER DEVICE, ANY TYPE, EACH	RR			\$4.01
Danas Fort Worth Allington, TX	20700	TOWER ENDEVIOL, AND THE E, EACH	Tur			ψ4.01
Dallas-Fort Worth-Arlington, TX	E0705	TRANSFER DEVICE, ANY TYPE, EACH	UE			\$30.10
Dallas-Fort Worth-Arlington, TX	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$73.07
Dallas-Fort Worth-Arlington, TX	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.31
Dallas-Fort Worth-Arlington, TX	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$54.80
Dallas-Fort Worth-Arlington, TX	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$10.92
Bando i ore veoral-Annigum, i A	20001	FILEE EGG. M. GEBER, ANT FITE, WITH OR WITHOUT AIRRES OTTAL, EAGIT	110			ψ10.32
Dallas-Fort Worth-Arlington, TX	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.09
Dallas-Fort Worth-Arlington, TX	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$8.19

OD A Name	HCPCS	HODOG Code Description	Markitian 4	Madifian O	Madifian O	CD4
CBA Name	Code	HCPCS Code Description	Modifier 1	Wodifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$136.79
Dallas-Fort Worth-Arlington, TX	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$13.68
Dallas-Fort Worth-Arlington, TX	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$102.59
Dallas-Fort Worth-Arlington, TX	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$72.52
Dallas-Fort Worth-Arlington, TX	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$7.25
Dallas-Fort Worth-Arlington, TX	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$54.39
Dallas-Fort Worth-Arlington, TX	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$102.16
Dallas-Fort Worth-Arlington, TX	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$10.22
Dallas-Fort Worth-Arlington, TX	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$76.62
Dallas-Fort Worth-Arlington, TX	E0958	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH	RR			\$35.00
Dallas-Fort Worth-Arlington, TX	E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	NU			\$39.48
Dallas-Fort Worth-Arlington, TX	E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	RR			\$3.95

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CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	UE			\$29.61
Dallag Fort Month Arlington TV	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NII I			¢c7.00
Dallas-Fort Worth-Arlington, TX	E0960	TYPE MOUNTING HARDWARE	NU			\$67.90
		WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY				
Dallas-Fort Worth-Arlington, TX	E0960	TYPE MOUNTING HARDWARE	RR			\$6.79
Dallas-Fort Worth-Arlington, TX	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$50.93
Dallas-Fort Worth-Arlington, TX	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$21.60
Dallas-Fort Worth-Arlington, TX	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$2.16
Dallas-Fort Worth-Arlington, TX	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$16.20
Daniel of troiser, the						V.020
Dallas-Fort Worth-Arlington, TX	E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	NU			\$61.34
Dallas-Fort Worth-Arlington, TX	E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	RR			\$6.13
Dallas-Fort Worth-Arlington, TX	E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	UE			\$46.01
Zanao i ore i rota / mington, i //	2000		32			ψ 70.01
Dallas-Fort Worth-Arlington, TX	E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	NU			\$57.71
Dallas-Fort Worth-Arlington, TX	E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	RR			\$5.77

CBA Name	HCPCS Code		Modifier 1	Modifier 2	Modifier 2	SPA
CDA Name	Code	HCPCS Code Description	Wiodiffer	Wiodiller 2	Woulder 3	SPA
Dallas-Fort Worth-Arlington, TX	E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	UE			\$43.28
Dallas-Fort Worth-Arlington, TX	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$32.81
3 ,						
	F-0-74	MANUAL MUSEL CHAIR AGGEGGGRY ANTI-TIRRING REVIGE EAGL				•
Dallas-Fort Worth-Arlington, TX	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.28
Dallas-Fort Worth-Arlington, TX	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$24.61
Dallas-Fort Worth-Arlington, TX	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$61.98
	F.0.70	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE				
Dallas-Fort Worth-Arlington, TX	E0973	ASSEMBLY, EACH	RR			\$6.20
		WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE				
Dallas-Fort Worth-Arlington, TX	E0973	ASSEMBLY, EACH	UE			\$46.49
Dallas-Fort Worth-Arlington, TX	E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	NU			\$67.38
Dellas Fort Worth Arlington TV	E0974	MANUAL WHEELCHAID ACCESSORY ANTI-ROLL BACK DEVICE FACIL	RR			60.74
Dallas-Fort Worth-Arlington, TX	E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	KK			\$6.74
Dallas-Fort Worth-Arlington, TX	E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	UE			\$50.54
Dallas-Fort Worth-Arlington, TX	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$26.47
Dolloo Fort Worth Adia atom TV	E0070	WHEEL CHAID ACCESSORY DOSITIONING BELT/CAFETY BELT/BELY/IC CTRAD FACIL	DD			60.05
Dallas-Fort Worth-Arlington, TX	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.65

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CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$19.85
Dallas-Fort Worth-Arlington, TX	E0985	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	NU			\$184.85
Dallas-Fort Worth-Arlington, TX	E0985	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	RR			\$18.49
Dallas-Fort Worth-Arlington, TX	E0985	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	UE			\$138.64
Dallas-Fort Worth-Arlington, TX	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$74.91
Dallas-Fort Worth-Arlington, TX	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$7.49
Dallas-Fort Worth-Arlington, TX	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$56.18
Dallas-Fort Worth-Arlington, TX	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$69.50
Dallas-Fort Worth-Arlington, TX	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$6.95
Dallas-Fort Worth-Arlington, TX	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$52.13
Dallas-Fort Worth-Arlington, TX	E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	NU			\$100.36
Dallas-Fort Worth-Arlington, TX	E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	RR			\$10.04

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
ODA Name	Jour	nor de doue bescription	Wodiner 1	Modifier 2	Modifier 5	OI A
Dallas-Fort Worth-Arlington, TX	E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	UE			\$75.27
Daniel Fort Worth Annigron, 17	21010	enest, isostos terminos de miletera mar, eneri	02			ψ1 3.2 1
Dallas-Fort Worth-Arlington, TX	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$94.82
Zanac r en rreinir / mm·gteri, r/t						V 002
Dallas-Fort Worth-Arlington, TX	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$9.48
Dallas-Fort Worth-Arlington, TX	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$71.12
Dallas-Fort Worth-Arlington, TX	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$176.16
Dallas-Fort Worth-Arlington, TX	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$17.62
Dallas-Fort Worth-Arlington, TX	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$132.12
		WHEEL CHAIR ACCESSORY MANUAL SWINGAWAY RETRACTARILE OR REMOVARILE MOUNTING				
Dallas-Fort Worth-Arlington, TX	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$140.19
		WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING				
Dallas-Fort Worth-Arlington, TX	E1028	HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$14.02
		WHEEL CHAID ACCESSORY MANUAL OWING AWAY DETD ACTARLE OR DEMOVABLE MOUNTING				
Dallas-Fort Worth-Arlington, TX	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$105.14
		WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15				
Dallas-Fort Worth-Arlington, TX	E1225	DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$33.02
		WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80				
Dallas-Fort Worth-Arlington, TX	E1226	DEGREES), EACH	NU			\$374.40

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CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$37.44
Dallas-Fort Worth-Arlington, TX	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$280.80
Dallas-Fort Worth-Arlington, TX	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$300.57
Dallas-Fort Worth-Arlington, TX	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$30.06
Dallas-Fort Worth-Arlington, TX	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$225.43
Dallas-Fort Worth-Arlington, TX	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$400.50
Dallas-Fort Worth-Arlington, TX	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$40.05
Dallas-Fort Worth-Arlington, TX	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$300.38
Dallas-Fort Worth-Arlington, TX	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$404.82
Dallas-Fort Worth-Arlington, TX	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$40.48
Dallas-Fort Worth-Arlington, TX	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$303.62
Dallas-Fort Worth-Arlington, TX	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$698.96

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$69.90
Dallas-Fort Worth-Arlington, TX	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$524.22
Dallas-Fort Worth-Arlington, TX	E2205	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS (INCLUDES ERGONOMIC OR CONTOURED), ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$29.00
Dallas-Fort Worth-Arlington, TX	E2205	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS (INCLUDES ERGONOMIC OR CONTOURED), ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$2.90
Dallas-Fort Worth-Arlington, TX	E2205	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS (INCLUDES ERGONOMIC OR CONTOURED), ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$21.75
Dallas-Fort Worth-Arlington, TX	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$34.95
Dallas-Fort Worth-Arlington, TX	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.50
Dallas-Fort Worth-Arlington, TX	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$26.21
Dallas-Fort Worth-Arlington, TX	E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	NU			\$37.95
Dallas-Fort Worth-Arlington, TX	E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	RR			\$3.80
Dallas-Fort Worth-Arlington, TX	E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	UE			\$28.46
Dallas-Fort Worth-Arlington, TX	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$80.90

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CBA Name	Code	HCPCS Code Description	Modifier 1	Wodifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$8.09
Dallas-Fort Worth-Arlington, TX	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$60.68
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Dallas-Fort Worth-Arlington, TX	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$78.30
Dallas-Fort Worth-Arlington, TX	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$7.83
Dallas-Fort Worth-Arlington, TX	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$58.73
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Dallas-Fort Worth-Arlington, TX	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$4.88
Dallas-Fort Worth-Arlington, TX	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.49
Dallas-Fort Worth-Arlington, TX	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.66
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	50044	MANUAL MUSEL CLAIR ACCESSED V. DIVELINATIO DECENTION DICTURE AND CITE FACILI				
Dallas-Fort Worth-Arlington, TX	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$29.89
Dallas-Fort Worth-Arlington, TX	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$2.99
Dallas-Fort Worth-Arlington, TX	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$22.42
Dollar Fort Worth Arlington TV	E2242	MANUAL WHEELCHAID ACCESSORY TURE FOR PARELIMATIC PROBLESION TIRE, ANY SIZE, FACILI	NILI			¢E 00
Dallas-Fort Worth-Arlington, TX	E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	INU			\$5.06

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
ODA Name	Jour	Tiol do dode Description	Woulder 1	Woulder 2	Wiodiller 5	OI A
Delles Foot Worth Adia stor. TV	F0040	MANUAL WHIEL CHAIR ACCESSORY THRE FOR PARLIMATIC PROPERTY CONTINE. ANY CITE FACILI	DD			00.54
Dallas-Fort Worth-Arlington, TX	E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	KK			\$0.51
Dallas-Fort Worth-Arlington, TX	E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$3.80
Dallas-Fort Worth-Arlington, TX	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$26.19
Dallas-Fort Worth-Arlington, TX	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.62
		MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE),				
Dallas-Fort Worth-Arlington, TX	E2213	ANY TYPE, ANY SIZE, EACH	UE			\$19.64
Dallas-Fort Worth-Arlington, TX	E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	NU			\$27.00
Dallas-Fort Worth-Arlington, TX	E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	RR			\$2.70
Dallas-Fort Worth-Arlington, TX	E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	UE			\$20.25
Dallas-Fort Worth-Arlington, TX	E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	NU			\$8.57
Dallas-Fort Worth-Arlington, TX	E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	RR			\$0.86
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Dallas-Fort Worth-Arlington, TX	E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	UE			\$6.43
Dallas-Fort Worth-Arlington, TX	E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	NU			\$32.00

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CBA Name	Code	HCPCS Code Description	Modifier 1	Wodifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	RR			\$3.20
Dallas-Fort Worth-Arlington, TX	E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	UE			\$24.00
Dallas-Fort Worth-Arlington, TX	E2220	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, EACH	NU			\$22.13
Dallas-Fort Worth-Arlington, TX	E2220	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, EACH	RR			\$2.21
Dallas-Fort Worth-Arlington, TX	E2220	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, EACH	UE			\$16.60
Dallas-Fort Worth-Arlington, TX	E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, EACH	NU			\$22.48
Dallas-Fort Worth-Arlington, TX	E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, EACH	RR			\$2.25
Dallas-Fort Worth-Arlington, TX	E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, EACH	UE			\$16.86
Dallas-Fort Worth-Arlington, TX	E2222	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH	NU			\$18.50
Dallas-Fort Worth-Arlington, TX	E2222	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH	RR			\$1.85
Dallas-Fort Worth-Arlington, TX	E2222	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH	UE			\$13.88
Dallas-Fort Worth-Arlington, TX	E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	NU			\$77.02

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CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	RR			\$7.70
Dallas-Fort Worth-Arlington, TX	E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	UE			\$57.77
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		MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT				
Dallas-Fort Worth-Arlington, TX	E2225	ONLY, EACH	NU			\$14.98
		MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT				
Dallas-Fort Worth-Arlington, TX	E2225	ONLY, EACH	RR			\$1.50
Dallas-Fort Worth-Arlington, TX	E2225	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$11.24
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Dallas-Fort Worth-Arlington, TX	E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$32.61
Dallas-Fort Worth-Arlington, TX	E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.26
Dallas-Fort Worth-Arlington, TX	E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$24.46
Dallas-Fort Worth-Arlington, TX	E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH	NU			\$854.78
Dallas-Fort Worth-Annigton, 1A	E2220	WANDAL WHEELCHAIR ACCESSORT, WHEEL BRAKING STSTEM AND LOCK, COMPLETE, EACH	INO			\$004.70
Dallas-Fort Worth-Arlington, TX	E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH	RR			\$85.48
Dallas-Fort Worth-Arlington, TX	E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH	UE			\$641.09
Dallas-Fort Worth-Arlington, TX	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$132.06
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CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$13.21
Dallas-Fort Worth-Arlington, TX	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$99.05
Dallas-Fort Worth-Arlington, TX	E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$159.16
Dallas-Fort Worth-Arlington, TX	E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$15.92
Dallas-Fort Worth-Arlington, TX	E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$119.37
Dallas-Fort Worth-Arlington, TX	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$102.19
Dallas-Fort Worth-Arlington, TX	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.22
Dallas-Fort Worth-Arlington, TX	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$76.64
Dallas-Fort Worth-Arlington, TX	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$132.00
Dallas-Fort Worth-Arlington, TX	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$13.20
Dallas-Fort Worth-Arlington, TX	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$99.00
Dallas-Fort Worth-Arlington, TX	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$71.42

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.14
Dallas-Fort Worth-Arlington, TX	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$53.57
Dallas-Fort Worth-Arlington, TX	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$169.88
Dallas-Fort Worth-Arlington, TX	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$16.99
Dallas-Fort Worth-Arlington, TX	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$127.41
Dallas-Fort Worth-Arlington, TX	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$362.15
Dallas-Fort Worth-Arlington, TX	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$36.22
Dallas-Fort Worth-Arlington, TX	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$271.61
Dallas-Fort Worth-Arlington, TX	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$315.12
Dallas-Fort Worth-Arlington, TX	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$31.51
Dallas-Fort Worth-Arlington, TX	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$236.34
Dallas-Fort Worth-Arlington, TX	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$523.14

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$52.31
Dallas-Fort Worth-Arlington, TX	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$392.36
Dallas-Fort Worth-Arlington, TX	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$120.00
Dallas-Fort Worth-Arlington, TX	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$12.00
Dallas-Fort Worth-Arlington, TX	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$90.00
Dallas-Fort Worth-Arlington, TX	E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	NU			\$594.75
Dallas-Fort Worth-Arlington, TX	E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	RR			\$59.48
Dallas-Fort Worth-Arlington, TX	E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	UE			\$446.06
Dallas-Fort Worth-Arlington, TX	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$52.89
Dallas-Fort Worth-Arlington, TX	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.29
Dallas-Fort Worth-Arlington, TX	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$39.67
Dallas-Fort Worth-Arlington, TX	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$104.88

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.49
Dallas-Fort Worth-Arlington, TX	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$78.66
Dallas-Fort Worth-Arlington, TX	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$56.18
Dallas-Fort Worth-Arlington, TX	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.62
Dallas-Fort Worth-Arlington, TX	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$42.14
Dallas-Fort Worth-Arlington, TX	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$95.95
Dallas-Fort Worth-Arlington, TX	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$9.60
Dallas-Fort Worth-Arlington, TX	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$71.96
Dallas-Fort Worth-Arlington, TX	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$45.13
Dallas-Fort Worth-Arlington, TX	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.51
Dallas-Fort Worth-Arlington, TX	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$33.85
Dallas-Fort Worth-Arlington, TX	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$14.90

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.49
Dallas-Fort Worth-Arlington, TX	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$11.18
Dallas-Fort Worth-Arlington, TX	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$35.80
Dallas-Fort Worth-Arlington, TX	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.58
Dallas-Fort Worth-Arlington, TX	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$26.85
Dallas-Fort Worth-Arlington, TX	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$54.00
Dallas-Fort Worth-Arlington, TX	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.40
Dallas-Fort Worth-Arlington, TX	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$40.50
Dallas-Fort Worth-Arlington, TX	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$39.05
Dallas-Fort Worth-Arlington, TX	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.91
Dallas-Fort Worth-Arlington, TX	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$29.29
Dallas-Fort Worth-Arlington, TX	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$39.62

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.96
Dallas-Fort Worth-Arlington, TX	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$29.72
Dallas-Fort Worth-Arlington, TX	E2397	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH	NU			\$397.85
Dallas-Fort Worth-Arlington, TX	E2397	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH	RR			\$39.79
Dallas-Fort Worth-Arlington, TX	E2397	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH	UE			\$298.39
Dallas-Fort Worth-Arlington, TX	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$41.00
Dallas-Fort Worth-Arlington, TX	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$4.10
Dallas-1 of two tin-Annington, 17	L2001	GENERAL OSE WHELECHAIR SEAT COSHION, WIDTH ELSS THAN 22 INGHES, ANT DET TH	IXIX			\$4.10
Dallas-Fort Worth-Arlington, TX	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$30.75
Dallas-Fort Worth-Arlington, TX	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$79.00
Dallas-Fort Worth-Arlington, TX	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$7.90
Dallas-Fort Worth-Arlington, TX	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$59.25
Dallas-Fort Worth-Arlington, TX	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$100.70

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
CDA Name	Code	nores code Description	Widdiller	Wiodiner 2	Wiodiller 3	SFA
Dallas-Fort Worth-Arlington, TX	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$10.07
Dallas-Fort Worth-Arlington, TX	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$75.53
Dollar Fort Worth Arlington TV	E2604	CVINI DEOTECTION WHEEL CHAID SEAT CHOUGH, WIDTH 22 INCHES OF CREATER, ANY DEDTH	NU			\$134.00
Dallas-Fort Worth-Arlington, TX	E2004	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	INO			\$134.00
Dallas-Fort Worth-Arlington, TX	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$13.40
Dallas-Fort Worth-Arlington, TX	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$100.50
Dallas-Fort Worth-Arlington, TX	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$186.90
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Dallas-Fort Worth-Arlington, TX	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$18.69
Dallas-Fort Worth-Arlington, TX	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$140.18
Dallas-Fort Worth-Arlington, TX	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$291.58
Dallas-Fort Worth-Arlington, TX	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$29.16
Dallas-Fort Worth-Anington, TA	E2000	POSITIONING WHEELCHAIR SEAT COSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	KK			\$29.10
Dallas-Fort Worth-Arlington, TX	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$218.69
		CVIN PROTECTION AND POSITIONING WHEEL CHAIR SEAT CUSHION WIRTH LESS THAN 22				
Dallas-Fort Worth-Arlington, TX	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$189.06

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CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$18.91
Dallas-Fort Worth-Arlington, TX	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$141.80
Dallas-Fort Worth-Arlington, TX	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$240.86
Dallas-Fort Worth-Arlington, TX	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$24.09
Dallas-Fort Worth-Arlington, TX	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$180.65
Dallas-Fort Worth-Arlington, TX	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$195.48
Dallas-Fort Worth-Arlington, TX	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$19.55
Dallas-Fort Worth-Arlington, TX	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$146.61
Dallas-Fort Worth-Arlington, TX	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$291.86
Dallas-Fort Worth-Arlington, TX	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$29.19
Dallas-Fort Worth-Arlington, TX	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$218.90
Dallas-Fort Worth-Arlington, TX	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$285.00

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CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$28.50
Dallas-Fort Worth-Arlington, TX	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$213.75
Dallas-Fort Worth-Arlington, TX	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$383.36
Dallas-Fort Worth-Arlington, TX	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.34
Dallas-Fort Worth-Arlington, TX	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$287.52
Dallas-Fort Worth-Arlington, TX	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$318.62
Dallas-Fort Worth-Arlington, TX	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$31.86
Dallas-Fort Worth-Arlington, TX	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$238.97
Dallas-Fort Worth-Arlington, TX	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$440.22
Dallas-Fort Worth-Arlington, TX	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$44.02
Dallas-Fort Worth-Arlington, TX	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$330.17
Dallas-Fort Worth-Arlington, TX	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$374.54

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$37.45
Dallas-Fort Worth-Arlington, TX	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$280.91
Dallas-Fort Worth-Arlington, TX	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$417.00
Dallas-Fort Worth-Arlington, TX	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$41.70
Dallas-Fort Worth-Arlington, TX	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$312.75
Dallas-Fort Worth-Arlington, TX	E2626	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE	NU			\$504.00
Dallas-Fort Worth-Arlington, TX	E2626	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE	RR			\$50.40
Dallas-Fort Worth-Arlington, TX	E2626	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE	UE			\$378.00
Dallas-Fort Worth-Arlington, TX	E2627	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE RANCHO TYPE	NU			\$900.44
Dallas-Fort Worth-Arlington, TX	E2627	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE RANCHO TYPE	RR			\$90.04
Dallas-Fort Worth-Arlington, TX	E2627	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE RANCHO TYPE	UE			\$675.33
Dallas-Fort Worth-Arlington, TX	E2628	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, RECLINING	NU			\$612.96

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CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	E2628	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, RECLINING	RR			\$61.30
Dallas-Fort Worth-Arlington, TX	E2628	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, RECLINING	UE			\$459.72
Dallas-Fort Worth-Arlington, TX	E2629	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT (FRICTION DAMPENING TO PROXIMAL AND DISTAL JOINTS)	NU			\$805.06
Dallas-Fort Worth-Arlington, TX	E2629	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT (FRICTION DAMPENING TO PROXIMAL AND DISTAL JOINTS)	RR			\$80.51
Dallas-Fort Worth-Arlington, TX	E2629	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT (FRICTION DAMPENING TO PROXIMAL AND DISTAL JOINTS)	UE			\$603.80
Dallas-Fort Worth-Arlington, TX	E2630	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE SUSPENSION SUPPORT	NU			\$585.13
Dallas-Fort Worth-Arlington, TX	E2630	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE SUSPENSION SUPPORT	RR			\$58.51
Dallas-Fort Worth-Arlington, TX	E2630	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE SUSPENSION SUPPORT	UE			\$438.85
Dallas-Fort Worth-Arlington, TX	E2631	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM	NU			\$238.45
Dallas-Fort Worth-Arlington, TX	E2631	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM	RR			\$23.85
Dallas-Fort Worth-Arlington, TX	E2631	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM	UE			\$178.84
Dallas-Fort Worth-Arlington, TX	E2632	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER ARM WITH ELASTIC BALANCE CONTROL	NU			\$151.00

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CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
		WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER				
Dallas-Fort Worth-Arlington, TX	E2632	ARM WITH ELASTIC BALANCE CONTROL	RR			\$15.10
		WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER				
Dallas-Fort Worth-Arlington, TX	E2632	ARM WITH ELASTIC BALANCE CONTROL	UE			\$113.25
Dallas-Fort Worth-Arlington, TX	E2633	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	NU			\$129.92
Dallas Fort Worth Arlington TV	F2622	WHEEL CHAID ACCESSORY ADDITION TO MODILE ADMISHDDODT, SHDIMATOR	DD			640.00
Dallas-Fort Worth-Arlington, TX	E2633	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	RR			\$12.99
Dallas-Fort Worth-Arlington, TX	E2633	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	UE			\$97.44
Dande Fort Welth All Higgs II, 170	22000	WHEELER WHICH COLORED TO THE HIGHER PARTY ON THE WHITE TO	02			ψοπιτ
Dallas-Fort Worth-Arlington, TX	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$126.17
Dallas-Fort Worth-Arlington, TX	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$12.62
Dallas-Fort Worth-Arlington, TX	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$94.63
Dallas-Fort Worth-Arlington, TX	K0019	ARM PAD, EACH	NU			\$11.42
Dallas-1 of Worth-Amington, 17	10019	ANNIT AD, LAOT	INO			Φ11.42
Dallas-Fort Worth-Arlington, TX	K0019	ARM PAD, EACH	RR			\$1.14
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Dallas-Fort Worth-Arlington, TX	K0019	ARM PAD, EACH	UE			\$8.57
Dallas-Fort Worth-Arlington, TX	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$51.85

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
ODA Name	Ooue	nor do dode Description	Modifier	Wiodiller 2	Woulder 5	OI A
Dallas-Fort Worth-Arlington, TX	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.19
Dallas-Fort Worth-Arlington, TX	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$38.89
Dalla - Fant Wanth Adding the cart	1/0050	CIMINO AWAY DETACHARI E FOOTBESTS FACIL	NU I			* 67.70
Dallas-Fort Worth-Arlington, TX	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$67.70
Dallas-Fort Worth-Arlington, TX	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$6.77
Dallas-Fort Worth-Arlington, TX	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$50.78
Dallag Fort Worth Arlington TV	K00E3	ELEVATING FOOTBESTS, ARTICULATING (TELESCOPING), FACIL	NII I			¢75.00
Dallas-Fort Worth-Arlington, TX	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$75.00
Dallas-Fort Worth-Arlington, TX	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$7.50
Dallas-Fort Worth-Arlington, TX	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$56.25
Dallas-Fort Worth-Arlington, TX	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$81.86
Dallas-i of Worth-Amington, 17	10000	EIGHWEIGHT, ON GETTALIGHT WHILE EGHAIN	INO			φ01.00
		SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH,				
Dallas-Fort Worth-Arlington, TX	K0056	LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.19
		CEAT HEIGHT LEGG THAN 47% OR FOLIAL TO OR OR STATES THAN 64% FOR A LUCUL STRENGTH				
Dallas-Fort Worth-Arlington, TX	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$61.40
Dallas-Fort Worth-Arlington, TX	K0065	SPOKE PROTECTORS, EACH	NU			\$39.38
Danas Tore Worth-Allington, TA	110000	OF ONE FROM LAGIT	110			φυσ.υσ

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CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	K0065	SPOKE PROTECTORS, EACH	RR			\$3.94
Dallas-Fort Worth-Arlington, TX	K0065	SPOKE PROTECTORS, EACH	UE			\$29.54
Danas Fort Worth Annigton, TX	110000	or one into testono, enorm	OL .			Ψ25.54
Dallas-Fort Worth-Arlington, TX	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$85.87
Dallas-Fort Worth-Arlington, TX	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$8.59
Dallas-Fort Worth-Arlington, TX	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$64.40
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Dellas Fort Morth Arlington TV	K0070	DEAD WHITE ACCEMBLY COMPLETE WITH DNELIMATIC TIPE CROVES OF MOLDED FACIL	NII I			#450.00
Dallas-Fort Worth-Arlington, TX	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$153.36
Dallas-Fort Worth-Arlington, TX	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.34
Dallas-Fort Worth-Arlington, TX	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$115.02
Dallas-Fort Worth-Arlington, TX	K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH	NU			\$93.88
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Dallas-Fort Worth-Arlington, TX	K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH	RR			\$9.39
Dallas-Fort Worth-Arlington, TX	K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH	UE			\$70.41
Dallas-Fort Worth-Arlington, TX	K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH	NU			\$59.46

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
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Dallas-Fort Worth-Arlington, TX	K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH	RR			\$5.95
Dallas-Fort Worth-Arlington, TX	K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH	UE			\$44.60
	140070	CACTED DIVI CON FACIL	.			400.05
Dallas-Fort Worth-Arlington, TX	K0073	CASTER PIN LOCK,EACH	NU			\$29.35
Dallas-Fort Worth-Arlington, TX	K0073	CASTER PIN LOCK,EACH	RR			\$2.94
Dallas-Fort Worth-Arlington, TX	K0073	CASTER PIN LOCK,EACH	UE			\$22.01
Dallas-Fort Worth-Arlington, TX	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$49.50
Dallas-i of Worth-Amington, 17	ROOTT	TRONT GASTER ASSEMBLT, COMPLETE, WITH SOLID TIRE, EACH	NO			\$49.50
Dallas-Fort Worth-Arlington, TX	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$4.95
Dallas-Fort Worth-Arlington, TX	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$37.13
Dallas-Fort Worth-Arlington, TX	K0098	DRIVE BELT FOR POWER WHEELCHAIR	NU			\$20.11
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Dallas-Fort Worth-Arlington, TX	K0098	DRIVE BELT FOR POWER WHEELCHAIR	RR			\$2.01
Dallas-Fort Worth-Arlington, TX	K0098	DRIVE BELT FOR POWER WHEELCHAIR	UE			\$15.08
Dallas-Fort Worth-Arlington, TX	K0105	IV HANGER, EACH	NU			\$85.22
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	\$8.52
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	\$63.92
	\$12.84
	\$22.94
	\$2.29
	\$17.21
	\$46.05
	\$4.61
	\$34.54
	\$48.98
	\$4.90
	\$36.74
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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
ODA Name	Ooue	nor do doue Description	Wodiner 1	Modifier 2	Wiodiller 5	OI A
Dallas-Fort Worth-Arlington, TX	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$273.60
Dallas-Fort Worth-Arlington, TX	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$27.36
Dallas-Fort Worth-Arlington, TX	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$205.20
Danas-Fort Worth-Amington, TX	20140	WALKER, WITH TRONK GOLF ORT, ADDOGRADLE ORT IXED HEIGHT, ANT THE	OL .			Ψ203.20
Dallas-Fort Worth-Arlington, TX	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$73.30
Dallas-Fort Worth-Arlington, TX	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$7.33
Dallas-Fort Worth-Arlington, TX	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$54.98
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Dallas-Fort Worth-Arlington, TX	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$60.00
Dallas-Fort Worth-Arlington, TX	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.00
Dallas-Fort Worth-Arlington, TX	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$45.00
Dellas Fout Wouth Arlington TV	E04.47	WALKED HEAVY DUTY MULTIPLE BRAKING SYSTEM VARIABLE WHEEL DECISTANCE	NU			£20C 00
Dallas-Fort Worth-Arlington, TX	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	INU			\$396.00
Dallas-Fort Worth-Arlington, TX	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$39.60
Dallas-Fort Worth-Arlington, TX	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$297.00

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$85.00
Dallas-Fort Worth-Arlington, TX	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$8.50
Dallas-Fort Worth-Arlington, TX	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$63.75
Dallas-Fort Worth-Arlington, TX	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$133.70
Danas Fort Worth Annington, TX	20140	WALKER, HEAVE BOTT, WHEELEB, RIGID SIXT GEBING, AWITTIE	NO NO			ψ133.70
Dallas-Fort Worth-Arlington, TX	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$13.37
Dallas-Fort Worth-Arlington, TX	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$100.28
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Dallas-Fort Worth-Arlington, TX	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$46.19
Dallas-Fort Worth-Arlington, TX	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.62
Dallas-Fort Worth-Arlington, TX	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$34.64
Dallas-1 of Worth-Amington, 17	20104	TEATTONWIATTAGTIWENT, WALNER, LAGIT	OL .			φ34.04
Dallas-Fort Worth-Arlington, TX	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$20.06
Dallas-Fort Worth-Arlington, TX	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$2.01
Dallas-Fort Worth-Arlington, TX	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$15.05

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
ODA Name	Code	noi co code Description	Modifier	Wiodiffer 2	WIOGINET 3	JI A
Dallas-Fort Worth-Arlington, TX	E0156	SEAT ATTACHMENT, WALKER	NU			\$15.00
Dallas-Fort Worth-Arlington, TX	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.50
Dallas-Fort Worth-Arlington, TX	E0156	SEAT ATTACHMENT, WALKER	UE			\$11.25
Dallas-i of Worth-Allington, 17	L0130	SEAT AT TACHWENT, WALKER	OL .			\$11.25
Dallas-Fort Worth-Arlington, TX	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$50.00
Dallas-Fort Worth-Arlington, TX	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$5.00
Dallas-Fort Worth-Arlington, TX	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$37.50
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Dallas-Fort Worth-Arlington, TX	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$19.90
Dallas-Fort Worth-Arlington, TX	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.99
Dallas-Fort Worth-Arlington, TX	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$14.93
Dellas Fort Worth Addition TV	E0450	DRAVE ATTACHMENT FOR WHEELER WALKER, REDUACEMENT, FACU	NUL			640.40
Dallas-Fort Worth-Arlington, TX	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$13.12
Dallas-Fort Worth-Arlington, TX	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.31
Dallas-Fort Worth-Arlington, TX	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.84

		Standard Medinity Equipment and Related Accesseries				
CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Kansas City, MO-KS	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$42.54
Kansas City, MO-KS	E1037	TRANSPORT CHAIR, PEDIATRIC SIZE	RR			\$88.43
Kansas City, MO-KS	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$14.99
Kansas City, MO-KS	E1039	TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY GREATER THAN 300 POUNDS	RR			\$30.64
Kansas City, MO-KS	K0001	STANDARD WHEELCHAIR	RR			\$32.98
Kansas City, MO-KS	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$51.12
Kansas City, MO-KS	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$52.77
Kansas City, MO-KS	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$68.50
Kansas City, MO-KS	K0006	HEAVY DUTY WHEELCHAIR	RR			\$72.10
Kansas City, MO-KS	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$102.10
Kansas City, MO-KS	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$822.90
Kansas City, MO-KS	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$82.29

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
CDA Name	Code	nores code Description	WIOGITIET	Wiodillel 2	Wiodiller 3	SFA
Kansas City, MO-KS	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$617.18
Kansas City, MO-KS	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,480.76
Kansas City, MO-KS	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$148.08
Kansas City, MO-KS	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,110.57
Kansas City, MO-KS	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,818.40
Kansas City, MO-KS	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$181.84
Kansas City, MO-KS	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,363.80
Kansas City, MO-KS	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$269.15
Kansas City, MO-KS	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$309.23
Kansas City, MO-KS	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$371.66
Kansas City, MO-KS	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$348.09
Kansas City, MO-KS	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$285.78

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Kansas City, MO-KS	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$351.89
Kansas City, MO-KS	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$340.16
Kansas City, MO-KS	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$314.25
Kansas City, MO-KS	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$487.36
Kansas City, MO-KS	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$399.36
Kansas City, MO-KS	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$693.18
Kansas City, MO-KS	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$571.51
Kansas City, MO-KS	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$742.29
Kansas City, MO-KS	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$731.20
Kansas City, MO-KS	E0705	TRANSFER DEVICE, ANY TYPE, EACH	NU			\$45.25
Kansas City, MO-KS	E0705	TRANSFER DEVICE, ANY TYPE, EACH	RR			\$4.53
Kansas City, MO-KS	E0705	TRANSFER DEVICE, ANY TYPE, EACH	UE			\$33.94

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
K Oit: MO KO	F0050	WHEEL CHAID ACCESSORY TRAY FACIL	NII I			400.00
Kansas City, MO-KS	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$69.92
Kansas City, MO-KS	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$6.99
Kansas City, MO-KS	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$52.44
Kansas City, MO-KS	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$13.00
randa oity, wo ro	20001	TIELE LOOI / HOLDER, / MATTER WITHOUT / MAKEE OTTOM , EXOTT	ino in			Ψ13.00
Kansas City, MO-KS	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.30
	E0054	HEEL LOOP WALLES AND TYPE WITH OR WITHOUT AND FACE				
Kansas City, MO-KS	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$9.75
		WHEEL CHAID ACCESSORY HEADDEST CHOURNED ANY TYPE INCHIDING FIVED MOUNTING				
Kansas City, MO-KS	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$148.87
		WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING				
Kansas City, MO-KS	E0955	HARDWARE, EACH	RR			\$14.89
Kansas City, MO-KS	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$111.65
raneac chy, me re	20000					\$111100
		WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED				
Kansas City, MO-KS	E0956	MOUNTING HARDWARE, EACH	NU			\$74.50
Kanaga City, MO KS	E0050	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED	DD			67.45
Kansas City, MO-KS	E0956	MOUNTING HARDWARE, EACH	RR			\$7.45
		WHEEL CHAID ACCESSORY LATERAL TRUNK OR HID SUPPORT ANY TYPE INCLUDING SIVER				
Kansas City, MO-KS	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$55.88

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CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	woarrier 3	SPA
		WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING				
Kansas City, MO-KS	E0957	HARDWARE, EACH	NU			\$106.58
		WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING				
Kansas City, MO-KS	E0957	HARDWARE, EACH	RR			\$10.66
		WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING				
Kansas City, MO-KS	E0957	HARDWARE, EACH	UE			\$79.94
Kansas City, MO-KS	E0958	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH	RR			\$40.42
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Kansas City, MO-KS	E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	NU			\$39.97
rtanisas sily, ins its	2000					400.01
Kansas City, MO-KS	E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	RR			\$4.00
ransas ony, wo-ro	L0333	WANDAL WILLEGIAM AGGLGGORT, ADAI TERT OR ANII OTEE, EAGIT	IXIX			φ 4 .00
Kanaga City, MO KS	E0050	MANUAL WHITELCHAID ACCESSORY ADAPTED FOR AMPLITEE FACIL	UE			£20.00
Kansas City, MO-KS	E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	UE			\$29.98
14 04 140	50000	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY				
Kansas City, MO-KS	E0960	TYPE MOUNTING HARDWARE	NU			\$70.95
		WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY				
Kansas City, MO-KS	E0960	TYPE MOUNTING HARDWARE	RR			\$7.10
		WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY				
Kansas City, MO-KS	E0960	TYPE MOUNTING HARDWARE	UE			\$53.21
Kansas City, MO-KS	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$18.11
Kansas City, MO-KS	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.81
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	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Kansas City, MO-KS	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$13.58
Kansas City, MO-KS	E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	NU			\$61.34
railsas City, MO-ros	E0900	WANDAL WHEELCHAIR ACCESSORT, FIEADREST EXTENSION, EACH	NO			φ01.34
Kansas City, MO-KS	E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	RR			\$6.13
Kansas City, MO-KS	E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	UE			\$46.01
Kansas City, MO-KS	E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	NU			\$59.25
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Karrana Oita MO KO	F0007	MANUAL WILLEL CHAIR ACCESSORY HAND BIM WITH PROJECTIONS, ANY TYPE, EACH	DD			45.00
Kansas City, MO-KS	E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	RR			\$5.93
Kansas City, MO-KS	E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	UE			\$44.44
Kansas City, MO-KS	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$32.82
Kansas City, MO-KS	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.28
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V 0': M0 V0	50074	MANUAL WILES SUAD ASSESSED AND EIGENVA DE VICE EAST				***
Kansas City, MO-KS	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$24.62
		WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE				
Kansas City, MO-KS	E0973	ASSEMBLY, EACH	NU			\$66.08
		WHEEL SHALD ASSESSED VAR HISTARI E HEIGHT DETACHED E ASSESTED ESTACHARIA				
Kansas City, MO-KS	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$6.61

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Kansas City, MO-KS	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$49.56
Kansas City, MO-KS	E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	NU			\$67.38
Kansas City, MO-KS	E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	RR			\$6.74
Kansas City, MO-KS	E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	UE			\$50.54
Kansas City, MO-KS	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$23.25
Kansas City, MO-KS	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.33
Kansas City, MO-KS	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$17.44
Kansas City, MO-KS	E0985	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	NU			\$191.80
Kansas City, MO-KS	E0985	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	RR			\$19.18
Kansas City, MO-KS	E0985	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	UE			\$143.85
Kansas City, MO-KS	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$75.39
Kansas City, MO-KS	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$7.54

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
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Kansas City, MO-KS	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$56.54
Kansas City, MO-KS	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$81.64
Kanasa City MO KC	F0002	MANUAL WULFFLOUAID ACCESSORY, SOUD SEAT INSERT	DD			69.46
Kansas City, MO-KS	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$8.16
Kansas City, MO-KS	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$61.23
Kansas City, MO-KS	E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	NU			\$112.50
Kansas City, MO-KS	E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	RR			\$11.25
ransas ony, wo-res	L1013	GROCK ADSORBERT OR MANUAL WHELECHAIR, EACH	IXIX			\$11.23
Kansas City, MO-KS	E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	UE			\$84.38
Kansas City, MO-KS	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$100.30
Kansas City, MO-KS	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$10.03
Kansas City, MO-KS	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$75.23
Kansas City, MO-KS	E1020	DESIDIAL LIMB SLIPDOPT SYSTEM FOR WHEEL CHAID ANY TYPE	NU			\$179.52
Nations City, IVIO-NO	E 1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	INU			\$179.5Z
Kansas City, MO-KS	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$17.95

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Kansas City, MO-KS	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$134.64
Kansas City, MO-KS	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$137.74
Kansas City, MO-KS	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$13.77
Kansas City, MO-KS	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$103.31
Kansas City, MO-KS	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$40.13
Kansas City, MO-KS	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$372.25
Kansas City, MO-KS	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$37.23
Kansas City, MO-KS	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$279.19
Kansas City, MO-KS	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$309.30
Kansas City, MO-KS	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$30.93
Kansas City, MO-KS	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$231.98
Kansas City, MO-KS	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$395.62

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
CDA Name	Coue	noi do dode Description	Wiodiller	Wiodiller 2	Wiodiller 5	JI A
Kansas City, MO-KS	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$39.56
Kansas City, MO-KS	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$296.72
Kansas City, MO-KS	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$411.65
Kansas City, MO-KS	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$41.17
Kansas City, MO-KS	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$308.74
Kansas City, MO-KS	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$698.96
Kansas City, MO-KS	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$69.90
Kansas City, MO-KS	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$524.22
Kansas City, MO-KS	E2205	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS (INCLUDES ERGONOMIC OR CONTOURED), ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$29.25
Kansas City, MO-KS	E2205	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS (INCLUDES ERGONOMIC OR CONTOURED), ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$2.93
Kansas City, MO-KS	E2205	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS (INCLUDES ERGONOMIC OR CONTOURED), ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$21.94
Kansas City, MO-KS	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$34.66

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
02/1144		Too oo				0.7.
Kansas City, MO-KS	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.47
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Kansas City, MO-KS	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$26.00
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Kansas City, MO-KS	E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	NU			\$36.94
Kansas City, MO-KS	E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	RR			\$3.69
Kansas City, MO-KS	E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	UE			\$27.71
Kansas City, MO-KS	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$82.75
Kansas City, MO-KS	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$8.28
Kansas City, MO-KS	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$62.06
Kanasa City MO KS	F2200	ACCESSORY ARM TROUGH, WITH OR WITHOUT HAARD SHIPPORT, EACH	NILL			\$70.70
Kansas City, MO-KS	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$78.78
Kansas City, MO-KS	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$7.88
,,		, , , , , , , , , , , , , , , , , , , ,				71100
Kansas City, MO-KS	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$59.09
Kansas City, MO-KS	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.00

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Kansas City, MO-KS	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.50
Kansas City, MO-KS	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.75
Kansas City, MO-KS	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$34.58
Kansas City, MO-KS	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.46
Kansas City, MO-KS	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$25.94
Kansas City, MO-KS	E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$5.98
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Kansas City, MO-KS	E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$0.60
Kansas City, MO-KS	E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$4.49
Kansas City, MO-KS	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$27.33
Kansas City, MO-KS	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.73
Kansas City, MO-KS	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$20.50
Kansas City, MO-KS	E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	NU			\$31.72

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
14 O' NO 140	50044	ANNUAL MULTIL CLIAIR ACCESSORY DISTRIBUTED CASTER TIPE ANNUAL FACIL	20			
Kansas City, MO-KS	E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	RR			\$3.17
Kansas City, MO-KS	E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	UE			\$23.79
Kansas City, MO-KS	E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	NU			\$9.50
Kansas City, MO-KS	E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	RR			\$0.95
,, i						73.33
Kansas City, MO-KS	E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	UE			\$7.13
Kansas City, MO-KS	E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	NU			\$38.60
Ransas City, MO-RS	LZZIS	WINDAL WHELECHAIR ACCESSORY, FOAW CASTER TIRE, ART SIZE, LACIT	NO			\$30.00
Kansas City, MO-KS	E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	RR			\$3.86
1/ 0" NO 1/0	E0040	MANUAL WILEST CHAIR ACCESSORY FORM CACTER TIPE, ANN 0175, EACH	e			* 22.25
Kansas City, MO-KS	E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	UE			\$28.95
		MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE,				
Kansas City, MO-KS	E2220	EACH	NU			\$26.39
		MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE,				
Kansas City, MO-KS	E2220	EACH	RR			\$2.64
Kansas City, MO-KS	E2220	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, EACH	UE			\$19.79
		MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY				
Kansas City, MO-KS	E2221	SIZE, EACH	NU			\$23.70

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Kansas City, MO-KS	E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, EACH	RR			\$2.37
Kansas City, MO-KS	E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, EACH	UE			\$17.78
Kansas City, MO-KS	E2222	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH	NU			\$19.25
Kansas City, MO-KS	E2222	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH	RR			\$1.93
Kansas City, MO-KS	E2222	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH	UE			\$14.44
Kansas City, MO-KS	E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	NU			\$87.26
Kansas City, MO-KS	E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	RR			\$8.73
Kansas City, MO-KS	E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	UE			\$65.45
Kansas City, MO-KS	E2225	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$16.50
Kansas City, MO-KS	E2225	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.65
Kansas City, MO-KS	E2225	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$12.38
Kansas City, MO-KS	E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$32.61

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Kansas City, MO-KS	E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.26
Kansas City, MO-KS	E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$24.46
Kansas City, MO-KS	E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH	NU			\$902.54
Kansas City, MO-KS	E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH	RR			\$90.25
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Kansas City, MO-KS	E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH	UE			\$676.91
Kansas City, MO-KS	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$132.06
realisas oity, WO-RO	LZZJI	INCLUDED ANT THE MOONTING HANDWARE	NO			\$132.00
Kansas City, MO-KS	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$13.21
V 0" MO VO	50004	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT),	lue.			400.05
Kansas City, MO-KS	E2231	INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$99.05
Kansas City, MO-KS	E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$156.66
Kansas City, MO-KS	E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$15.67
Kansas City, MO-KS	E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$117.50
Kansas City, MO-KS	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$102.21

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Kansas City, MO-KS	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.22
Kansas City, MO-KS	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$76.66
Kansas City, MO-KS	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$134.89
Kansas City, MO-KS	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$13.49
Kansas City, MO-KS	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$101.17
Kansas City, MO-KS	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$74.00
Kansas City, MO-KS	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.40
Kansas City, MO-KS	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$55.50
Kansas City, MO-KS	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$170.11
Kansas City, MO-KS	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$17.01
Kansas City, MO-KS	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$127.58
Kansas City, MO-KS	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$383.80

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Kansas City, MO-KS	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$38.38
Kansas City, MO-KS	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$287.85
Railsas City, MO-RS	E2300	FOWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	OE .			\$207.03
Kansas City, MO-KS	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$337.68
Kansas City, MO-KS	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$33.77
Kansas City, MO-KS	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$253.26
rtarisas oity, ivio-rto	L2303	TOWER WHELEONAIR GOINI GNENT, BRIVE WHELE GLAR BOX, RET LAGEMENT GNET	OL			Ψ233.20
		POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX				
Kansas City, MO-KS	E2370	COMBINATION, REPLACEMENT ONLY	NU			\$516.42
		POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX				
Kansas City, MO-KS	E2370	COMBINATION, REPLACEMENT ONLY	RR			\$51.64
Kansas City, MO-KS	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$387.32
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		POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL,				
Kansas City, MO-KS	E2371	ABSORBED GLASSMAT), EACH	NU			\$119.76
Kanana Oita MO KO	E0074	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL,	DD			644.00
Kansas City, MO-KS	E2371	ABSORBED GLASSMAT), EACH	RR			\$11.98
		DOWED WHEEL CHAIR ACCESSORY CROLID 27 SEALED LEAD ACID BATTERY (E. C. CEL CELL				
Kansas City, MO-KS	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$89.82
		POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED				
Kansas City, MO-KS	E2375	ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	NU			\$634.40

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CBA Name	Code	HCPCS Code Description	Modifier 1	Wodiffer 2	Modifier 3	SPA
		POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED				
Kansas City, MO-KS	E2375	ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	RR			\$63.44
		POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED				
Kansas City, MO-KS	E2375	ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	UE			\$475.80
		POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT				
Kansas City, MO-KS	E2381	ONLY, EACH	NU			\$53.74
		POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT				
Kansas City, MO-KS	E2381	ONLY, EACH	RR			\$5.37
		POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT				
Kansas City, MO-KS	E2381	ONLY, EACH	UE			\$40.31
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		POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE),				
Kansas City, MO-KS	E2383	ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$104.02
		POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE),				
Kansas City, MO-KS	E2383	ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.40
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		DOWED WHEEL CHAIR ACCESSORY INSERT FOR DNELIMATIC DRIVE WHEEL TIRE (DEMOVARIES)				
Kansas City, MO-KS	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$78.02
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		DOWED WHEEL CHAIR ACCESCODY PREHMATIC CACTER TIPE, ANY CIZE, REDI ACEMENT ONLY				
Kansas City, MO-KS	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$59.45
		DOWED WHEEL CHAIR ACCESCORY PRICHMATIC CACTER TIPE, ANY CIZE DEDI ACCMENT ONLY				
Kansas City, MO-KS	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.95
,,						73.30
		DOWED WHEEL OHAD ACCESSORY DISCHMATIC CASTED TIDE, ANY SIZE DEDI ACCESSIZE CANNOT				
Kansas City, MO-KS	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$44.59
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		DOWED WHEEL CHAIR ACCESCORY FORMENTED DRIVE WHEEL TIDE ANY OLZE DERI ACCAMENT				
Kansas City, MO-KS	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$99.46
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CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
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		POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT				
Kansas City, MO-KS	E2386	ONLY, EACH	RR			\$9.95
		POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT				
Kansas City, MO-KS	E2386	ONLY, EACH	UE			\$74.60
Kansas City, MO-KS	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$45.14
randa diy, we no	22007		110			ψ10111
		POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT				
Kansas City, MO-KS	E2387	ONLY, EACH	RR			\$4.51
		POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT				
Kansas City, MO-KS	E2387	ONLY, EACH	UE			\$33.86
Kansas City, MO-KS	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$15.19
Railsas City, MO-RS	E2391	SIZE, REFLACEMENT ONLT, EACH	INO			\$15.19
		DOWED WHEEL CHAIR ACCESSORY SOLID (BLIRDED/DLASTIC) CASTER TIRE (REMOVARIE) ANY				
Kansas City, MO-KS	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.52
		POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY				
Kansas City, MO-KS	E2391	SIZE, REPLACEMENT ONLY, EACH	UE			\$11.39
Kanaga City, MO KS	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED	NU			¢20.70
Kansas City, MO-KS	E2392	WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	INO			\$39.70
		DOWED WHEEL CHAIR ACCESSORY, SOLID (DURDED/DLASTIC) CASTER TIRE WITH INTEGRATED				
Kansas City, MO-KS	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.97
		POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED				
Kansas City, MO-KS	E2392	WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$29.78
Kanaga City, MO KS	F2204	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT	NII I			650.00
Kansas City, MO-KS	E2394	ONLY, EACH	NU			\$56.92

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CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Kansas City, MO-KS	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.69
Kansas City, MO-KS	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$42.69
Kansas City, MO-KS	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$40.03
Kansas City, MO-KS	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.00
Kansas City, MO-KS	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$30.02
Kansas City, MO-KS	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$47.80
Kansas City, MO-KS	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.78
Kansas City, MO-KS	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$35.85
Kansas City, MO-KS	E2397	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH	NU			\$405.00
Kansas City, MO-KS	E2397	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH	RR			\$40.50
Kansas City, MO-KS	E2397	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH	UE			\$303.75
Kansas City, MO-KS	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$41.03

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
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Kansas City, MO-KS	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$4.10
Kansas City, MO-KS	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$30.77
Kansas City, MO-KS	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$80.91
ransas ony, wo-ro	E2002	GENERAL USE WHEELCHAIR SEAT COSTION, WIDTH 22 INCHES ON GREATER, ANT DEF ITI	NO			φου.31
Kansas City, MO-KS	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.09
Kansas City, MO-KS	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$60.68
Kansas City, MO-KS	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$107.90
Karaaa Cita MO KO	F0000	CIVIN PROTECTION WHEEL CHAIR OF AT CHOUSEN WIDTH LEGG THAN 90 INCHES. ANY DERTH	DD			640.70
Kansas City, MO-KS	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$10.79
Kansas City, MO-KS	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$80.93
Kansas City, MO-KS	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$141.77
Kansas City, MO-KS	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$14.18
Kansas City, MO-KS	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$106.33
Kansas City, MO-KS	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$202.08

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
		The second secon				
Kansas City, MO-KS	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$20.21
Kansas City, MO-KS	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$151.56
Kansas City, MO-KS	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$307.28
Kanaga City MO KS	E2606	DOCITIONING WHITELCHAID CEAT CHICKION WIDTH 22 INCHES OF CREATER, ANY DEPTH	RR			¢00.70
Kansas City, MO-KS	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	KK			\$30.73
Kansas City, MO-KS	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$230.46
rtandad dity; ind rtd	22000	P GOTTIONING THE ELECTRONIC GENTLES, AND THE ELECTRONIC GROWN BETTIEF				\$200.10
		SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22				
Kansas City, MO-KS	E2607	INCHES, ANY DEPTH	NU			\$192.00
		SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22				
Kansas City, MO-KS	E2607	INCHES, ANY DEPTH	RR			\$19.20
		SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22				
Kansas City, MO-KS	E2607	INCHES, ANY DEPTH	UE			\$144.00
Kansas City, MO-KS	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$261.35
Railsas City, MO-RS	E2008	GREATER, ANT DEFTIT	INO			\$201.35
		OWN PROTECTION AND POSITIONING WHEEL QUAIR SEAT QUAIRING WHETH ON MORE OR				
Kansas City, MO-KS	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$26.14
		SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR				
Kansas City, MO-KS	E2608	GREATER, ANY DEPTH	UE			\$196.01
		GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT,				
Kansas City, MO-KS	E2611	INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$200.30

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
CDA Name	Code	Tior co code Description	Woulder	WIOGINIEI Z	Wiodiller 3	JI A
Kansas City, MO-KS	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$20.03
Ransas City, WO-RS	E2011	INCLUDING ANT TIPE WOUNTING HARDWARE	INN			\$20.03
Kansas City, MO-KS	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$150.23
Railsas City, MO-RS	E2011	INCLUDING ANT TIPE WOUNTING HARDWARE	OE .			\$150.25
Kansas City, MO-KS	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$301.58
ransas ony, wo-ro	LZUIZ	INOCODINO ANT THE MOONTING HANDWAILE	INO			ψ301.30
Kansas City, MO-KS	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$30.16
The state of the s						V OULLE
		OFNEDAL LICE WHEEL OLIVID DAOK CHOULON WIDTH ON INCHES OF OREATED ANY HEIGHT				
Kansas City, MO-KS	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$226.19
,						
		POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY				
Kansas City, MO-KS	E2613	HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$295.05
		POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY				
Kansas City, MO-KS	E2613	HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$29.51
		POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY				
Kansas City, MO-KS	E2613	HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$221.29
		POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY				
Kansas City, MO-KS	E2614	HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$419.77
		POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY				
Kansas City, MO-KS	E2614	HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$41.98
Kanaga City, MC KC	F004.4	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY	ПЕ			624462
Kansas City, MO-KS	E2614	HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$314.83
Kansas City, MO-KS	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$357.47
randa Oity, MO-RO	L2013	INCIDED, ANT THEOTH, INCOMES ANT THE MODINING HARDWARE	110			φυσ1.41

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CBA Name	Code	HCPCS Code Description	Modifier 1	Wodifier 2	Modifier 3	SPA
Kansas City, MO-KS	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.75
Kansas City, MO-KS	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$268.10
Kansas City, MO-KS	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$457.39
Kansas City, MO-KS	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$45.74
Kansas City, MO-KS	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$343.04
Kansas City, MO-KS	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$414.47
Kansas City, MO-KS	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$41.45
Kansas City, MO-KS	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$310.85
Kansas City, MO-KS	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$432.09
Kansas City, MO-KS	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$43.21
Kansas City, MO-KS	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$324.07
Kansas City, MO-KS	E2626	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE	NU			\$578.44

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Kansas City, MO-KS	E2626	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE	RR			\$57.84
Kansas City, MO-KS	E2626	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE	UE			\$433.83
Kansas City, MO-KS	E2627	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE RANCHO TYPE	NU			\$875.44
Kansas City, MO-KS	E2627	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE RANCHO TYPE	RR			\$87.54
Kansas City, MO-KS	E2627	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE RANCHO TYPE	UE			\$656.58
Kansas City, MO-KS	E2628	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, RECLINING	NU			\$645.80
Kansas City, MO-KS	E2628	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, RECLINING	RR			\$64.58
Kansas City, MO-KS	E2628	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, RECLINING	UE			\$484.35
Kansas City, MO-KS	E2629	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT (FRICTION DAMPENING TO PROXIMAL AND DISTAL JOINTS)	NU			\$837.50
Kansas City, MO-KS	E2629	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT (FRICTION DAMPENING TO PROXIMAL AND DISTAL JOINTS)	RR			\$83.75
Kansas City, MO-KS	E2629	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT (FRICTION DAMPENING TO PROXIMAL AND DISTAL JOINTS)	UE			\$628.13
Kansas City, MO-KS	E2630	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE SUSPENSION SUPPORT	NU			\$571.36

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Kansas City, MO-KS	E2630	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE SUSPENSION SUPPORT	RR			\$57.14
Kansas City, MO-KS	E2630	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE SUSPENSION SUPPORT	UE			\$428.52
Kansas City, MO-KS	E2631	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM	NU			\$226.06
Kansas City, MO-KS	E2631	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM	RR			\$22.61
Kansas City, MO-KS	E2631	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM	UE			\$169.55
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Kansas City, MO-KS	E2632	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER ARM WITH ELASTIC BALANCE CONTROL	NU			\$147.50
Kansas City, MO-KS	E2632	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER ARM WITH ELASTIC BALANCE CONTROL	RR			\$14.75
Kansas City, MO-KS	E2632	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER ARM WITH ELASTIC BALANCE CONTROL	UE			\$110.63
Kansas City, MO-KS	E2633	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	NU			\$121.12
Kansas City, MO-KS	E2633	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	RR			\$12.11
Kansas City, MO-KS	E2633	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	UE			\$90.84
Kansas City, MO-KS	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$126.64

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Kansas City, MO-KS	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$12.66
Kansas City, MO-KS	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$94.98
Kansas City, MO-KS	K0019	ARM PAD, EACH	NU			\$12.09
Kansas City, MO-KS	K0019	ARM PAD, EACH	RR			\$1.21
Kansas City, MO-KS	K0019	ARM PAD, EACH	UE			\$9.07
Kansas City, MO-KS	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$54.68
Kansas City, MO-KS	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.47
Kansas City, MO-KS	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$41.01
Kansas City, MO-KS	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$65.66
Kansas City, MO-KS	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$6.57
Kansas City, MO-KS	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$49.25
Kansas City, MO-KS	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$74.15

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Kansas City, MO-KS	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$7.42
Kansas City, MO-KS	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$55.61
Kansas City, MO-KS	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$78.68
Kansas City, MO-KS	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$7.87
Kansas City, MO-KS	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$59.01
Kansas City, MO-KS	K0065	SPOKE PROTECTORS, EACH	NU			\$39.38
Kansas City, MO-KS	K0065	SPOKE PROTECTORS, EACH	RR			\$3.94
Kansas City, MO-KS	K0065	SPOKE PROTECTORS, EACH	UE			\$29.54
Kansas City, MO-KS	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$85.44
Kansas City, MO-KS	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$8.54
Kansas City, MO-KS	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$64.08
Kansas City, MO-KS	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$154.88

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Kansas City, MO-KS	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.49
Ransas City, MO-RS	ROOTO	REAR WHEEL ASSEMBLT, COMPLETE, WITH PREDIMATIC TIRE, SPORES OR MOLDED, EACH	KK			\$15.49
Kansas City, MO-KS	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$116.16
Kansas City, MO-KS	K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH	NU			\$99.22
Kansas City, MO-KS	K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH	RR			\$9.92
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Kansas City, MO-KS	K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH	UE			\$74.42
Kansas City, MO-KS	K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH	NU			\$59.58
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Kansas City, MO-KS	K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH	RR			\$5.96
Kanasa Cita MO KO	1/0070	FRONT CARTER ACCEMBLY COMPLETE WITH CEMI PAINATIC TIPE FACIL	UE			£44.00
Kansas City, MO-KS	K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH	UE			\$44.69
Kansas City, MO-KS	K0073	CASTER PIN LOCK,EACH	NU			\$32.22
V 0' 110 V0	140070	242777 7044 2247 7244				
Kansas City, MO-KS	K0073	CASTER PIN LOCK,EACH	RR			\$3.22
Kansas City, MO-KS	K0073	CASTER PIN LOCK,EACH	UE			\$24.17
Kansas City, MO-KS	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$50.14

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	\$5.0
	\$37.6
	\$22.1
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	\$2.2
	\$16.6
	\$90.7
	\$9.0
	40.0
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	\$68.0
	\$12.7
	\$22.8
	\$2.2
	\$17.1

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CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	woamer 3	SPA
Kansas City, MO-KS	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$47.46
Kansas City, MO-KS	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.75
Kansas City, MO-KS	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$35.60
Kansas City, MO-KS	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$47.78
Kansas City, MO-KS	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.78
Kansas City, MO-KS	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$35.84
Kansas City, MO-KS	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$278.58
Kansas City, MO-KS	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$27.86
Kansas City, MO-KS	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$208.94
Kansas City, MO-KS	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$74.00
Kansas City, MO-KS	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$7.40
Kansas City, MO-KS	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$55.50

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Kansas City, MO-KS	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$57.64
Kansas City, MO-KS	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.76
ransas ony, mo no	20140	WALKER, FOLDING, WHEELES, ABOUTABLE OR FINE BILLIOTT	TXIX			ψ0.10
Kansas City, MO-KS	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$43.23
Kansas City, MO-KS	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$377.26
Kanana Cita MO KO	F0447	WALKED LIEANY DUTY MULTIPLE PRAKING OVOTEM VARIABLE WHEEL RECIOTANCE	DD			¢07.70
Kansas City, MO-KS	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$37.73
Kansas City, MO-KS	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$282.95
Kansas City, MO-KS	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$86.20
Kansas City, MO-KS	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$8.62
Kansas City, MO-KS	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$64.65
Kansas City, MO-KS	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$143.29
Vennes City MO VC	F0440	WALKED LIEANY DUTY WHEELED DIGID OD FOLDING ANY TYPE	DD			¢44.00
Kansas City, MO-KS	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$14.33
Kansas City, MO-KS	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$107.47

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
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Kansas City, MO-KS	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$45.04
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Kansas City, MO-KS	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.50
Kansas City, MO-KS	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$33.78
Kansas City, MO-KS	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$18.86
Kansas City, MO-KS	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.89
Kansas City, MO-KS	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$14.15
Kansas City, MO-KS	E0156	SEAT ATTACHMENT, WALKER	NU			\$15.00
Kansas City, MO-KS	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.50
Kansas City, MO-KS	E0156	SEAT ATTACHMENT, WALKER	UE			\$11.25
Kanaga City MO KS	F04.57	COUTCH ATTACHMENT WALKED FACIL	NU			¢ E4 24
Kansas City, MO-KS	E0157	CRUTCH ATTACHMENT, WALKER, EACH	INU			\$51.34
Kansas City, MO-KS	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$5.13
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Kansas City, MO-KS	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$38.51

CDA Nama	HCPCS		Modifier 4	Modifier 2	Madifia: 0	CDA
CBA Name	Code	HCPCS Code Description	Modifier 1	Wodifier 2	Modifier 3	SPA
Kansas City, MO-KS	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$19.74
Kansas City, MO-KS	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.97
		· ·				
K 0'' NO KO	E0450	LEG EVITENBIONO FOR WALKER DEPOSIT OF FOUR (4)	u.e.			04404
Kansas City, MO-KS	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$14.81
Kansas City, MO-KS	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$13.32
Kansas City, MO-KS	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.33
Kansas City, MO-KS	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.99
rtarisas oity, MO-Ito	20133	BRAKE ATTAOHIMENT TOR WHEELED WALKEN, NET EAGENENT, EAGIT	OL.			ψ3.33
Miami-Fort Lauderdale-Pompano						
Beach, FL	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$34.85
Miami-Fort Lauderdale-Pompano						
Beach, FL	E1037	TRANSPORT CHAIR, PEDIATRIC SIZE	RR			\$86.11
Miami-Fort Lauderdale-Pompano Beach, FL	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$13.84
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Miami-Fort Lauderdale-Pompano		TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY GREATER THAN 300				
Beach, FL	E1039	POUNDS	RR			\$26.98
Miami-Fort Lauderdale-Pompano						
Beach, FL	K0001	STANDARD WHEELCHAIR	RR			\$30.07
Miami-Fort Lauderdale-Pompano Beach, FL	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$49.40

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-Pompano						
Beach, FL	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$53.17
Miami-Fort Lauderdale-Pompano Beach, FL	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$77.46
Deach, i L	10004	INGITOTICENOTII, EIGITI WELECITAIN	IXIX			Ψ11.40
Mismi Fort Louderdele Demons						
Miami-Fort Lauderdale-Pompano Beach, FL	K0006	HEAVY DUTY WHEELCHAIR	RR			\$75.58
Miami-Fort Lauderdale-Pompano						
Beach, FL	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$115.65
Miami-Fort Lauderdale-Pompano		POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND				
Beach, FL	K0800	INCLUDING 300 POUNDS	NU			\$819.47
Miami-Fort Lauderdale-Pompano Beach, FL	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$81.95
Dodon, i L	110000	INOCODINO CON POSITOR	IXIX			ψ01.55
Miami-Fort Lauderdale-Pompano		POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND				
Beach, FL	K0800	INCLUDING 300 POUNDS	UE			\$614.60
Miami-Fort Lauderdale-Pompano		POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450				
Beach, FL	K0801	POUNDS	NU			\$1,350.68
Miami-Fort Lauderdale-Pompano	140004	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			0405.07
Beach, FL	K0801	POUNDS	KK			\$135.07
Minori Fort Loudoudela Den		DOWED OPERATED VEHICLE, OROUB ALIEAVAY DUTY, DATIENT WEIGHT CARACITY COS. TO 450				
Miami-Fort Lauderdale-Pompano Beach, FL	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,013.01
•						
Miami-Fort Lauderdale-Pompano		POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO				
Beach, FL	K0802	600 POUNDS	NU			\$1,747.00
Miami-Fort Lauderdale-Pompano		POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO				
Beach, FL	K0802	600 POUNDS	RR			\$174.70

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-Pompano Beach, FL	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,310.25
Miami-Fort Lauderdale-Pompano Beach, FL	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$233.70
Miami-Fort Lauderdale-Pompano Beach, FL	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$291.71
Miami-Fort Lauderdale-Pompano Beach, FL	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$334.32
Miami-Fort Lauderdale-Pompano Beach, FL	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$327.35
Miami-Fort Lauderdale-Pompano Beach, FL	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$252.75
Miami-Fort Lauderdale-Pompano Beach, FL	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$314.32
Miami-Fort Lauderdale-Pompano Beach, FL	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$347.47
Miami-Fort Lauderdale-Pompano Beach, FL	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$341.36
Miami-Fort Lauderdale-Pompano Beach, FL	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$448.86
Miami-Fort Lauderdale-Pompano Beach, FL	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$420.14
Miami-Fort Lauderdale-Pompano Beach, FL	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$619.65

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-Pompano		POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT				
Beach, FL	K0827	CAPACITY 451 TO 600 POUNDS	RR			\$556.22
Miami-Fort Lauderdale-Pompano	140000	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT	RR			* ***********************************
Beach, FL	K0828	WEIGHT CAPACITY 601 POUNDS OR MORE	KK			\$682.95
Miami-Fort Lauderdale-Pompano		POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601				
Beach, FL	K0829	POUNDS OR MORE	RR			\$660.37
Microi Fort Loudordolo Domonos						
Miami-Fort Lauderdale-Pompano Beach, FL	E0705	TRANSFER DEVICE, ANY TYPE, EACH	NU			\$41.22
Bodon, i E	20700	THOUGH ENDERFORT THE EFFORT	110			Ψ-11-22
Miami-Fort Lauderdale-Pompano						
Beach, FL	E0705	TRANSFER DEVICE, ANY TYPE, EACH	RR			\$4.12
Miami-Fort Lauderdale-Pompano						
Beach, FL	E0705	TRANSFER DEVICE, ANY TYPE, EACH	UE			\$30.92
Miami-Fort Lauderdale-Pompano	E0050	MUJEEL OLIAID ACCECCODY TRAY FACIL	N. 1			657.00
Beach, FL	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$57.26
Miami-Fort Lauderdale-Pompano						
Beach, FL	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$5.73
Miami-Fort Lauderdale-Pompano						
Beach, FL	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$42.95
						¥ .2.00
Miami-Fort Lauderdale-Pompano	= 0 <i>c</i> = <i>i</i>	HEEL LOOPHIOLDER ANN TYPE MITH OR MITHS IT IN IT I SEE TO SEE				A
Beach, FL	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$12.30
Miami-Fort Lauderdale-Pompano						
Beach, FL	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.23
Mineri Forthanda III B						
Miami-Fort Lauderdale-Pompano Beach, FL	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$9.23
Deach, i L	L0331	THEE LOOP MOLDEN, ANT THE, WITHOUT ANNEL STIME, EACH	UL			φ3.23

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-Pompano Beach, FL	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$131.02
Miami-Fort Lauderdale-Pompano Beach, FL	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$13.10
Miami-Fort Lauderdale-Pompano Beach, FL	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$98.27
Miami-Fort Lauderdale-Pompano Beach, FL	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$66.91
Miami-Fort Lauderdale-Pompano Beach, FL	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$6.69
Miami-Fort Lauderdale-Pompano Beach, FL	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$50.18
Miami-Fort Lauderdale-Pompano Beach, FL	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$99.50
Miami-Fort Lauderdale-Pompano Beach, FL	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$9.95
Miami-Fort Lauderdale-Pompano Beach, FL	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$74.63
Miami-Fort Lauderdale-Pompano Beach, FL	E0958	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH	RR			\$30.57
Miami-Fort Lauderdale-Pompano Beach, FL	E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	NU			\$32.14
Miami-Fort Lauderdale-Pompano Beach, FL	E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	RR			\$3.21

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-Pompano Beach, FL	E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	UE			\$24.11
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Miami-Fort Lauderdale-Pompano		WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY				
Beach, FL	E0960	TYPE MOUNTING HARDWARE	NU			\$63.28
Miami-Fort Lauderdale-Pompano Beach, FL	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$6.33
Miami-Fort Lauderdale-Pompano		WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY				
Beach, FL	E0960	TYPE MOUNTING HARDWARE	UE			\$47.46
Miami-Fort Lauderdale-Pompano Beach, FL	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$19.01
Miami-Fort Lauderdale-Pompano						
Beach, FL	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.90
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Miami-Fort Lauderdale-Pompano Beach, FL	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$14.26
Miami-Fort Lauderdale-Pompano						
Beach, FL	E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	NU			\$57.00
Miami-Fort Lauderdale-Pompano						
Beach, FL	E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	RR			\$5.70
Miami-Fort Lauderdale-Pompano	F0000	MANUAL WHEEL CHAIR ACCESSORY HEARREST EXTENSION EACH	lie.			£40.75
Beach, FL	E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	UE			\$42.75
Miami-Fort Lauderdale-Pompano						
Beach, FL	E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	NU			\$56.00
Miami-Fort Lauderdale-Pompano Beach, FL	E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	RR			\$5.60
DGaGI, I L	L0301	WINDOL WILLEGIAM ACCESSON, HAND MIN WITH FROSECTIONS, ANT TIFE, EACH	IXIX			φ3.00

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
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Miami-Fort Lauderdale-Pompano Beach, FL	E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	UE			\$42.00
Miami-Fort Lauderdale-Pompano Beach, FL	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$31.84
Miami-Fort Lauderdale-Pompano Beach, FL	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.18
Miami-Fort Lauderdale-Pompano Beach, FL	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$23.88
Miami-Fort Lauderdale-Pompano Beach, FL	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$58.81
Miami-Fort Lauderdale-Pompano Beach, FL	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$5.88
Miami-Fort Lauderdale-Pompano Beach, FL	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$44.11
Miami-Fort Lauderdale-Pompano Beach, FL	E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	NU			\$56.32
Miami-Fort Lauderdale-Pompano Beach, FL	E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	RR			\$5.63
Miami-Fort Lauderdale-Pompano Beach, FL	E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	UE			\$42.24
Miami-Fort Lauderdale-Pompano Beach, FL	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$23.00
Miami-Fort Lauderdale-Pompano Beach, FL	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.30

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-Pompano Beach, FL	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$17.25
Miami-Fort Lauderdale-Pompano Beach, FL	E0985	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	NU			\$164.20
Miami-Fort Lauderdale-Pompano Beach, FL	E0985	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	RR			\$16.42
Miami-Fort Lauderdale-Pompano Beach, FL	E0985	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	UE			\$123.15
Miami-Fort Lauderdale-Pompano Beach, FL	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$75.00
Miami-Fort Lauderdale-Pompano Beach, FL	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$7.50
Miami-Fort Lauderdale-Pompano Beach, FL	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$56.25
Miami-Fort Lauderdale-Pompano Beach, FL	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$70.00
Miami-Fort Lauderdale-Pompano Beach, FL	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$7.00
Miami-Fort Lauderdale-Pompano Beach, FL	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$52.50
Miami-Fort Lauderdale-Pompano Beach, FL	E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	NU			\$95.00
Miami-Fort Lauderdale-Pompano Beach, FL	E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	RR			\$9.50

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-Pompano						
Beach, FL	E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	UE			\$71.25
Miami-Fort Lauderdale-Pompano						
Beach, FL	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$88.64
Miami-Fort Lauderdale-Pompano						
Beach, FL	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$8.86
Miami-Fort Lauderdale-Pompano						
Beach, FL	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$66.48
Miami-Fort Lauderdale-Pompano	5 4000	DESIRAN AND SUPPORT OVERTAL FOR MAJES OF ANY TARE				A.== = .
Beach, FL	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$157.74
Miami-Fort Lauderdale-Pompano Beach, FL	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$15.77
Deadil, I L	L 1020	REGIDENCE CHIND COLL CHARLES WHELECHAIN, ANT THE	IXIX			φ13.77
Miseri Fort Loudondela Domina						
Miami-Fort Lauderdale-Pompano Beach, FL	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$118.31
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Miami-Fort Lauderdale-Pompano		WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING				
Beach, FL	E1028	HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$133.37
Miami-Fort Lauderdale-Pompano		WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING				
Beach, FL	E1028	HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$13.34
Miami-Fort Lauderdale-Pompano		WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING				
Beach, FL	E1028	HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$100.03
Miami-Fort Lauderdale-Pompano Beach, FL	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$32.32
Deadii, i L	E 1223	DEGINEES, BUT LESS THAN 80 DEGINEES), EACH	IXIX			φ32.3Z
Mineri Fort Louder I. J. D.		WHEEL CHAID ACCESSORY MANUAL FILL VIDEOUNING DACK (RECURS OF ATER THAN 65				
Miami-Fort Lauderdale-Pompano Beach, FL	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$349.36
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CBA Name	HCPCS Code	UCDCS Code Deceription	Modifier 1	Modifier 2	Modifier 3	SPA
CDA Name	Code	HCPCS Code Description	Modifier	Wodiner 2	woulder 3	SPA
Miami-Fort Lauderdale-Pompano Beach, FL	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$34.94
Miami-Fort Lauderdale-Pompano Beach, FL	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$262.02
Miami-Fort Lauderdale-Pompano Beach, FL	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$280.53
Miami-Fort Lauderdale-Pompano Beach, FL	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$28.05
Miami-Fort Lauderdale-Pompano Beach, FL	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$210.40
Miami-Fort Lauderdale-Pompano Beach, FL	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$376.02
Miami-Fort Lauderdale-Pompano Beach, FL	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$37.60
Miami-Fort Lauderdale-Pompano Beach, FL	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$282.02
Miami-Fort Lauderdale-Pompano Beach, FL	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$378.29
Miami-Fort Lauderdale-Pompano Beach, FL	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$37.83
Miami-Fort Lauderdale-Pompano Beach, FL	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$283.72
Miami-Fort Lauderdale-Pompano Beach, FL	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$677.97

		Ctandard modificy Equipment and Notated Accessories				
CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
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Miami-Fort Lauderdale-Pompano Beach, FL	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$67.80
Miami-Fort Lauderdale-Pompano Beach, FL	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$508.48
Miami-Fort Lauderdale-Pompano Beach, FL	E2205	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS (INCLUDES ERGONOMIC OR CONTOURED), ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$27.68
Miami-Fort Lauderdale-Pompano Beach, FL	E2205	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS (INCLUDES ERGONOMIC OR CONTOURED), ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$2.77
Miami-Fort Lauderdale-Pompano Beach, FL	E2205	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS (INCLUDES ERGONOMIC OR CONTOURED), ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$20.76
Miami-Fort Lauderdale-Pompano Beach, FL	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$30.58
Miami-Fort Lauderdale-Pompano Beach, FL	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.06
Miami-Fort Lauderdale-Pompano Beach, FL	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$22.94
Miami-Fort Lauderdale-Pompano Beach, FL	E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	NU			\$34.56
Miami-Fort Lauderdale-Pompano Beach, FL	E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	RR			\$3.46
Miami-Fort Lauderdale-Pompano Beach, FL	E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	UE			\$25.92
Miami-Fort Lauderdale-Pompano Beach, FL	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$76.97

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CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
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Miami-Fort Lauderdale-Pompano Beach, FL	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$7.70
Deach, FL	E2200	WHEELCHAIR ACCESSORT, CTLINDER TAIN CARRIER, EACH	INN			\$1.10
Miami-Fort Lauderdale-Pompano Beach, FL	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$57.73
Beach, FL	E2200	WHEELCHAIR ACCESSORT, CTLINDER TAIN CARRIER, EACH	OE .			φ31.13
Miami-Fort Lauderdale-Pompano Beach, FL	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$69.45
Deadil, 1 L	LZZOS	Acceptant, Anni Mederi, William William Golf Gitt, Lagir	140			ψ03.43
Miami-Fort Lauderdale-Pompano Beach, FL	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$6.95
						V 0.00
Missai Fast Laudaudala Damasa						
Miami-Fort Lauderdale-Pompano Beach, FL	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$52.09
Miami-Fort Lauderdale-Pompano						
Beach, FL	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$4.24
Miami-Fort Lauderdale-Pompano						
Beach, FL	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.42
Miami-Fort Lauderdale-Pompano						
Beach, FL	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.18
Miami-Fort Lauderdale-Pompano						
Beach, FL	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$33.04
Miami-Fort Lauderdale-Pompano						
Beach, FL	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.30
Miami-Fort Lauderdale-Pompano	E0011	MANUAL WILEELOUAID ACCESSORY PRELIMATIC SPECIAL CONTEST AND COTE TO SE	LIE.			00155
Beach, FL	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$24.78
Miami-Fort Lauderdale-Pompano	E2242	MANUAL WHEEL CHAID ACCESSORY TURE FOR DNELIMATIC DROBLESION TIRE. ANY SIZE FACILITY	NII I			65.00
Beach, FL	E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	INU			\$5.02

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CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-Pompano						
Beach, FL	E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$0.50
N						
Miami-Fort Lauderdale-Pompano Beach, FL	E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	HE			\$3.77
Deach, i L	LZZIZ	WINNOAL WHELECHAIR ACCESSORT, TOBE FOR THEOWATIC FROM CESION TIRE, ANT SIZE, EACH	OL			φ3.11
Miami-Fort Lauderdale-Pompano		MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE),				
Beach, FL	E2213	ANY TYPE, ANY SIZE, EACH	NU			\$24.76
Miami-Fort Lauderdale-Pompano		MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE),				
Beach, FL	E2213	ANY TYPE, ANY SIZE, EACH	RR			\$2.48
Miami-Fort Lauderdale-Pompano	E0040	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE),				040.57
Beach, FL	E2213	ANY TYPE, ANY SIZE, EACH	UE			\$18.57
Miami-Fort Lauderdale-Pompano						
Beach, FL	E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	NU			\$25.50
Miami-Fort Lauderdale-Pompano						
Beach, FL	E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	RR			\$2.55
Dodon, i L			144			\$2.00
Miami-Fort Lauderdale-Pompano	<i>-</i>	MANUAL MUSEL CHAIR ACCESSORY PREMIMATIC CASTER TIPE ANNUALE FACIL				
Beach, FL	E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	UE			\$19.13
Miami-Fort Lauderdale-Pompano						
Beach, FL	E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	NU			\$8.25
Miami-Fort Lauderdale-Pompano						
Beach, FL	E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	RR			\$0.83
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Miami-Fort Lauderdale-Pompano	E0045	MANUAL WHIEL CHAIR ACCESSORY THRE FOR PARLIMATIC CASTER TIPE, AND SIZE, FACUL	lue.			60.40
Beach, FL	E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	UE			\$6.19
Miami-Fort Lauderdale-Pompano						
Beach, FL	E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	NU			\$30.10
Beach, FL	E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	NU			\$3

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-Pompano Beach, FL	E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	RR			\$3.01
Miami-Fort Lauderdale-Pompano Beach, FL	E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	UE			\$22.58
Miami-Fort Lauderdale-Pompano Beach, FL	E2220	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, EACH	NU			\$25.00
Miami-Fort Lauderdale-Pompano Beach, FL	E2220	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, EACH	RR			\$2.50
Miami-Fort Lauderdale-Pompano Beach, FL	E2220	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, EACH	UE			\$18.75
Miami-Fort Lauderdale-Pompano Beach, FL	E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, EACH	NU			\$21.95
Miami-Fort Lauderdale-Pompano Beach, FL	E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, EACH	RR			\$2.20
Miami-Fort Lauderdale-Pompano Beach, FL	E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, EACH	UE			\$16.46
Miami-Fort Lauderdale-Pompano Beach, FL	E2222	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH	NU			\$18.55
Miami-Fort Lauderdale-Pompano Beach, FL	E2222	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH	RR			\$1.86
Miami-Fort Lauderdale-Pompano Beach, FL	E2222	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH	UE			\$13.91
Miami-Fort Lauderdale-Pompano Beach, FL	E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	NU			\$83.08

HCPCS					
Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	RR			\$8.31
E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	UE			\$62.31
E2225	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$14.95
E2225	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.50
	MANUAL WHEELCHAIR ACCESSORY. CASTER WHEEL EXCLUDES TIRE. ANY SIZE. REPLACEMENT				
E2225	ONLY, EACH	UE			\$11.21
E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$30.68
E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.07
E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$23.01
E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH	NU			\$807.26
E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH	RR			\$80.73
E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH	UE			\$605.45
E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$126.85
	E2224 E2224 E2224 E2225 E2225 E2226 E2226 E2226 E2228 E2228	E2224 MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH E2224 MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH E2225 ONLY, EACH MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH E2226 MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH E2226 MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH E2226 MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH E2226 MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH E2228 MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH E2228 MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH E2228 MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, 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BASE (REPLACES SLING SEAT),

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CBA Name	Code	HCPCS Code Description	Modifier 1	Wodifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-Pompano Beach, FL	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$12.69
Miami-Fort Lauderdale-Pompano Beach, FL	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$95.14
Miami-Fort Lauderdale-Pompano Beach, FL	E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$137.00
Miami-Fort Lauderdale-Pompano Beach, FL	E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$13.70
Miami-Fort Lauderdale-Pompano Beach, FL	E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$102.75
Miami-Fort Lauderdale-Pompano Beach, FL	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$93.46
Miami-Fort Lauderdale-Pompano Beach, FL	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$9.35
Miami-Fort Lauderdale-Pompano Beach, FL	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$70.10
Miami-Fort Lauderdale-Pompano Beach, FL	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$120.54
Miami-Fort Lauderdale-Pompano Beach, FL	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$12.05
Miami-Fort Lauderdale-Pompano Beach, FL	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$90.41
Miami-Fort Lauderdale-Pompano Beach, FL	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$70.00

	HCPCS	TCBC8				
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
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Miami-Fort Lauderdale-Pompano Beach, FL	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.00
Dodon, 1 L	L2000	7 BOOKBEB GERGGINITY	IXX			Ψ1.00
 		DOWED WILESTONAND ACCESSORY II A GEALED LEAD AGID DATTEDY FACILIES OF GEL				
Miami-Fort Lauderdale-Pompano Beach, FL	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$52.50
200011,12		A DECINE DELICENTALY	02			\$02.00
Missei Fort Loudendels Description		DOWED WHEEL CHAID ACCESSORY DATTERY CHARGED CINCLE MODE FOR HIS WITH ONLY				
Miami-Fort Lauderdale-Pompano Beach, FL	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$170.42
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Miami Fort Louderdele Demone		POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY				
Miami-Fort Lauderdale-Pompano Beach, FL	E2366	ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$17.04
Miami-Fort Lauderdale-Pompano		POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY				
Beach, FL	E2366	ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$127.82
Miami-Fort Lauderdale-Pompano						
Beach, FL	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$334.76
Miami-Fort Lauderdale-Pompano						
Beach, FL	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$33.48
Miami-Fort Lauderdale-Pompano						
Beach, FL	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$251.07
Miami-Fort Lauderdale-Pompano						
Beach, FL	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$299.00
Miami-Fort Lauderdale-Pompano	F0000	DOWED WHEEL OHAID COMPONENT DRIVE WHEEL CEAR ROY REPLACEMENT OF THE	DD			600.00
Beach, FL	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$29.90
Miami-Fort Lauderdale-Pompano Beach, FL	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$224.25
Deadil, I L	L2309	I OWER WHILEGIAM COMMONENT, DRIVE WHIELE GEAR BOX, REPLACEMENT ONLY	JL			Ψ224.23
Miami-Fort Lauderdale-Pompano Beach, FL	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$516.42
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	HCPCS	CDCS				
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
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Miami-Fort Lauderdale-Pompano		POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX				
Beach, FL	E2370	COMBINATION, REPLACEMENT ONLY	RR			\$51.64
Miami-Fort Lauderdale-Pompano		POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX				
Beach, FL	E2370	COMBINATION, REPLACEMENT ONLY	UE			\$387.32
Miami-Fort Lauderdale-Pompano		POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL,				
Beach, FL	E2371	ABSORBED GLASSMAT), EACH	NU			\$113.50
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Miami-Fort Lauderdale-Pompano		POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL,				
Beach, FL	E2371	ABSORBED GLASSMAT), EACH	RR			\$11.35
,		P.				
Micro: Fort Loudondolo Domonono		DOWED WHEEL CHAIR ACCESSORY CROUD 27 SEALED LEAD AGID DATTERY /F. C. OFL CELL				
Miami-Fort Lauderdale-Pompano Beach, FL	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$85.13
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Micro: Fort Loudondolo Domonono		DOWED WHEEL CHAIR ACCESCORY NON EXPANDABLE CONTROLLED INCLUDING ALL DELATED				
Miami-Fort Lauderdale-Pompano Beach, FL	E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	NU			\$565.35
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Miami-Fort Lauderdale-Pompano		POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED				
Beach, FL	E2375	ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	RR			\$56.54
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Miami-Fort Lauderdale-Pompano		POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED				
Beach, FL	E2375	ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	UE			\$424.01
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Miami-Fort Lauderdale-Pompano		POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT				
Beach, FL	E2381	ONLY, EACH	NU			\$49.36
Miami-Fort Lauderdale-Pompano		POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT				
Beach, FL	E2381	ONLY, EACH	RR			\$4.94
Miami-Fort Lauderdale-Pompano		POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT				
Beach, FL	E2381	ONLY, EACH	UE			\$37.02
Miami-Fort Lauderdale-Pompano		POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE),				
Beach, FL	E2383	ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$98.43
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	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-Pompano Beach, FL	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$9.84
Miami-Fort Lauderdale-Pompano Beach, FL	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$73.82
Miami-Fort Lauderdale-Pompano Beach, FL	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$52.43
Miami-Fort Lauderdale-Pompano Beach, FL	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.24
Miami-Fort Lauderdale-Pompano Beach, FL	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$39.32
Miami-Fort Lauderdale-Pompano Beach, FL	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$95.00
Miami-Fort Lauderdale-Pompano Beach, FL	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$9.50
Miami-Fort Lauderdale-Pompano Beach, FL	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$71.25
Miami-Fort Lauderdale-Pompano Beach, FL	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$42.07
Miami-Fort Lauderdale-Pompano Beach, FL	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.21
Miami-Fort Lauderdale-Pompano Beach, FL	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$31.55
Miami-Fort Lauderdale-Pompano Beach, FL	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$13.37

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
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Miami-Fort Lauderdale-Pompano Beach, FL	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.34
Miami-Fort Lauderdale-Pompano Beach, FL	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$10.03
Miami-Fort Lauderdale-Pompano Beach, FL	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$34.91
Miami-Fort Lauderdale-Pompano Beach, FL	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.49
Miami-Fort Lauderdale-Pompano Beach, FL	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$26.18
Miami-Fort Lauderdale-Pompano Beach, FL	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$49.75
Miami-Fort Lauderdale-Pompano Beach, FL	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.98
Miami-Fort Lauderdale-Pompano Beach, FL	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$37.31
Miami-Fort Lauderdale-Pompano Beach, FL	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$35.35
Miami-Fort Lauderdale-Pompano Beach, FL	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.54
Miami-Fort Lauderdale-Pompano Beach, FL	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$26.51
Miami-Fort Lauderdale-Pompano Beach, FL	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$37.06

	HCPCS	ICPCS				
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-Pompano						
Beach, FL	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.71
Miami-Fort Lauderdale-Pompano	F0000	DOWED WHITE CHAID ACCESSORY CASTER FORK ANYONE DEPLACEMENT ONLY FACIL	u.e			***
Beach, FL	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$27.80
Miami-Fort Lauderdale-Pompano Beach, FL	E2397	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH	NU			\$355.00
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Miami-Fort Lauderdale-Pompano						
Beach, FL	E2397	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH	RR			\$35.50
Miami-Fort Lauderdale-Pompano						
Beach, FL	E2397	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH	UE			\$266.25
Miami-Fort Lauderdale-Pompano Beach, FL	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$38.88
Dodon, i E	22001	CENTER OF THE PERSON OF THE PE				ψου.σσ
Miami-Fort Lauderdale-Pompano						
Beach, FL	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$3.89
Miami-Fort Lauderdale-Pompano						
Beach, FL	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$29.16
Miami-Fort Lauderdale-Pompano Beach, FL	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$77.38
Dodon, i E	LZUUZ	SENERAL GOE WILLEGO WAR GENT GOOTHON, WISTING ON GREATER, ANY BET TH	110			Ψ11.50
Miami-Fort Lauderdale-Pompano						
Beach, FL	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$7.74
Miami-Fort Lauderdale-Pompano						
Beach, FL	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$58.04
Miami-Fort Lauderdale-Pompano Beach, FL	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$96.03
Deadil, I L	L2003	ONITE ROLLOTION WITCHOLDININ SEAT COOLIGIN, WIDTH LESS THAN 22 INCHES, ANT DEFIN	INU			φ30.03

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CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-Pompano						
Beach, FL	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$9.60
Dodon, i E	22000	STATE TO THE TEST OF THE TEST	T C C			ψ3.00
Miami-Fort Lauderdale-Pompano						
Beach, FL	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$72.02
Miami-Fort Lauderdale-Pompano						
Beach, FL	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$124.00
2000.1,12						V.=
Miami-Fort Lauderdale-Pompano						
Beach, FL	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$12.40
Miami-Fort Lauderdale-Pompano						
Beach, FL	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$93.00
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Miami-Fort Lauderdale-Pompano						
Beach, FL	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$174.44
Miami-Fort Lauderdale-Pompano						
Beach, FL	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$17.44
Miami-Fort Lauderdale-Pompano	E2605	DOCITIONING WHEELCHAID SEAT CHEHION WIDTH LESS THAN 22 INCHES, ANY DEDTH	UE			\$130.83
Beach, FL	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$130.03
Miami-Fort Lauderdale-Pompano						
Beach, FL	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$268.02
Miami-Fort Lauderdale-Pompano						
Beach, FL	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$26.80
Dodon, 1 L	22000	- CONTINUED ON CHEEK, AND SELECTION OF CHEEK, AND SELE	T C C			\$20.00
Miami-Fort Lauderdale-Pompano						
Beach, FL	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$201.02
Miami-Fort Lauderdale-Pompano		SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22				
Beach, FL	E2607	INCHES, ANY DEPTH	NU			\$187.84
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	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-Pompano Beach, FL	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$18.78
Miami-Fort Lauderdale-Pompano Beach, FL	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$140.88
Miami-Fort Lauderdale-Pompano Beach, FL	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$225.58
Miami-Fort Lauderdale-Pompano Beach, FL	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$22.56
Miami-Fort Lauderdale-Pompano Beach, FL	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$169.19
Miami-Fort Lauderdale-Pompano Beach, FL	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$186.97
Miami-Fort Lauderdale-Pompano Beach, FL	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$18.70
Miami-Fort Lauderdale-Pompano Beach, FL	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$140.23
Miami-Fort Lauderdale-Pompano Beach, FL	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$273.83
Miami-Fort Lauderdale-Pompano Beach, FL	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$27.38
Miami-Fort Lauderdale-Pompano Beach, FL	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$205.37
Miami-Fort Lauderdale-Pompano Beach, FL	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$265.73

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-Pompano Beach, FL	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$26.57
Miami-Fort Lauderdale-Pompano Beach, FL	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$199.30
Miami-Fort Lauderdale-Pompano Beach, FL	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$365.42
Miami-Fort Lauderdale-Pompano Beach, FL	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$36.54
Miami-Fort Lauderdale-Pompano Beach, FL	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$274.07
Miami-Fort Lauderdale-Pompano Beach, FL	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$298.00
Miami-Fort Lauderdale-Pompano Beach, FL	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$29.80
Miami-Fort Lauderdale-Pompano Beach, FL	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$223.50
Miami-Fort Lauderdale-Pompano Beach, FL	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$407.50
Miami-Fort Lauderdale-Pompano Beach, FL	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$40.75
Miami-Fort Lauderdale-Pompano Beach, FL	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$305.63
Miami-Fort Lauderdale-Pompano Beach, FL	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$354.94

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-Pompano		POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH				
Beach, FL	E2620	LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.49
Miami-Fort Lauderdale-Pompano		POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH				
Beach, FL	E2620	LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$266.21
Miami-Fort Lauderdale-Pompano		POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH				
Beach, FL	E2621	22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$374.40
Miami-Fort Lauderdale-Pompano		POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH				
Beach, FL	E2621	22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$37.44
Miami-Fort Lauderdale-Pompano		POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH				
Beach, FL	E2621	22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$280.80
Miami-Fort Lauderdale-Pompano		WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO				
Beach, FL	E2626	WHEELCHAIR, BALANCED, ADJUSTABLE	NU			\$533.66
Miami-Fort Lauderdale-Pompano		WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO				
Beach, FL	E2626	WHEELCHAIR, BALANCED, ADJUSTABLE	RR			\$53.37
Miami-Fort Lauderdale-Pompano		WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO				
Beach, FL	E2626	WHEELCHAIR, BALANCED, ADJUSTABLE	UE			\$400.25
Miami-Fort Lauderdale-Pompano		WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO				
Beach, FL	E2627	WHEELCHAIR, BALANCED, ADJUSTABLE RANCHO TYPE	NU			\$851.66
Miami-Fort Lauderdale-Pompano		WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO				
Beach, FL	E2627	WHEELCHAIR, BALANCED, ADJUSTABLE RANCHO TYPE	RR			\$85.17
Miami-Fort Lauderdale-Pompano		WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO				
Beach, FL	E2627	WHEELCHAIR, BALANCED, ADJUSTABLE RANCHO TYPE	UE			\$638.75
Miami-Fort Lauderdale-Pompano		WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO				
Beach, FL	E2628	WHEELCHAIR, BALANCED, RECLINING	NU			\$643.30

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CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-Pompano		WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO				
Beach, FL	E2628	WHEELCHAIR, BALANCED, RECLINING	RR			\$64.33
Miami-Fort Lauderdale-Pompano		WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO				
Beach, FL	E2628	WHEELCHAIR, BALANCED, RECLINING	UE			\$482.48
		WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO				
Miami-Fort Lauderdale-Pompano		WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT (FRICTION DAMPENING TO PROXIMAL AND				
Beach, FL	E2629	DISTAL JOINTS)	NU			\$811.92
		WHEEL OLIVID ACCESSORY CHOLILDED EL DOWN MODIL E ADMICHIDDODE ATTACHED TO				
Miami-Fort Lauderdale-Pompano		WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT (FRICTION DAMPENING TO PROXIMAL AND				
Beach, FL	E2629	DISTAL JOINTS)	RR			\$81.19
Miami-Fort Lauderdale-Pompano		WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT (FRICTION DAMPENING TO PROXIMAL AND				
Beach, FL	E2629	DISTAL JOINTS)	UE			\$608.94
		·				
Miami-Fort Lauderdale-Pompano		WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE				
Beach, FL	E2630	SUSPENSION SUPPORT	NU			\$567.78
Microi Fort Louderdale Demons		WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE				
Miami-Fort Lauderdale-Pompano Beach, FL	E2630	SUSPENSION SUPPORT	RR			\$56.78
2000, 1 2						4000
		WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT, MONOSUSPENSION				
Miami-Fort Lauderdale-Pompano Beach, FL	E2630	ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE SUSPENSION SUPPORT	UE			\$425.84
Dodon, i E	22000		02			ψ 12010 1
Miami-Fort Lauderdale-Pompano Beach, FL	E2631	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM	NU			\$225.00
2000, 1 2						\$220.00
Mismi Familiando III B						
Miami-Fort Lauderdale-Pompano Beach, FL	E2631	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM	RR			\$22.50
						\$ 00
Miami-Fort Lauderdale-Pompano Beach, FL	E2631	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM	UE			\$168.75
						Ţ.000
		WILEEL OLIVID AGGEOGRAV ARRITION TO MORILE ARM SURPORT OFFICE OR LATER WAS ARRESTED AND AGGEOGRAPH OF THE AGGEOGRAPH OF				
Miami-Fort Lauderdale-Pompano Beach, FL	E2632	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER ARM WITH ELASTIC BALANCE CONTROL	NU			\$144.00
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CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-Pompano	F0000	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER				
Beach, FL	E2632	ARM WITH ELASTIC BALANCE CONTROL	RR			\$14.40
Miami-Fort Lauderdale-Pompano		WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER				
Beach, FL	E2632	ARM WITH ELASTIC BALANCE CONTROL	UE			\$108.00
Miami-Fort Lauderdale-Pompano	F0000	WILLEST OLIVID A COECOODY, ADDITION TO MODILE ADMINISTRATION				0404.40
Beach, FL	E2633	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	NU			\$121.12
Miami-Fort Lauderdale-Pompano						
Beach, FL	E2633	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	RR			\$12.11
Miami-Fort Lauderdale-Pompano	F0000	WILLEST OLIVID A COECOODY, ADDITION TO MODILE ADMINISTRATION	e			000.04
Beach, FL	E2633	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	UE			\$90.84
Miami-Fort Lauderdale-Pompano						
Beach, FL	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$115.00
Miami-Fort Lauderdale-Pompano	K0045	DETACHARIE NON AD HISTARIE HISIOHT ADMREST FACH	DD			¢44 E0
Beach, FL	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$11.50
Miami-Fort Lauderdale-Pompano						
Beach, FL	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$86.25
Miami Fart Laudardala Damanana						
Miami-Fort Lauderdale-Pompano Beach, FL	K0019	ARM PAD, EACH	NU			\$10.54
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Miami-Fort Lauderdale-Pompano						
Beach, FL	K0019	ARM PAD, EACH	RR			\$1.05
Miami-Fort Lauderdale-Pompano						
Beach, FL	K0019	ARM PAD, EACH	UE			\$7.91
Miami-Fort Lauderdale-Pompano	1600.40	AD HIGTARI E ANGLE EGOTDI ATE EAGLI	N			040.00
Beach, FL	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$48.39

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		Modifier 1	Modifier 2	Modifier 3	SPA
K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$4.84
K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$36.29
K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$59.91
K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$5.99
K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$44.93
K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$73.22
K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$7.32
K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$54.92
K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$85.75
K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.58
K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$64.31
K0065	SPOKE PROTECTORS, EACH	NU			\$38.20
	K0040 K0040 K0040 K0052 K0052 K0053 K0053 K0056 K0056	K0040 ADJUSTABLE ANGLE FOOTPLATE, EACH K0040 ADJUSTABLE ANGLE FOOTPLATE, EACH K0052 SWINGAWAY, DETACHABLE FOOTRESTS, EACH K0052 SWINGAWAY, DETACHABLE FOOTRESTS, EACH K0052 SWINGAWAY, DETACHABLE FOOTRESTS, EACH K0053 ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH K0053 ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH K0053 ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH K0056 SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	Code HCPCS Code Description Modifier 1 K0040 ADJUSTABLE ANGLE FOOTPLATE, EACH RR K0040 ADJUSTABLE ANGLE FOOTPLATE, EACH UE K0052 SWINGAWAY, DETACHABLE FOOTRESTS, EACH NU K0052 SWINGAWAY, DETACHABLE FOOTRESTS, EACH RR K0052 SWINGAWAY, DETACHABLE FOOTRESTS, EACH UE K0053 ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH NU K0053 ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH RR K0053 ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH UE K0053 ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH UE K0054 SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR NU K0056 SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR UE	K0040 ADJUSTABLE ANGLE FOOTPLATE, EACH K0040 ADJUSTABLE ANGLE FOOTPLATE, EACH K0040 ADJUSTABLE ANGLE FOOTPLATE, EACH K0052 SWINGAWAY, DETACHABLE FOOTRESTS, EACH K0052 SWINGAWAY, DETACHABLE FOOTRESTS, EACH K0053 ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH K0053 ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH K0053 ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH K0054 SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR K0056 SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR K0056 SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWHEIGHT WHEELCHAIR K0056 SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWHEIGHT WHEELCHAIR K0056 SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR K0056 SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR K0056 SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWHEIGHT WHEELCHAIR	CODE HCPCS Code Description Modifier 1 Modifier 2 Modifier 3 K0040 ADJUSTABLE ANGLE FOOTPLATE, EACH RR K0040 ADJUSTABLE ANGLE FOOTPLATE, EACH UE K0052 SWINGAWAY, DETACHABLE FOOTRESTS, EACH NU K0052 SWINGAWAY, DETACHABLE FOOTRESTS, EACH UE K0052 SWINGAWAY, DETACHABLE FOOTRESTS, EACH UE K0053 ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH NU K0053 ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH UE K0054 ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH UE K0055 SEAT HEIGHT LESS THAN 17° OR EQUAL TO OR GREATER THAN 21° FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR NU K0056 SEAT HEIGHT LESS THAN 17° OR EQUAL TO OR GREATER THAN 21° FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR RR K0056 SEAT HEIGHT LESS THAN 17° OR EQUAL TO OR GREATER THAN 21° FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR UE

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-Pompano Beach, FL	K0065	SPOKE PROTECTORS, EACH	RR			\$3.82
Miami-Fort Lauderdale-Pompano Beach, FL	K0065	SPOKE PROTECTORS, EACH	UE			\$28.65
Miami-Fort Lauderdale-Pompano Beach, FL	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$85.44
Miami-Fort Lauderdale-Pompano Beach, FL	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$8.54
Miami-Fort Lauderdale-Pompano Beach, FL	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$64.08
Miami-Fort Lauderdale-Pompano Beach, FL	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$150.00
Miami-Fort Lauderdale-Pompano Beach, FL	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.00
Miami-Fort Lauderdale-Pompano Beach, FL	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$112.50
Miami-Fort Lauderdale-Pompano Beach, FL	K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH	NU			\$84.98
Miami-Fort Lauderdale-Pompano Beach, FL	K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH	RR			\$8.50
Miami-Fort Lauderdale-Pompano Beach, FL	K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH	UE			\$63.74
Miami-Fort Lauderdale-Pompano Beach, FL	K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH	NU			\$55.00

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-Pompano						
Beach, FL	K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH	RR			\$5.50
Miami-Fort Lauderdale-Pompano						
Beach, FL	K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH	UE			\$41.25
20001, 12	110072	THE THE SHOTE IN COURSE TO SHOW THE SHO	02			\$11120
Miami-Fort Lauderdale-Pompano	140070	CACTED DIVI CON FACIL				
Beach, FL	K0073	CASTER PIN LOCK,EACH	NU			\$28.69
Miami-Fort Lauderdale-Pompano						
Beach, FL	K0073	CASTER PIN LOCK,EACH	RR			\$2.87
Miami-Fort Lauderdale-Pompano						
Beach, FL	K0073	CASTER PIN LOCK,EACH	UE			\$21.52
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Miami-Fort Lauderdale-Pompano	140077	FRONT OVOTED ACCEMBLY COMBLETE MUTU COURTING FACIL	.			
Beach, FL	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$45.66
Miami-Fort Lauderdale-Pompano						
Beach, FL	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$4.57
Miami-Fort Lauderdale-Pompano						
Beach, FL	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$34.25
Miami-Fort Lauderdale-Pompano Beach, FL	K0098	DRIVE BELT FOR POWER WHEELCHAIR	NU			\$19.12
Deach, i L	10090	DRIVE BEET FOR FOWER WHEELCHAIR	INO			ψ13.1Z
Miami-Fort Lauderdale-Pompano						
Beach, FL	K0098	DRIVE BELT FOR POWER WHEELCHAIR	RR			\$1.91
Miami-Fort Lauderdale-Pompano						
Beach, FL	K0098	DRIVE BELT FOR POWER WHEELCHAIR	UE			\$14.34
Miami-Fort Lauderdale-Pompano						
Beach, FL	K0105	IV HANGER, EACH	NU			\$81.62
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	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-Pompano Beach, FL	K0105	IV HANGER, EACH	RR			\$8.16
Miami-Fort Lauderdale-Pompano Beach, FL	K0105	IV HANGER, EACH	UE			\$61.22
Miami-Fort Lauderdale-Pompano Beach, FL	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$12.06
Miami-Fort Lauderdale-Pompano Beach, FL	K0733	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E. G. , GEL CELL, ABSORBED GLASSMAT)	NU			\$23.20
Miami-Fort Lauderdale-Pompano Beach, FL	K0733	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E. G. , GEL CELL, ABSORBED GLASSMAT)	RR			\$2.32
Miami-Fort Lauderdale-Pompano Beach, FL	K0733	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E. G. , GEL CELL, ABSORBED GLASSMAT)	UE			\$17.40
Miami-Fort Lauderdale-Pompano Beach, FL	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$45.51
Miami-Fort Lauderdale-Pompano Beach, FL	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.55
Miami-Fort Lauderdale-Pompano Beach, FL	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$34.13
Miami-Fort Lauderdale-Pompano Beach, FL	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$50.30
Miami-Fort Lauderdale-Pompano Beach, FL	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$5.03
Miami-Fort Lauderdale-Pompano Beach, FL	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$37.73

		Standard modificy Equipment and Related Accessines				
CBA Name	HCPCS Code		Modifier 1	Modifier 2	Modifier 2	SPA
CDA Name	Code	HCPCS Code Description	Modifier	Modifier 2	woulder 3	SPA
Miami-Fort Lauderdale-Pompano Beach, FL	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$237.44
Miami-Fort Lauderdale-Pompano Beach, FL	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$23.74
Miami-Fort Lauderdale-Pompano Beach, FL	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$178.08
Miami-Fort Lauderdale-Pompano Beach, FL	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$74.00
Miami-Fort Lauderdale-Pompano Beach, FL	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$7.40
Miami-Fort Lauderdale-Pompano Beach, FL	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$55.50
Miami-Fort Lauderdale-Pompano Beach, FL	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$64.56
Miami-Fort Lauderdale-Pompano Beach, FL	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.46
Miami-Fort Lauderdale-Pompano Beach, FL	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$48.42
Miami-Fort Lauderdale-Pompano Beach, FL	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$372.50
Miami-Fort Lauderdale-Pompano Beach, FL	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$37.25
Miami-Fort Lauderdale-Pompano Beach, FL	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$279.38

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
ODA Hame	Oouc	noi oo oodo bescription	inodifici i	MOUITICE 2	Modifier 5	OI A
Miami-Fort Lauderdale-Pompano Beach, FL	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$81.17
Dodon, 1 E	20110	William, Tilliam, William, Wil	110			ΨΟΊ.ΤΙ
Missai Fast Landardala Danasa						
Miami-Fort Lauderdale-Pompano Beach, FL	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$8.12
Miami-Fort Lauderdale-Pompano						
Beach, FL	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$60.88
Miami-Fort Lauderdale-Pompano						
Beach, FL	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$136.38
Miami-Fort Lauderdale-Pompano						
Beach, FL	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$13.64
Miami-Fort Lauderdale-Pompano						
Beach, FL	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$102.29
Miami-Fort Lauderdale-Pompano						
Beach, FL	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$38.84
Miami-Fort Lauderdale-Pompano						
Beach, FL	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$3.88
Miami-Fort Lauderdale-Pompano Beach, FL	E0154	DI ATEODM ATTACHMENT MALVED, EACH	UE			600.40
Beach, FL	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$29.13
Miami-Fort Lauderdale-Pompano Beach, FL	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$18.83
Dodon, I L	L0100	WILLER TROUBLING WALKER, FERTAIN	INO			ψ10.03
Mr. 15 (1 1 1 1 5						
Miami-Fort Lauderdale-Pompano Beach, FL	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.88
··, · _		The state of the s				\$1100
Miami Fort Laudordolo Dominano						
Miami-Fort Lauderdale-Pompano Beach, FL	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$14.12
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CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
ODA Name	Ooue	Tiol do dode Description	Woulder 1	Woulder 2	Woulder 5	OI A
Miami-Fort Lauderdale-Pompano Beach, FL	E0156	SEAT ATTACHMENT, WALKER	NU			\$13.74
Deach, FL	E0130	SEAT ATTACHWENT, WALREN	INO			\$13.74
Miami-Fort Lauderdale-Pompano Beach, FL	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.37
Deach, FL	E0130	SEAT ATTACHWENT, WALREN	INN			φ1.37
Miami-Fort Lauderdale-Pompano Beach, FL	E0156	SEAT ATTACHMENT, WALKER	UE			\$10.31
Deadil, 1 L	20130	OEAT ATTAOTIMENT, WALKER	OL			Ψ10.51
Miami-Fort Lauderdale-Pompano Beach, FL	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$46.04
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Microi Fort Loudondolo Donos os						
Miami-Fort Lauderdale-Pompano Beach, FL	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$4.60
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Miami-Fort Lauderdale-Pompano						
Beach, FL	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$34.53
Miami-Fort Lauderdale-Pompano						
Beach, FL	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$17.72
Miami-Fort Lauderdale-Pompano						
Beach, FL	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.77
Miami-Fort Lauderdale-Pompano						
Beach, FL	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$13.29
Miami-Fort Lauderdale-Pompano						
Beach, FL	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$11.73
Miami-Fort Lauderdale-Pompano	E0450	DRAKE ATTAOUNENT FOR WUFFI FR WALKER DERI AGENERT FACE	55			24.1-
Beach, FL	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.17
Miami-Fort Lauderdale-Pompano Beach, FL	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$8.80
Deadii, i`L	E0139	DIVANE ATTACHIVILINT FOR WHEELED WALKER, REPLACEIVILINT, EACH	UE			ФО. 80

CBA Name Code HCPCS Code Description Modifier 1 Modifier 2 Modifier 3	SPA
Orlando-Kissimmee-Sanford, FL E1031 ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER RR	\$34.50
Orlando-Kissimmee-Sanford, FL E1037 TRANSPORT CHAIR, PEDIATRIC SIZE RR	\$85.69
Orlando-Kissimmee-Sanford, FL E1038 TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 RR	\$14.60
Orlando-Kissimmee-Sanford, FL E1039 TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY GREATER THAN 300 RR	\$27.90
Orlando-Kissimmee-Sanford, FL K0001 STANDARD WHEELCHAIR RR	\$30.00
Orlando-Kissimmee-Sanford, FL K0002 STANDARD HEMI (LOW SEAT) WHEELCHAIR RR	\$49.50
Orlando-Kissimmee-Sanford, FL K0003 LIGHTWEIGHT WHEELCHAIR RR	\$50.72
Orlando-Kissimmee-Sanford, FL K0004 HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR RR	\$73.21
Orlando-Kissimmee-Sanford, FL K0006 HEAVY DUTY WHEELCHAIR RR	\$75.03
Orlando-Kissimmee-Sanford, FL K0007 EXTRA HEAVY DUTY WHEELCHAIR RR	\$120.00
Orlando-Kissimmee-Sanford, FL K0800 POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS NU	\$837.00
Orlando-Kissimmee-Sanford, FL K0800 POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND RR	\$83.70

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orlando-Kissimmee-Sanford, FL	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$627.75
Orlando-Kissimmee-Sanford, FL	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,447.00
Orlando-Kissimmee-Sanford, FL	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$144.70
Orlando-Kissimmee-Sanford, FL	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,085.25
Orlando-Kissimmee-Sanford, FL	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,750.00
Orlando-Kissimmee-Sanford, FL	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$175.00
Orlando-Kissimmee-Sanford, FL	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,312.50
Orlando-Kissimmee-Sanford, FL	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$251.25
Orlando-Kissimmee-Sanford, FL	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$300.19
Orlando-Kissimmee-Sanford, FL	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$341.80
Orlando-Kissimmee-Sanford, FL	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$330.00
Orlando-Kissimmee-Sanford, FL	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$268.50

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orlando-Kissimmee-Sanford, FL	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$321.54
Orlando-Kissimmee-Sanford, FL	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$347.47
Orlando-Kissimmee-Sanford, FL	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$329.85
Orlando-Kissimmee-Sanford, FL	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$450.03
Orlando-Kissimmee-Sanford, FL	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$426.65
Orlando-Kissimmee-Sanford, FL	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$641.74
Orlando-Kissimmee-Sanford, FL	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$576.75
Orlando-Kissimmee-Sanford, FL	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$742.50
Orlando-Kissimmee-Sanford, FL	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$748.82
Orlando-Kissimmee-Sanford, FL	E0705	TRANSFER DEVICE, ANY TYPE, EACH	NU			\$45.00
Orlando-Kissimmee-Sanford, FL	E0705	TRANSFER DEVICE, ANY TYPE, EACH	RR			\$4.50
Orlando-Kissimmee-Sanford, FL	E0705	TRANSFER DEVICE, ANY TYPE, EACH	UE			\$33.75

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CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orlando-Kissimmee-Sanford, FL	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$67.27
Orlando-Kissimmee-Sanford, FL	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$6.73
Orlando-Kissimmee-Sanford, FL	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$50.45
Orlando-Kissimmee-Sanford, FL	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$12.46
Orlando-Kissimmee-Sanford, FL	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.25
Orlando-Kissimmee-Sanford, FL	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$9.35
Orlando-Kissimmee-Sanford, FL	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$131.00
Orlando-Kissimmee-Sanford, FL	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$13.10
Orlando-Kissimmee-Sanford, FL	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$98.25
Orlando-Kissimmee-Sanford, FL	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$71.84
Orlando-Kissimmee-Sanford, FL	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$7.18
Orlando-Kissimmee-Sanford, FL	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$53.88

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 2	SPA
CDA Name	Code	nores code Description	Widdiller	Wiodillel 2	Modifier 3	SFA
		WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING				
Orlando-Kissimmee-Sanford, FL	E0957	HARDWARE, EACH	NU			\$102.00
		WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING				
Orlando-Kissimmee-Sanford, FL	E0957	HARDWARE, EACH	RR			\$10.20
Orlando-Kissimmee-Sanford, FL	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$76.50
Orlanda Kissimanas Conford El	E0059	MANUAL WHEEL CHAIR ACCESSORY ONE ARM DRIVE ATTACHMENT, FACIL	DD			*25.25
Orlando-Kissimmee-Sanford, FL	E0958	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH	RR			\$35.35
Orlando-Kissimmee-Sanford, FL	E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	NU			\$34.31
Orlando-Kissimmee-Sanford, FL	E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	RR			\$3.43
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Orlando-Kissimmee-Sanford, FL	E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	UE			\$25.73
		WHEEL CHAID ACCESSORY CHOULDED HARNESS (OTDADS OF CHEST STRAP, INCLUDING ANY				
Orlando-Kissimmee-Sanford, FL	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$69.62
Orlando-Kissimmee-Sanford, FL	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			# 0.00
Onando-Rissimmee-Saniord, FL	E0960	TYPE MOUNTING HARDWARE	KK			\$6.96
		WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY				
Orlando-Kissimmee-Sanford, FL	E0960	TYPE MOUNTING HARDWARE	UE			\$52.22
Orlando-Kissimmee-Sanford, FL	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$19.00
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Orlando-Kissimmee-Sanford, FL	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.90

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CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orlando-Kissimmee-Sanford, FL	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$14.25
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Orlando-Kissimmee-Sanford, FL	E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	NU			\$59.72
Change (Resillation Camera, 12						V
Orlando-Kissimmee-Sanford, FL	E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	RR			\$5.97
Change raccimined Camera, 1 E	20000		Tur			ψοιον
Orlando-Kissimmee-Sanford, FL	E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	UE			\$44.79
Chango-rassimmee-damord, i E	20300	WINDAL WITELEGITAIN AGGEGGONT, FILABREGIT EXTENDION, EAGIT	OL .			φ44.73
Odende Kiesinger - Ocertend El	F0007	MANUAL WHIEL CHAID ACCESCODY HAND DIMANITH DDG JECTIONS, ANY TYPE, EACH	NUL			\$50.50
Orlando-Kissimmee-Sanford, FL	E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	NU			\$59.50
Orlando-Kissimmee-Sanford, FL	E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	RR			\$5.95
Orlando-Kissimmee-Sanford, FL	E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	UE			\$44.63
Orlando-Kissimmee-Sanford, FL	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$31.54
Orlando-Kissimmee-Sanford, FL	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.15
Orlando-Kissimmee-Sanford, FL	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$23.66
Orlando-Kissimmee-Sanford, FL	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$57.49
Orlando-Kissimmee-Sanford, FL	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$5.75
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CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orlando-Kissimmee-Sanford, FL	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$43.12
Orlando-Kissimmee-Sanford, FL	E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	NU			\$57.27
Orlando-Kissimmee-Sanford, FL	E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	RR			\$5.73
Orlando-Kissimmee-Sanford, FL	E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	UE			\$42.95
Orlando-Kissimmee-Sanford, FL	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$23.00
Orlando-Kissimmee-Sanford, FL	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.30
Orlando-Kissimmee-Sanford, FL	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$17.25
Orlando-Kissimmee-Sanford, FL	E0985	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	NU			\$175.00
Orlando-Kissimmee-Sanford, FL	E0985	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	RR			\$17.50
Orlando-Kissimmee-Sanford, FL	E0985	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	UE			\$131.25
Orlando-Kissimmee-Sanford, FL	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$76.00
Orlando-Kissimmee-Sanford, FL	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$7.60

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orlando-Kissimmee-Sanford, FL	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$57.00
Orlando-Kissimmee-Sanford, FL	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$75.00
Orlando-Kissimmee-Sanford, FL	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$7.50
Orlando-Kissimmee-Sanford, FL	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$56.25
Orlando-Kissimmee-Sanford, FL	E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	NU			\$99.00
Orlando-Kissimmee-Sanford, FL	E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	RR			\$9.90
Orlando-Kissimmee-Sanford, FL	E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	UE			\$74.25
Orlando-Kissimmee-Sanford, FL	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$88.50
Orlando-Kissimmee-Sanford, FL	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$8.85
Orlando-Kissimmee-Sanford, FL	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$66.38
Orlando-Kissimmee-Sanford, FL	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$159.50
Orlando-Kissimmee-Sanford, FL	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$15.95

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
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Orlando-Kissimmee-Sanford, FL	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$119.63
Orlando-Kissimmee-Sanford, FL	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$133.85
Orlando-Kissimmee-Sanford, FL	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$13.39
Orlando-Kissimmee-Sanford, FL	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$100.39
Orlando-Kissimmee-Sanford, FL	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$35.00
Orlando-Kissimmee-Sanford, FL	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$385.00
Orlando-Kissimmee-Sanford, FL	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$38.50
Orlando-Kissimmee-Sanford, FL	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$288.75
Orlando-Kissimmee-Sanford, FL	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$293.72
Orlando-Kissimmee-Sanford, FL	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$29.37
Orlando-Kissimmee-Sanford, FL	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$220.29
Orlando-Kissimmee-Sanford, FL	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$400.00

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
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Orlando-Kissimmee-Sanford, FL	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$40.00
Orlando-Kissimmee-Sanford, FL	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$300.00
Oder de Kiesieres e Cantond El	F0000	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22	NU I			£440.04
Orlando-Kissimmee-Sanford, FL	E2203	INCHES	NU			\$418.01
		MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22				
Orlando-Kissimmee-Sanford, FL	E2203	INCHES	RR			\$41.80
Orlando-Kissimmee-Sanford, FL	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$313.51
Orlando-Kissimmee-Sanford, FL	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$698.96
Orlando-Kissimmee-Sanford, FL	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$69.90
Orlando-Kissimmee-Sanford, FL	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$524.22
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		MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS (INCLUDES ERGONOMIC				
Orlando-Kissimmee-Sanford, FL	E2205	OR CONTOURED), ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$29.83
		MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS (INCLUDES ERGONOMIC				
Orlando-Kissimmee-Sanford, FL	E2205	OR CONTOURED), ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$2.98
Orlando-Kissimmee-Sanford, FL	E2205	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS (INCLUDES ERGONOMIC OR CONTOURED), ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$22.37
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Orlando-Kissimmee-Sanford, FL	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$32.29

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CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orlando-Kissimmee-Sanford, FL	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.23
Orlando-Kissimmee-Sanford, FL	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$24.22
Orlando-Kissimmee-Sanford, FL	E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	NU			\$39.58
Orlando-Kissimmee-Sanford, FL	E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	RR			\$3.96
Orlando-Kissimmee-Sanford, FL	E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	UE			\$29.69
Orlando-Kissimmee-Sanford, FL	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$76.98
Orlando-Kissimmee-Sanford, FL	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$7.70
Orlando-Kissimmee-Sanford, FL	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$57.74
Orlando-Kissimmee-Sanford, FL	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$74.00
Orlando-Kissimmee-Sanford, FL	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$7.40
Orlando-Kissimmee-Sanford, FL	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$55.50
Orlando-Kissimmee-Sanford, FL	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$4.40

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\$32.00
\$3.20
\$24.00
\$24.00
\$5.36
\$0.54
\$4.02
\$25.00
\$2.50
\$2.50
\$18.75
\$26.30

CBA Name	HCPCS Code	HCBCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
CDA Name	Code	HCPCS Code Description	Modifier 1	Widdiner 2	Modifier 3	SPA
Orlando-Kissimmee-Sanford, FL	E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	RR			\$2.63
Orlando-Kissimmee-Sanford, FL	E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	UE			\$19.73
Oderade Kiesinsen operad El	E0045	MANUAL WHIELECHAID ACCESSORY THRE FOR PARLIMATIC CASTER TIPE, AND SIZE, FACIL	NU I			#0.70
Orlando-Kissimmee-Sanford, FL	E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	NU			\$8.76
Orlando-Kissimmee-Sanford, FL	E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	RR			\$0.88
Orlando-Kissimmee-Sanford, FL	E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	UE			\$6.57
Orlando-Kissimmee-Sanford, FL	E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	NU			\$30.57
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Orlando-Kissimmee-Sanford, FL	E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	RR			\$3.06
Orlando-Kissimmee-Sanford, FL	E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	UE			\$22.93
Orlando-Kissimmee-Sanford, FL	E2220	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, EACH	NU			\$26.04
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		MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE,				
Orlando-Kissimmee-Sanford, FL	E2220	EACH	RR			\$2.60
		MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE,				
Orlando-Kissimmee-Sanford, FL	E2220	EACH	UE			\$19.53
Orlando-Kissimmee-Sanford, FL	E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, EACH	NU			\$23.32
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CBA Name	HCPCS Code	HCBCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
CDA Name	Code	HCPCS Code Description	wodiner i	Wodiner 2	woulder 3	SPA
Orlando-Kissimmee-Sanford, FL	E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, EACH	RR			\$2.33
Orlando-Kissimmee-Sanford, FL	E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, EACH	UE			\$17.49
Orlando-Kissimmee-Sanford, FL	E2222	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH	NU			\$19.23
Orlando-Kissimmee-Sanford, FL	E2222	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH	RR			\$1.92
Orlando-Kissimmee-Sanford, FL	E2222	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH	UE			\$14.42
Orlando-Kissimmee-Sanford, FL	E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	NU			\$88.00
Orlando-Kissimmee-Sanford, FL	E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	RR			\$8.80
Orlando-Kissimmee-Sanford, FL	E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	UE			\$66.00
Orlando-Kissimmee-Sanford, FL	E2225	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$15.00
Orlando-Kissimmee-Sanford, FL	E2225	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.50
Orlando-Kissimmee-Sanford, FL	E2225	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$11.25
Orlando-Kissimmee-Sanford, FL	E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$34.65

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
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Orlando-Kissimmee-Sanford, FL	E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.47
Orlando-Kissimmee-Sanford, FL	E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$25.99
Orlando-Kissimmee-Sanford, FL	E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH	NU			\$825.85
Orlanda Kissimmas Cantord El	E2228	MANUAL WHEELCHAID ACCESSORY WHEEL BRAZING SYSTEM AND LOSK COMPLETE FACIL	RR			#00.50
Orlando-Kissimmee-Sanford, FL	E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH	KK			\$82.59
Orlando-Kissimmee-Sanford, FL	E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH	UE			\$619.39
		MANUAL WHEELCHAID ACCESSORY SOLID SEAT SUDDORT BASE (BEDLACES SUNC SEAT)				
Orlando-Kissimmee-Sanford, FL	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$132.74
Orlando-Kissimmee-Sanford, FL	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$13.27
Orlando-Kissimmee-Sanford, FL	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$99.56
Ollando-Rissilliniee-Salliold, FL	E2231	INCLUDES ANT TIPE MOUNTING HARDWARE	UE			499.00
		POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E. G. GEL				
Orlando-Kissimmee-Sanford, FL	E2359	CELL, ABSORBED GLASSMAT)	NU			\$150.00
		POWER WHEEL CHAIR ACCESSORY GROUP 34 SEALED LEAD ACID BATTERY EACH (F. G. GEL				
Orlando-Kissimmee-Sanford, FL	E2359	CELL, ABSORBED GLASSMAT)	RR			\$15.00
Orlando-Kissimmee-Sanford, FL	E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$112.50
Orlando-Kissimmee-Sanford Fl	F2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ARSORBED GLASSMAT)	NU			\$103.00
Orlando-Kissimmee-Sanford, FL	E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT) POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orlando-Kissimmee-Sanford, FL	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.30
Orlando-Kissimmee-Sanford, FL	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$77.25
Orlando-Kissimmee-Sanford, FL	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$125.00
Orlando-Kissimmee-Sanford, FL	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$12.50
Orlando-Kissimmee-Sanford, FL	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$93.75
Orlando-Kissimmee-Sanford, FL	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$71.12
Orlando-Kissimmee-Sanford, FL	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.11
Orlando-Kissimmee-Sanford, FL	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$53.34
Orlando-Kissimmee-Sanford, FL	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$170.00
Orlando-Kissimmee-Sanford, FL	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$17.00
Orlando-Kissimmee-Sanford, FL	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$127.50
Orlando-Kissimmee-Sanford, FL	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$334.77

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CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orlando-Kissimmee-Sanford, FL	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$33.48
Orlando-Kissimmee-Sanford, FL	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$251.08
Orlando-Kissimmee-Sanford, FL	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$325.00
Orlando-Kissimmee-Sanford, FL	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$32.50
Orlando-Kissimmee-Sanford, FL	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$243.75
Orlando-Kissimmee-Sanford, FL	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$525.00
Orlando-Kissimmee-Sanford, FL	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$52.50
Orlando-Kissimmee-Sanford, FL	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$393.75
Orlando-Kissimmee-Sanford, FL	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$117.70
Orlando-Kissimmee-Sanford, FL	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$11.77
Orlando-Kissimmee-Sanford, FL	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$88.28
Orlando-Kissimmee-Sanford, FL	E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	NU			\$600.00

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orlando-Kissimmee-Sanford, FL	E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	RR			\$60.00
Orlando-Kissimmee-Sanford, FL	E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	UE			\$450.00
Orlando-Kissimmee-Sanford, FL	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$52.00
Orlando-Kissimmee-Sanford, FL	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.20
Orlando-Kissimmee-Sanford, FL	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$39.00
Orlando-Kissimmee-Sanford, FL	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$105.00
Orlando-Kissimmee-Sanford, FL	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.50
Orlando-Kissimmee-Sanford, FL	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$78.75
Orlando-Kissimmee-Sanford, FL	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$55.00
Orlando-Kissimmee-Sanford, FL	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.50
Orlando-Kissimmee-Sanford, FL	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$41.25
Orlando-Kissimmee-Sanford, FL	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$97.54

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
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Orlando-Kissimmee-Sanford, FL	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$9.75
Orlando-Kissimmee-Sanford, FL	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$73.16
Orlando-Kissimmee-Sanford, FL	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$42.08
Orlando-Kissimmee-Sanford, FL	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.21
Orlando-Kissimmee-Sanford, FL	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$31.56
Orlando-Kissimmee-Sanford, FL	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$14.50
Orlando-Kissimmee-Sanford, FL	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.45
Orlando-Kissimmee-Sanford, FL	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$10.88
Orlando-Kissimmee-Sanford, FL	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$34.92
Orlando-Kissimmee-Sanford, FL	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.49
Orlando-Kissimmee-Sanford, FL	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$26.19
Orlando-Kissimmee-Sanford, FL	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$52.00

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 2	SPA
CDA Name	Code	nores code Description	WOUTHER	Wiodiner 2	Wiodiller 3	SFA
Orlando-Kissimmee-Sanford, FL	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.20
Orlando-Kissimmee-Sanford, FL	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$39.00
Orlando-Kissimmee-Sanford, FL	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$35.35
Orlando-Kissimmee-Sanford, FL	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.54
Orlando-Kissimmee-Sanford, FL	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$26.51
Orlando-Kissimmee-Sanford, FL	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$42.13
Orlando-Kissimmee-Sanford, FL	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.21
Orlando-Kissimmee-Sanford, FL	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$31.60
Orlando-Kissimmee-Sanford, FL	E2397	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH	NU			\$355.87
Orlando-Kissimmee-Sanford, FL	E2397	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH	RR			\$35.59
Orlando-Kissimmee-Sanford, FL	E2397	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH	UE			\$266.90
Orlando-Kissimmee-Sanford, FL	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$39.63

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
ODA Name	Jour	Tiol de doue Description	Wiodiner 1	Modifier 2	Woulder 0	OI A
Orlando-Kissimmee-Sanford, FL	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$3.96
Orlando-Kissimmee-Sanford, FL	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$29.72
Orlando-Kissimmee-Sanford, FL	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$77.38
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Orlando-Kissimmee-Sanford, FL	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$7.74
Orlando-Kissimmee-Sanford, FL	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$58.04
Orlando-Kissimmee-Sanford, FL	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$98.24
Orlando-Kissimmee-Sanford, FL	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$9.82
Change Resimined Camera, 12	22000	CHAIT NOTECTION WHELEOFINANCE AT COCKION, WISTINGLES THAN 22 INCHES, ANY BETTI	Tax			Ψ3.32
Orlando-Kissimmee-Sanford, FL	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$73.68
Orlando-Kissimmee-Sanford, FL	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$131.00
Orlando-Kissimmee-Sanford, FL	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$13.10
Orlando-Kissimmee-Sanford, FL	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$98.25
Change Modified Camora, I E	22004	STATE OF THE PERIOD OF THE PER				Ψ33.23
Orlando-Kissimmee-Sanford, FL	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$177.04

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orlando-Kissimmee-Sanford, FL	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$17.70
Orlando-Kissimmee-Sanford, FL	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$132.78
Orlando-Kissimmee-Sanford, FL	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$272.14
Orlando-Kissimmee-Sanford, FL	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$27.21
Orlando-Kissimmee-Sanford, FL	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$204.11
Orlando-Kissimmee-Sanford, FL	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$194.48
Orlando-Kissimmee-Sanford, FL	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$19.45
Orlando-Kissimmee-Sanford, FL	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$145.86
Orlando-Kissimmee-Sanford, FL	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$225.58
Orlando-Kissimmee-Sanford, FL	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$22.56
Orlando-Kissimmee-Sanford, FL	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$169.19
Orlando-Kissimmee-Sanford, FL	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$199.00

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orlando-Kissimmee-Sanford, FL	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$19.90
Orlando-Kissimmee-Sanford, FL	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$149.25
Orlando-Kissimmee-Sanford, FL	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$293.00
Orlando-Kissimmee-Sanford, FL	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$29.30
Orlando-Kissimmee-Sanford, FL	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$219.75
Orlando-Kissimmee-Sanford, FL	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$272.00
Orlando-Kissimmee-Sanford, FL	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$27.20
Orlando-Kissimmee-Sanford, FL	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$204.00
Orlando-Kissimmee-Sanford, FL	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$377.00
Orlando-Kissimmee-Sanford, FL	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$37.70
Orlando-Kissimmee-Sanford, FL	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$282.75
Orlando-Kissimmee-Sanford, FL	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$310.00

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
		POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22				
Orlando-Kissimmee-Sanford, FL	E2615	INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$31.00
Orlando-Kissimmee-Sanford, FL	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES. ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$232.50
Onando-Nissimmee-Samora, i L	L2013	INCILES, ANT FIEIGHT, INCECDING ANT TITLE MOONTING HANDWAKE	OL .			φ232.30
		POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR				
Orlando-Kissimmee-Sanford, FL	E2616	GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$422.00
		POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR				
Orlando-Kissimmee-Sanford, FL	E2616	GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$42.20
Orlando-Kissimmee-Sanford, FL	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$316.50
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		POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH				
Orlando-Kissimmee-Sanford, FL	E2620	LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$375.00
Orlando-Kissimmee-Sanford, FL	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$37.50
						ŲC/100
		POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH				
Orlando-Kissimmee-Sanford, FL	E2620	LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$281.25
Orlando-Kissimmee-Sanford, FL	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$399.00
Onando-Nissimmee-Samord, i L	L2021	22 INCHES ON GREATER, ANT HEIGHT, INCLUDING ANT THE MOUNTING HARDWARE	INO			\$399.00
		POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH				
Orlando-Kissimmee-Sanford, FL	E2621	22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$39.90
Odende Kiesinson - Ocufer I 5	F0004	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH	LIE			#000 0F
Orlando-Kissimmee-Sanford, FL	E2621	22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$299.25
		WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO				
Orlando-Kissimmee-Sanford, FL	E2626	WHEELCHAIR, BALANCED, ADJUSTABLE	NU			\$567.09
Chango-Nissimmee-Samoru, FL	L2020	WITELEONAIN, DALANGED, ADJUSTABLE	ואט			φ301.0

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
	50000	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO				
Orlando-Kissimmee-Sanford, FL	E2626	WHEELCHAIR, BALANCED, ADJUSTABLE	RR			\$56.71
Orlando-Kissimmee-Sanford, FL	E2626	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE	UE			\$425.32
Orlando-Kissimmee-Sanford, FL	E2627	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE RANCHO TYPE	NU			\$875.00
Orlando-Kissimmee-Sanford, FL	E2627	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE RANCHO TYPE	RR			\$87.50
Orlando-Kissimmee-Sanford, FL	E2627	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE RANCHO TYPE	UE			\$656.25
Orlando-Kissimmee-Sanford, FL	E2628	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, RECLINING	NU			\$681.69
Orlando-Kissimmee-Sanford, FL	E2628	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, RECLINING	RR			\$68.17
Orlando-Kissimmee-Sanford, FL	E2628	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, RECLINING	UE			\$511.27
Orlando-Kissimmee-Sanford, FL	E2629	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT (FRICTION DAMPENING TO PROXIMAL AND DISTAL JOINTS)	NU			\$850.00
Orlando-Kissimmee-Sanford, FL	E2629	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT (FRICTION DAMPENING TO PROXIMAL AND DISTAL JOINTS)	RR			\$85.00
Orlando-Kissimmee-Sanford, FL	E2629	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT (FRICTION DAMPENING TO PROXIMAL AND DISTAL JOINTS)	UE			\$637.50
Orlando-Kissimmee-Sanford, FL	E2630	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE SUSPENSION SUPPORT	NU			\$603.26

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orlando-Kissimmee-Sanford, FL	E2630	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE SUSPENSION SUPPORT	RR			\$60.33
Orlando-Kissimmee-Sanford, FL	E2630	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE SUSPENSION SUPPORT	UE			\$452.45
Orlando-Kissimmee-Sanford, FL	E2631	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM	NU			\$225.00
Orlando-Kissimmee-Sanford, FL	E2631	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM	RR			\$22.50
Orlando-Kissimmee-Sanford, FL	E2631	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM	UE			\$168.75
Orlando-Kissimmee-Sanford, FL	E2632	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER ARM WITH ELASTIC BALANCE CONTROL	NU			\$150.00
Orlando-Kissimmee-Sanford, FL	E2632	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER ARM WITH ELASTIC BALANCE CONTROL	RR			\$15.00
Orlando-Kissimmee-Sanford, FL	E2632	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER ARM WITH ELASTIC BALANCE CONTROL	UE			\$112.50
Orlando-Kissimmee-Sanford, FL	E2633	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	NU			\$125.00
Orlando-Kissimmee-Sanford, FL	E2633	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	RR			\$12.50
Orlando-Kissimmee-Sanford, FL	E2633	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	UE			\$93.75
Orlando-Kissimmee-Sanford, FL	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$117.75

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orlando-Kissimmee-Sanford, FL	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$11.78
Orlando-Kissimmee-Sanford, FL	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$88.31
Orlando-Kissimmee-Sanford, FL	K0019	ARM PAD, EACH	NU			\$11.00
Orlando-Kissimmee-Sanford, FL	K0019	ARM PAD, EACH	RR			\$1.10
Orlando-Kissimmee-Sanford, FL	K0019	ARM PAD, EACH	UE			\$8.25
Orlando-Kissimmee-Sanford, FL	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$49.39
Orlando-Kissimmee-Sanford, FL	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$4.94
Orlando-Kissimmee-Sanford, FL	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$37.04
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Orlando-Kissimmee-Sanford, FL	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$65.00
Change rassimines Samora, I E	110002	STITLE TO THE TO STITLE TO	110			Ψ03.00
Orlando-Kissimmee-Sanford, FL	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$6.50
Orlando-Kissimmee-Sanford, FL	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$48.75
Orlando-Kissimmee-Sanford, FL	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$75.00

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CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orlando-Kissimmee-Sanford, FL	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$7.50
Orlando-Kissimmee-Sanford, FL	K0053	ELEVATING FOOTBESTS, ARTICULATING (TELESCOPING), FACU	UE			\$56.25
Ollando-Rissillinee-Saniord, FL	K0055	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$30.23
		SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH,				
Orlando-Kissimmee-Sanford, FL	K0056	LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$86.83
Orlando-Kissimmee-Sanford, FL	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.68

		SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH,				
Orlando-Kissimmee-Sanford, FL	K0056	LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$65.12
Orlando-Kissimmee-Sanford, FL	K0065	SPOKE PROTECTORS, EACH	NU			\$39.50
Odanda Kirainana a Cantand El	140005	ODOKE PROTECTORS FACIL	DD			#2.05
Orlando-Kissimmee-Sanford, FL	K0065	SPOKE PROTECTORS, EACH	RR			\$3.95
Orlando-Kissimmee-Sanford, FL	K0065	SPOKE PROTECTORS, EACH	UE			\$29.63
Orlando-Kissimmee-Sanford, FL	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$90.00
	13333					4 00.00
Orlando-Kissimmee-Sanford, FL	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$9.00
Orlando-Kissimmee-Sanford, FL	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$67.50
Odereda Kiesima C. (J. 5)	140070	DEAD WHEEL ACCEMBLY COMPLETE WITH DISCHARGE TIPE CROVES OF MOURES TOOK	NU I			0455.00
Orlando-Kissimmee-Sanford, FL	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$157.39

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orlando-Kissimmee-Sanford, FL	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.74
Orlando-Kissimmee-Sanford, FL	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$118.04
Orlando-Kissimmee-Sanford, FL	K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH	NU			\$93.88
Orlando-Kissimmee-Sanford, FL	K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH	RR			\$9.39
Orlando-Kissimmee-Sanford, FL	K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH	UE			\$70.41
Orlando-Kissimmee-Sanford, FL	K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH	NU			\$55.00
Orlando-Kissimmee-Sanford, FL	K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH	RR			\$5.50
Oder de Kiesinsere Central El	140070	EDON'T CASTED ASSEMBLY COMPLETE, WITH SEMI-DISCUMATIO TIDE, EASIL	LIE.			644.05
Orlando-Kissimmee-Sanford, FL	K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH	UE			\$41.25
Orlando-Kissimmee-Sanford, FL	K0073	CASTER PIN LOCK,EACH	NU			\$30.00
Orlando-Kissimmee-Sanford, FL	K0073	CASTER PIN LOCK,EACH	RR			\$3.00
Chango Nissimmee-Gamora, FL	10073	ONOTEKT IN LOOK,ENOT	IXIX			ψ3.00
Orlando-Kissimmee-Sanford, FL	K0073	CASTER PIN LOCK,EACH	UE			\$22.50
Orlando-Kissimmee-Sanford, FL	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$49.00
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CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orlando-Kissimmee-Sanford, FL	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$4.90
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Orlando-Kissimmee-Sanford, FL	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$36.75
Orlando-Kissimmee-Sanford, FL	K0098	DRIVE BELT FOR POWER WHEELCHAIR	NU			\$20.00
Onando-Rissininee-Samord, i L	10090	DRIVE BEET FOR FOWER WHELECHAIR	NO			φ20.00
Orlando-Kissimmee-Sanford, FL	K0098	DRIVE BELT FOR POWER WHEELCHAIR	RR			\$2.00
Orlando-Kissimmee-Sanford, FL	K0098	DRIVE BELT FOR POWER WHEELCHAIR	UE			\$15.00
Onando-Rissimmee-Samord, FL	10096	DRIVE BELT FOR FOWER WHEELCHAIR	UE			\$13.00
Orlando-Kissimmee-Sanford, FL	K0105	IV HANGER, EACH	NU			\$85.00
Orlando-Kissimmee-Sanford, FL	K0105	IV HANGER, EACH	RR			\$8.50
Onando-Rissimmee-Samord, FL	KUTUS	IV FIANGEN, EACH	NN			φο.50
Orlando-Kissimmee-Sanford, FL	K0105	IV HANGER, EACH	UE			\$63.75
Orlando-Kissimmee-Sanford, FL	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$12.50
Chando-Nissimmee-Gamord, 1 L	10133	ELEVATINO LEG REGTO, I AIR (I OR GGE WITH GAI'I EB REITIAE WHELEGHAIR BAGE)	IXIX			\$12.50
		POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E.				
Orlando-Kissimmee-Sanford, FL	K0733	G. , GEL CELL, ABSORBED GLASSMAT)	NU			\$23.49
Orlando-Kissimmee-Sanford, FL	K0733	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E. G. , GEL CELL, ABSORBED GLASSMAT)	RR			\$2.35
Onando-Nissimmee-Gamoru, FL	10733	o., ole dele, abdonbeb deaddivial)	IXIX			Ψ2.33
		POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E.				
Orlando-Kissimmee-Sanford, FL	K0733	G. , GEL CELL, ABSORBED GLASSMAT)	UE			\$17.62

CBA Name	HCPCS Code	UCDOS Codo Decovintion	Modifier 1	Modifier 2	Madifiar 2	SPA
CDA Name	Code	HCPCS Code Description	Wodifier	Modifier 2	wiodiner 3	SFA
Orlando-Kissimmee-Sanford, FL	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$45.51
Orlando-Kissimmee-Sanford, FL	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.55
Orlanda Kissimmas Conford El	F0420	WALKED BIOLD (BIOKLID), AD ILICTABLE OR FIXED LIFECUIT	lue.			¢24.42
Orlando-Kissimmee-Sanford, FL	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$34.13
Orlando-Kissimmee-Sanford, FL	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$49.32
Orlando-Kissimmee-Sanford, FL	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.93
Orlando-Kissimmee-Sanford, FL	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$36.99
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Orlando-Kissimmee-Sanford, FL	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$260.00
Orlando-Kissimmee-Sanford, FL	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$26.00
Orlando-Kissimmee-Sanford, FL	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$195.00
Orlanda Kissimmaa Sanfard El	E0141	WALKED DIGID WHEELED AD HISTARIE OR EIVED HEIGHT	NU			\$74.56
Orlando-Kissimmee-Sanford, FL	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	INU			ψ14.50
Orlando-Kissimmee-Sanford, FL	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$7.46
Orlando-Kissimmee-Sanford, FL	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$55.92

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orlando-Kissimmee-Sanford, FL	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$59.00
Orlando-Kissimmee-Sanford, FL	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.90
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Oden de Kiesinson e Osofond El	F04.40	WALKED FOLDING WHEELED AD HIGTARIE OF EIVER HEIGHT	ue.			\$44.0 5
Orlando-Kissimmee-Sanford, FL	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$44.25
Orlando-Kissimmee-Sanford, FL	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$372.50
Orlando-Kissimmee-Sanford, FL	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$37.25
Orlando-Kissimmee-Sanford, FL	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$279.38
Oden de Kiesinson e Osofond El	F04.40	WALKED LIEAVY DUTY WITHOUT WHEELS DIGID OD FOLDING ANY TYPE FACIL	NUL			#05.00
Orlando-Kissimmee-Sanford, FL	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$85.00
Orlando-Kissimmee-Sanford, FL	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$8.50
Orlando-Kissimmee-Sanford, FL	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$63.75
Orlando-Kissimmee-Sanford, FL	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$139.00
Orlando-Kissimmee-Sanford, FL	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$13.90
Onando-Missimmee-Samold, FL	E0149	WALKEN, HEAVT DOTT, WHEELED, RIGID ON FOLDING, ANT TIFE	IVIV			φ13.90
Orlando-Kissimmee-Sanford, FL	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$104.25

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
	50454					
Orlando-Kissimmee-Sanford, FL	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$39.00
Orlando-Kissimmee-Sanford, FL	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$3.90
Orlanda Kissimmas Conford El	E0454	DI ATEODMATTACIIMENT WALKED, FACIL	UE			\$20.25
Orlando-Kissimmee-Sanford, FL	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$29.25
Orlando-Kissimmee-Sanford, FL	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$19.32
Orlando-Kissimmee-Sanford, FL	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.93
Onando-Rissininee-Samora, i E	L0133	WILLEATTAGINENT, NGIDTIGNOT WALKEN, FENTAIN	IXIX			φ1.93
Orlando-Kissimmee-Sanford, FL	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$14.49
Orlando-Kissimmee-Sanford, FL	E0156	SEAT ATTACHMENT, WALKER	NU			\$14.78
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Orlando-Kissimmee-Sanford, FL	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.48
Orlando-Kissimmee-Sanford, FL	E0156	SEAT ATTACHMENT, WALKER	UE			\$11.09
Orlando-Kissimmee-Sanford, FL	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$48.00
Orlando-Kissimmee-Sanford, FL	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$4.80
	E0457	ODUTOU ATTAQUMENT WALKED FACU	lue.			A A A B A B B B B B B B B B B
Orlando-Kissimmee-Sanford, FL	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$36.00

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
ODA Name	Ooue	Tiol do dode Description	Woulder	Woulder 2	Wiodiller 5	OI A
Orlando-Kissimmee-Sanford, FL	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$18.19
Orlando-Kissimmee-Sanford, FL	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.82
Orlanda Kiasimmas Cantard El	F04F0	LEC EXTENSIONS FOR WALKER DED SET OF FOUR (4)	ш			642.64
Orlando-Kissimmee-Sanford, FL	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$13.64
Orlando-Kissimmee-Sanford, FL	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$13.06
Orlando-Kissimmee-Sanford, FL	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.31
	50450					
Orlando-Kissimmee-Sanford, FL	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.80
Pittsburgh, PA	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$43.28
Pittsburgh, PA	E1037	TRANSPORT CHAIR, PEDIATRIC SIZE	RR			\$93.22
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		TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300				
Pittsburgh, PA	E1038	POUNDS	RR			\$13.43
		TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY GREATER THAN 300				
Pittsburgh, PA	E1039	POUNDS	RR			\$30.30
Pittsburgh, PA	K0001	STANDARD WHEELCHAIR	RR			\$29.63
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Pittsburgh, PA	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$49.22

CBA Name	HCPCS Code		Modifier 1	Modifier 2	Madifier 2	SPA
CDA Name	Code	HCPCS Code Description	Modifier	Wiodiffer 2	Wiodiffer 3	SFA
Pittsburgh, PA	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$47.81
Pittsburgh, PA	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$64.06
Pittsburgh, PA	K0006	HEAVY DUTY WHEELCHAIR	RR			\$69.40
	K0007	EVEDA LIEAVAY DUTY MALIEFI CHAID	DD			¢400.40
Pittsburgh, PA	K0007	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND	RR			\$102.10
Pittsburgh, PA	K0800	INCLUDING 300 POUNDS	NU			\$840.84
Pittsburgh, PA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$84.08
Pittsburgh, PA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$630.63
Pittsburgh, PA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,483.82
Pittsburgh, PA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$148.38
Pittsburgh, PA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,112.87
Pittsburgh, PA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,810.46
Pittsburgh, PA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$181.05

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,357.85
Pittsburgh, PA	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$269.15
Pittsburgh, PA	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$300.09
Pittsburgh, PA	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$390.61
Pittsburgh, PA	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$328.82
Pittsburgh, PA	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$293.13
Pittsburgh, PA	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$350.79
Pittsburgh, PA	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$340.16
Pittsburgh, PA	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$329.29
Pittsburgh, PA	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$470.72
Pittsburgh, PA	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$387.98
Pittsburgh, PA	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$718.27

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$584.12
Pittsburgh, PA	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$767.44
Pittsburgh, PA	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$753.22
Pittsburgh, PA	E0705	TRANSFER DEVICE, ANY TYPE, EACH	NU			\$41.85
Pittsburgh, PA	E0705	TRANSFER DEVICE, ANY TYPE, EACH	RR			\$4.19
Pittsburgh, PA	E0705	TRANSFER DEVICE, ANY TYPE, EACH	UE			\$31.39
Pittsburgh, PA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$69.22
Pittsburgh, PA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$6.92
Pittsburgh, PA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$51.92
Pittsburgh, PA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$10.95
Pittsburgh, PA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.10
Pittsburgh, PA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$8.21

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$135.16
Pittsburgh, PA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$13.52
Pittsburgh, PA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$101.37
Pittsburgh, PA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$74.27
Pittsburgh, PA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$7.43
Pittsburgh, PA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$55.70
Pittsburgh, PA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$102.08
Pittsburgh, PA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$10.21
Pittsburgh, PA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$76.56
Pittsburgh, PA	E0958	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH	RR			\$38.45
Pittsburgh, PA	E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	NU			\$39.60
Pittsburgh, PA	E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	RR			\$3.96

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	UE			\$29.70
Pittsburgh, PA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$70.48
Pittsburgh, PA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.05
Pittsburgh, PA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$52.86
Pittsburgh, PA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$18.04
Pittsburgh, PA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.80
Pittsburgh, PA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$13.53
Pittsburgh, PA	E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	NU			\$61.17
Pittsburgh, PA	E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	RR			\$6.12
Pittsburgh, PA	E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	UE			\$45.88
Pittsburgh, PA	E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	NU			\$59.47
Pittsburgh, PA	E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	RR			\$5.95

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	UE			\$44.60
Pittsburgh, PA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$28.44
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Pittsburgh, PA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$2.84
Pittsburgh, PA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$21.33
Pittsburgh, PA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$60.48
Pittsburgh, PA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$6.05
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		WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE				•
Pittsburgh, PA	E0973	ASSEMBLY, EACH	UE			\$45.36
Pittsburgh, PA	E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	NU			\$67.38
Pittsburgh, PA	E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	RR			\$6.74
Pittsburgh, PA	E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	UE			\$50.54
Dittohurah DA	E0978	WHEEL CHAID ACCESSORY DOSITIONING BELT/SAFETY BELT/BELVIC STRAD FACH	NU			\$24.12
Pittsburgh, PA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	INU			⊅∠4.1 2
Pittsburgh, PA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.41

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$18.09
Pittsburgh, PA	E0985	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	NU			\$192.02
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Pittsburgh, PA	E0985	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	RR			\$19.20
Fillsburgh, FA	E0963	WHEELCHAIR ACCESSORT, SEAT LIFT MECHANISM	NN.			\$19.20
Pittsburgh, PA	E0985	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	UE			\$144.02
Pittsburgh, PA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$75.08
Pittsburgh, PA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$7.51
Pittsburgh, PA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$56.31
Pittsburgh, PA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$71.68
Pittsburgh, PA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$7.17
Pittsburgh, PA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$53.76
. Moodigit, i / i	20002		02			\$30.73
Dittaburah DA	F4045	CHOCK ARCORDED FOR MANUAL WHEELCHAIR FACH	NULL			6444.71
Pittsburgh, PA	E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	NU			\$114.74
Pittsburgh, PA	E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	RR			\$11.47

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	UE			\$86.06
Pittsburgh, PA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$97.63
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Dittah unah DA	E4040	CHOOK ADOODDED FOR DOWED WHIFT CHAIR FACIL	DD			£0.70
Pittsburgh, PA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$9.76
Pittsburgh, PA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$73.22
Pittsburgh, PA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$174.66
Pittsburgh, PA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$17.47
Pittsburgh, PA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$131.00
Pittsburgh, PA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$134.56
i itabuigii, i A	L 1020	TIANDWAKE FOR SO TOTION, OTHER GOLVINGE INVERTIGACE ON FOOTHORING AGGEGGONT	INO			ψ104.00
		WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING				
Pittsburgh, PA	E1028	HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$13.46
		WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING				
Pittsburgh, PA	E1028	HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$100.92
		WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15				
Pittsburgh, PA	E1225	DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$38.92
Pittsburgh, PA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$347.25

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$34.73
Pittsburgh, PA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$260.44
Pittsburgh, PA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$280.26
Pittsburgh, PA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$28.03
Pittsburgh, PA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$210.20
Pittsburgh, PA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$391.92
Pittsburgh, PA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$39.19
Pittsburgh, PA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$293.94
Pittsburgh, PA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$411.65
Pittsburgh, PA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$41.17
Pittsburgh, PA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$308.74
Pittsburgh, PA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$698.96

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$69.90
Pittsburgh, PA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$524.22
Pittsburgh, PA	E2205	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS (INCLUDES ERGONOMIC OR CONTOURED), ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$29.42
Pittsburgh, PA	E2205	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS (INCLUDES ERGONOMIC OR CONTOURED), ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$2.94
Pittsburgh, PA	E2205	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS (INCLUDES ERGONOMIC OR CONTOURED), ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$22.07
Pittsburgh, PA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$34.66
Pittsburgh, PA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.47
Pittsburgh, PA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$26.00
Pittsburgh, PA	E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	NU			\$42.50
Pittsburgh, PA	E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	RR			\$4.25
Pittsburgh, PA	E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	UE			\$31.88
Pittsburgh, PA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$76.98

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$7.70
Pittsburgh, PA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$57.74
Pittsburgh, PA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$77.94
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Pittsburgh, PA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$7.79
r ittoburgii, i A	L2209	ACCESSORT, ARM TROOGH, WITHOUT HAND SOFT ORT, LACIT	IXIX			\$1.19
Pittsburgh, PA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$58.46
Pittsburgh, PA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$4.70
Pittsburgh, PA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.47
Pittsburgh, PA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.53
Pittsburgh, PA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$31.76
Pittsburgh, PA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.18
i mobulyii, i A	L2211	WE WOLL WITE ELDININ ACCESSION, I NECEMATIO I NOI OLDION TINE, ANT GIZE, EACH	IXIX			ψ3.10
D''. 1	F00//	MANUAL WILEEL CLIAID ACCESSORY PRELIMATIC PRODUCTION AND ACCESSORY	Lie			000.00
Pittsburgh, PA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$23.82
Pittsburgh, PA	E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$5.56

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$0.56
Pittsburgh, PA	E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	HE			\$4.17
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Pittsburgh, PA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$26.38
Pittsburgh, PA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.64
Pittsburgh, PA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$19.79
Pittsburgh, PA	E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	NU			\$29.26
Pittsburgh, PA	E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	RR			\$2.93
Pittsburgh, PA	E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	UE			\$21.95
Pittsburgh, PA	E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	NU			\$8.88
Pittsburgh, PA	E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	RR			\$0.89
Pittsburgh, PA	E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	UE			\$6.66
Pittsburgh, PA	E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	NU			\$36.66

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	RR			\$3.67
Pittsburgh, PA	E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	UE			\$27.50
Pittsburgh, PA	E2220	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, EACH	NU			\$24.76
Pittsburgh, PA	E2220	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, EACH	RR			\$2.48
Pittsburgh, PA	E2220	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, EACH	UE			\$18.57
Pittsburgh, PA	E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, EACH	NU			\$22.82
Pittsburgh, PA	E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, EACH	RR			\$2.28
Pittsburgh, PA	E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, EACH	UE			\$17.12
Pittsburgh, PA	E2222	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH	NU			\$18.86
Pittsburgh, PA	E2222	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH	RR			\$1.89
Pittsburgh, PA	E2222	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH	UE			\$14.15
Pittsburgh, PA	E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	NU			\$71.62

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	RR			\$7.16
Pittsburgh, PA	E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	UE			\$53.72
-		MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT				
Pittsburgh, PA	E2225	ONLY, EACH	NU			\$16.69
Pittsburgh, PA	E2225	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.67
Pittsburgh, PA	E2225	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$12.52
Pittsburgh, PA	E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$33.55
Pittsburgh, PA	E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.36
Pittsburgh, PA	E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$25.16
Pittsburgh, PA	E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH	NU			\$877.40
Pittsburgh, PA	E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH	RR			\$87.74
Pittsburgh, PA	E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH	UE			\$658.05
Pittsburgh, PA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$132.06

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$13.21
Pittsburgh, PA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$99.05
Pittsburgh, PA	E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$165.10
Pittsburgh, PA	E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$16.51
Pittsburgh, PA	E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$123.83
Pittsburgh, PA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$105.29
Pittsburgh, PA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.53
Pittsburgh, PA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$78.97
Pittsburgh, PA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$143.86
Pittsburgh, PA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$14.39
Pittsburgh, PA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$107.90
Pittsburgh, PA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$74.00

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CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.40
Pittsburgh, PA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$55.50
Pittsburgh, PA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$145.92
Pittsburgh, PA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$14.59
Pittsburgh, PA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$109.44
Pittsburgh, PA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$368.94
Pittsburgh, PA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$36.89
Pittsburgh, PA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$276.71
Pittsburgh, PA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$354.07
Pittsburgh, PA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$35.41
Pittsburgh, PA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$265.55
Pittsburgh, PA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$518.84

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR	Modifier 2	modifier 5	\$51.88
Pittsburgh, PA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$389.13
Pittsburgh, PA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$129.30
Pittsburgh, PA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$12.93
Pittsburgh, PA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$96.98
Pittsburgh, PA	E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	NU			\$654.22
Pittsburgh, PA	E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	RR			\$65.42
Pittsburgh, PA	E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	UE			\$490.67
Pittsburgh, PA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$57.70
Pittsburgh, PA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.77
Pittsburgh, PA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$43.28
Pittsburgh, PA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$111.30

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CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$11.13
Pittsburgh, PA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$83.48
Pittsburgh, PA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$57.56
Pittsburgh, PA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.76
Pittsburgh, PA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$43.17
Pittsburgh, PA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$100.76
Pittsburgh, PA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.08
Pittsburgh, PA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$75.57
Pittsburgh, PA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$44.52
Pittsburgh, PA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.45
Pittsburgh, PA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$33.39
Pittsburgh, PA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$16.12

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.61
Pittsburgh, PA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$12.09
Pittsburgh, PA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$37.45
Pittsburgh, PA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.75
Pittsburgh, PA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$28.09
Pittsburgh, PA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$57.92
Pittsburgh, PA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.79
Pittsburgh, PA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$43.44
Pittsburgh, PA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$42.93
Pittsburgh, PA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.29
Pittsburgh, PA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$32.20
Pittsburgh, PA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$43.36

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.34
Pittsburgh, PA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$32.52
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Pittsburgh, PA	E2397	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH	NU			\$410.68
Pittsburgh, PA	E2397	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH	RR			\$41.07
Pittsburgh, PA	E2397	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH	UE			\$308.01
Pittsburgh, PA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$39.35
Pittsburgh, PA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$3.94
Pittsburgh, PA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$29.51
Pittsburgh, PA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$78.19
Pittsburgh, PA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$7.82
Pittsburgh, PA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$58.64
Pittsburgh, PA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$103.12

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$10.31
Pittsburgh, PA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$77.34
Pittsburgh, PA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$134.87
i kiobaign, i / i	22004	GRANT NOTE OF THE PERIOD WILLIAM SEAT SOCIAL STATE OF THE	i i i			ψ104.01
Pittsburgh, PA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$13.49
Pittsburgh, PA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$101.15
Pittsburgh, PA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$186.90
Pittsburgh, PA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$18.69
D''' 1 DA	5005	POSITIONING WHEEL GLAND SEAT GUIGHIGH, WIRTH LEGG THAN SO INGUES ANY DEPTH	lue.			044040
Pittsburgh, PA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$140.18
Pittsburgh, PA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$300.74
Pittsburgh, PA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$30.07
Pittsburgh, PA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$225.56
Pittsburgh, PA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$192.20

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$19.22
Pittsburgh, PA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$144.15
Pittsburgh, PA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$252.40
Pittsburgh, PA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$25.24
Pittsburgh, PA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$189.30
Pittsburgh, PA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$176.40
Pittsburgh, PA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$17.64
Pittsburgh, PA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$132.30
Pittsburgh, PA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$273.42
Pittsburgh, PA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$27.34
Pittsburgh, PA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$205.07
Pittsburgh, PA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$285.92

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$28.59
Pittsburgh, PA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$214.44
Pittsburgh, PA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$428.03
Pittsburgh, PA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$42.80
Pittsburgh, PA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$321.02
Pittsburgh, PA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$335.76
Pittsburgh, PA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$33.58
Pittsburgh, PA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$251.82
Pittsburgh, PA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$465.52
Pittsburgh, PA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$46.55
Pittsburgh, PA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$349.14
Pittsburgh, PA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$383.25

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CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$38.33
Pittsburgh, PA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$287.44
Pittsburgh, PA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$417.30
Pittsburgh, PA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$41.73
Pittsburgh, PA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$312.98
Pittsburgh, PA	E2626	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE	NU			\$579.60
Pittsburgh, PA	E2626	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE	RR			\$57.96
Pittsburgh, PA	E2626	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE	UE			\$434.70
Pittsburgh, PA	E2627	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE RANCHO TYPE	NU			\$901.55
Pittsburgh, PA	E2627	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE RANCHO TYPE	RR			\$90.16
Pittsburgh, PA	E2627	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE RANCHO TYPE	UE			\$676.16
Pittsburgh, PA	E2628	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, RECLINING	NU			\$680.10

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
ODA Name	Oode	noi do doue Description	Woulder	Woulder 2	Woulder 5	OI A
Pittsburgh, PA	E2628	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, RECLINING	RR			\$68.01
ritisbuigh, FA	E2028	WHEELCHAIN, BALANCED, RECLINING	KK			\$00.U1
Dittahurah DA	E2628	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO	UE			\$510.08
Pittsburgh, PA	E2028	WHEELCHAIR, BALANCED, RECLINING	UE			\$510.08
		WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO				
D''' 1	F0000	WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT (FRICTION DAMPENING TO PROXIMAL AND	.			****
Pittsburgh, PA	E2629	DISTAL JOINTS)	NU			\$906.20
		WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO				
D''' 1	F0000	WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT (FRICTION DAMPENING TO PROXIMAL AND	D D			
Pittsburgh, PA	E2629	DISTAL JOINTS)	RR			\$90.62
		WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO				
		WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT (FRICTION DAMPENING TO PROXIMAL AND				
Pittsburgh, PA	E2629	DISTAL JOINTS)	UE			\$679.65
		WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT, MONOSUSPENSION				
		ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE				
Pittsburgh, PA	E2630	SUSPENSION SUPPORT	NU			\$578.98
		WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT, MONOSUSPENSION				
		ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE				
Pittsburgh, PA	E2630	SUSPENSION SUPPORT	RR			\$57.90
		WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT, MONOSUSPENSION				
		ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE				
Pittsburgh, PA	E2630	SUSPENSION SUPPORT	UE			\$434.24
			l			
Pittsburgh, PA	E2631	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM	NU			\$240.66
D'''	F000.1	WHITE CHAIR AGGEOGRAV ARRITION TO MORE ARM SURRORT TO THE TATE OF THE CONTROL OF	DD			0215-
Pittsburgh, PA	E2631	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM	RR			\$24.07
Dittale const. DA	F0004	WHEEL CHAID ACCESSORY ADDITION TO MODILE ADMINISTRATING PROVING ADMINISTRA	ue			£400 50
Pittsburgh, PA	E2631	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM	UE			\$180.50
Dittohurah DA	F0000	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER				6450.00
Pittsburgh, PA	E2632	ARM WITH ELASTIC BALANCE CONTROL	NU			\$153.22

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	E2632	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER ARM WITH ELASTIC BALANCE CONTROL	RR			\$15.32
Pittsburgh, PA	E2632	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER ARM WITH ELASTIC BALANCE CONTROL	UE			\$114.92
Pittsburgh, PA	E2633	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	NU			\$126.25
Pittsburgh, PA	E2633	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	RR			\$12.63
Pittsburgh, PA	E2633	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	UE			\$94.69
Pittsburgh, PA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$121.97
Pittsburgh, PA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$12.20
Pittsburgh, PA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$91.48
Pittsburgh, PA	K0019	ARM PAD, EACH	NU			\$10.52
Pittsburgh, PA	K0019	ARM PAD, EACH	RR			\$1.05
Pittsburgh, PA	K0019	ARM PAD, EACH	UE			\$7.89
Pittsburgh, PA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$51.00

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
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Pittsburgh, PA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.10
Pittsburgh, PA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$38.25
Pittsburgh, PA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$61.96
Pittsburgh, PA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$6.20
r ittsburgri, r A	10032	GWINGAWAT, DETACTIABLE FOOTNESTS, EACH	IXIX			φ0.20
Pittsburgh, PA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$46.47
Pittsburgh, PA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$75.10
Pittsburgh, PA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$7.51
Pittsburgh, PA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$56.33
Pittsburgh, PA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$84.28
Dittahungh DA	Vooro	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH,	DD			#0.40
Pittsburgh, PA	K0056	LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.43
Pittsburgh, PA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$63.21
Pittsburgh, PA	K0065	SPOKE PROTECTORS, EACH	NU			\$39.12

22.11	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	K0065	SPOKE PROTECTORS, EACH	RR			\$3.91
Pittsburgh, PA	K0065	SPOKE PROTECTORS, EACH	UE			\$29.34
Pittsburgh, PA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$85.14
Pittsburgh, PA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$8.51
Pittsburgh, PA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$63.86
Pittsburgh, PA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$153.46
Pittsburgh, PA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.35
Pittsburgh, PA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$115.10
Pittsburgh, PA	K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH	NU			\$96.44
Pittsburgh, PA	K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH	RR			\$9.64
Pittsburgh, PA	K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH	UE			\$72.33
Pittsburgh, PA	K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH	NU			\$60.00

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH	RR			\$6.00
Dittahurah DA	1/0070	EDON'T CASTED ASSEMBLY COMBLETE WITH SEMI-DNELWATIS TIDE FACIL	UE			\$45.00
Pittsburgh, PA	K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH	UE			\$45.00
Pittsburgh, PA	K0073	CASTER PIN LOCK,EACH	NU			\$33.20
Pittsburgh, PA	K0073	CASTER PIN LOCK,EACH	RR			\$3.32
Pittsburgh, PA	K0073	CASTER PIN LOCK,EACH	UE			\$24.90
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Pittsburgh, PA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$49.30
Pittsburgh, PA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$4.93
Pittsburgh, PA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$36.98
Pittsburgh, PA	K0098	DRIVE BELT FOR POWER WHEELCHAIR	NU			\$22.22
r ittoburgii, i A	10090	DRIVE BEET FOR FOWER WHEELSHAIR	NO			\$22.22
Pittsburgh, PA	K0098	DRIVE BELT FOR POWER WHEELCHAIR	RR			\$2.22
Pittsburgh, PA	K0098	DRIVE BELT FOR POWER WHEELCHAIR	UE			\$16.67
Pittsburgh, PA	K0105	IV HANGER, EACH	NU			\$88.59

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	K0105	IV HANGER, EACH	RR			\$8.86
Pittsburgh, PA	K0105	IV HANGER, EACH	UE			\$66.44
Pittsburgh, PA	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$11.56
Pittsburgh, PA	K0733	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E. G. , GEL CELL, ABSORBED GLASSMAT)	NU			\$23.88
		POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E.				
Pittsburgh, PA	K0733	G. , GEL CELL, ABSORBED GLASSMAT)	RR			\$2.39
Pittsburgh, PA	K0733	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E. G. , GEL CELL, ABSORBED GLASSMAT)	UE			\$17.91
Pittsburgh, PA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$47.50
Pittsburgh, PA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.75
Pittsburgh, PA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$35.63
Pittsburgh, PA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$46.98
Pittsburgh, PA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.70
Pittsburgh, PA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$35.24

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$286.92
Pittsburgh, PA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$28.69
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	50440					
Pittsburgh, PA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$215.19
Pittsburgh, PA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$74.50
Pittsburgh, PA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$7.45
Pittsburgh, PA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$55.88
Pittsburgh, PA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$58.00
T Mosaign, 171						V 00.00
D''L L DA	F0440	WALKED FOLDING WHEELED AD HIGTARIE OF EIVER HEIGHT	20			AF 00
Pittsburgh, PA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.80
Pittsburgh, PA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$43.50
Pittsburgh, PA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$392.38
Pittsburgh, PA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$39.24
Pittsburgh, PA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$294.29

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$86.70
Pittsburgh, PA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$8.67
riusburgii, FA	E0146	WALKER, HEAVY DOTT, WITHOUT WHEELS, RIGID OR FOLDING, ANY TIPE, EACH	NN.			φο.07
Pittsburgh, PA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$65.03
Pittsburgh, PA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$132.18
Pittsburgh, PA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$13.22
Dittahah DA	F0440	WALKER LIEANY DUTY WHIEFLED DIGID OR FOLDING ANY TYPE	UE			600.44
Pittsburgh, PA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$99.14
Pittsburgh, PA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$44.84
Pittsburgh, PA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.48
Pittsburgh, PA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$33.63
Dittahuwah DA	F0455	WHEEL ATTACHMENT DICID DICK UP WALKED DED DAID	NILL			\$20.50
Pittsburgh, PA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$20.50
Pittsburgh, PA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$2.05
Pittsburgh, PA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$15.38

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	E0156	SEAT ATTACHMENT, WALKER	NU			\$16.26
Pittsburgh, PA	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.63
Pittsburgh, PA	E0156	SEAT ATTACHMENT, WALKER	UE			\$12.20
Pittsburgh, PA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$53.19
Pittsburgh, PA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$5.32
Pittsburgh, PA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$39.89
Pittsburgh, PA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$19.76
Pittsburgh, PA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.98
Dittahurah DA	F0459	LEC EXTENSIONS FOR WALKER, DED SET OF FOUR (4)	ue			644.00
Pittsburgh, PA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$14.82
Pittsburgh, PA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$13.32
Pittsburgh, PA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.33
Pittsburgh, PA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.99

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Riverside-San Bernardino-Ontario, CA	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$35.70
Riverside-San Bernardino-Ontario, CA	E1037	TRANSPORT CHAIR, PEDIATRIC SIZE	RR			\$84.05
Riverside-San Bernardino-Ontario, CA	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$12.90
Riverside-San Bernardino-Ontario, CA	E1039	TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY GREATER THAN 300 POUNDS	RR			\$26.00
Riverside-San Bernardino-Ontario, CA	K0001	STANDARD WHEELCHAIR	RR			\$33.18
Riverside-San Bernardino-Ontario, CA	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$50.42
Riverside-San Bernardino-Ontario, CA	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$50.00
Riverside-San Bernardino-Ontario, CA	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$50.00
Riverside-San Bernardino-Ontario, CA	K0006	HEAVY DUTY WHEELCHAIR	RR			\$68.70
Riverside-San Bernardino-Ontario, CA	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$109.24
Riverside-San Bernardino-Ontario, CA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$788.80
Riverside-San Bernardino-Ontario, CA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$78.88

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Riverside-San Bernardino-Ontario, CA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$591.60
Riverside-San Bernardino-Ontario, CA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,387.50
Riverside-San Bernardino-Ontario, CA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$138.75
Riverside-San Bernardino-Ontario, CA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,040.63
Riverside-San Bernardino-Ontario, CA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,745.00
Riverside-San Bernardino-Ontario, CA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$174.50
Riverside-San Bernardino-Ontario, CA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	UE			\$1,308.75
Riverside-San Bernardino-Ontario, CA	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$256.80
Riverside-San Bernardino-Ontario, CA	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$278.70
Riverside-San Bernardino-Ontario, CA	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$359.51
Riverside-San Bernardino-Ontario, CA	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$318.00
Riverside-San Bernardino-Ontario, CA	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$265.95

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
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Riverside-San Bernardino-Ontario, CA	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$326.13
Riverside-San Bernardino-Ontario, CA	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$337.50
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Riverside-San Bernardino-Ontario, CA	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$307.20
Riverside-San Bernardino-Ontario, CA	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$427.60
Riverside-San Bernardino-Ontario, CA	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$400.18
Riverside-San Bernardino-Ontario, CA	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$592.03
Riverside-San Bernardino-Ontario, CA	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$525.00
Riverside-San Bernardino-Ontario, CA	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$678.75
Riverside-San Bernardino-Ontario, CA	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$660.86
Riverside-San Bernardino-Ontario, CA	E0705	TRANSFER DEVICE, ANY TYPE, EACH	NU			\$40.00
Riverside-San Bernardino-Ontario, CA	E0705	TRANSFER DEVICE, ANY TYPE, EACH	RR			\$4.00
Riverside-San Bernardino-Ontario, CA	E0705	TRANSFER DEVICE, ANY TYPE, EACH	UE			\$30.00

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CBA Name	Code	HCPCS Code Description	Modifier 1	Wodiner 2	Modifier 3	SPA
Riverside-San Bernardino-Ontario, CA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$60.00
Riverside-San Bernardino-Ontario, CA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$6.00
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Riverside-San Bernardino-Ontario, CA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$45.00
Riverside-San Bernardino-Ontario, CA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$11.95
Riverside-San Bernardino-Ontario, CA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.20
	E0054	WEET LOOP/WOLDER AND TYPE WITH OR WITHOUT AND EACH	ue.			40.00
Riverside-San Bernardino-Ontario, CA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$8.96
		WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING				
Riverside-San Bernardino-Ontario, CA	E0955	HARDWARE, EACH	NU			\$127.17
Riverside-San Bernardino-Ontario, CA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$12.72
Diverside Can Bernardine Ontario CA	FOOFF	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			605.20
Riverside-San Bernardino-Ontario, CA	E0955	nardware, each	UE			\$95.38
		WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED				
Riverside-San Bernardino-Ontario, CA	E0956	MOUNTING HARDWARE, EACH	NU			\$71.00
		WHEEL CHAIR ACCESSORY LATERAL TRUNK OF THE CURRENT ANY TYPE WISH THE				
Riverside-San Bernardino-Ontario, CA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$7.10
Riverside-San Bernardino-Ontario, CA	EOOFE	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$53.25
Inverside-Sair Bernardino-Ontario, CA	E0936	WOONTING HARDWARE, EACH	UE			 შეე.∠ე

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CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
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		WHEEL CHAIR ACCESSORY MEDIAL THICH SURDORT ANY TYPE INICIAIDING EIVER MOUNTING				
Riverside-San Bernardino-Ontario, CA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$99.00
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		WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING				
Riverside-San Bernardino-Ontario, CA	E0957	HARDWARE, EACH	RR			\$9.90
		WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING				
Riverside-San Bernardino-Ontario, CA	E0957	HARDWARE, EACH	UE			\$74.25
Riverside-San Bernardino-Ontario, CA	E0958	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH	RR			\$35.00
Riverside-San Bernardino-Ontario, CA	E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	NU			\$38.10
Riverside-San Bernardino-Ontario, CA	E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	RR			\$3.81
Bissarida Can Barrandina Ontaria CA	E0050	MANUAL WHEEL CHAIR ACCESSORY ARABTER FOR AMBUTEE FACIL	LIE.			#00.50
Riverside-San Bernardino-Ontario, CA	E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	UE			\$28.58
Riverside-San Bernardino-Ontario, CA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$65.00
Riverside-Gail Bernardino-Ontario, GA	L0300	THE MOONTING HARDWARE	140			ψ03.00
		WILEEL OLIVID A COESCODY, OLIVILIA DED LIA DNESOCIOTO A DO COLEGO ATRA DI INCLUDINO ANIV				
Riverside-San Bernardino-Ontario, CA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$6.50
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		WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY				
Riverside-San Bernardino-Ontario, CA	E0960	TYPE MOUNTING HARDWARE	UE			\$48.75
Riverside-San Bernardino-Ontario, CA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$20.77
Riverside-San Bernardino-Ontario, CA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$2.08

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
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Riverside-San Bernardino-Ontario, CA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$15.58
Riverside-San Bernardino-Ontario, CA	E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	NU			\$57.50
	F0000	MANUAL WILET OLIVED A COFFORD V. LIFADD FOT EVTENOION, FACIL	55			45.75
Riverside-San Bernardino-Ontario, CA	E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	RR			\$5.75
Riverside-San Bernardino-Ontario, CA	E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	UE			\$43.13
Riverside-San Bernardino-Ontario, CA	E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	NU			\$55.56
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Riverside-San Bernardino-Ontario, CA	E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	RR			\$5.56
Riverside-San Bernardino-Ontario, CA	E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	UE			\$41.67
Riverside-San Bernardino-Ontario, CA	F0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$30.00
Triverside-Gari Bernardino-Gritano, GA	20371	WANDAE WHEELSHAIK AGGEGGOKT, ARTIFILITING BEVIOL, EAGIT				ψ30.00
Riverside-San Bernardino-Ontario, CA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.00
Riverside-San Bernardino-Ontario, CA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$22.50
Diverside Can Bernardina Ontaria CA	E0072	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE	NU			¢50.04
Riverside-San Bernardino-Ontario, CA	⊏09/3	ASSEMBLY, EACH	INU			\$58.81
		WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE				
Riverside-San Bernardino-Ontario, CA	E0973	ASSEMBLY, EACH	RR			\$5.88

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CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Riverside-San Bernardino-Ontario, CA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$44.11
Riverside-San Bernardino-Ontario, CA	E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	NU			\$63.00
Riverside-San Bernardino-Ontario, CA	E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	RR			\$6.30
Riverside-San Bernardino-Ontario, CA	E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	UE			\$47.25
Riverside-San Bernardino-Ontario, CA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$22.25
Riverside-San Bernardino-Ontario, CA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.23
Riverside-San Bernardino-Ontario, CA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$16.69
Riverside-San Bernardino-Ontario, CA	E0985	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	NU			\$179.50
Riverside-San Bernardino-Ontario, CA	E0985	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	RR			\$17.95
Riverside-San Bernardino-Ontario, CA	E0985	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	UE			\$134.63
Riverside-San Bernardino-Ontario, CA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$68.88
Riverside-San Bernardino-Ontario, CA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$6.89

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
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Riverside-San Bernardino-Ontario, CA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$51.66
Riverside-San Bernardino-Ontario, CA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$74.00
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Riverside-San Bernardino-Ontario, CA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$7.40
Riverside-San Bernardino-Ontario, CA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$55.50
Discouried Com Domonadia - Ontonio - OA	E4045	CHOOK ARGORRED FOR MANUAL WILEFLOUAIR FACIL	NU I			* 00 5 0
Riverside-San Bernardino-Ontario, CA	E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	NU			\$92.50
Riverside-San Bernardino-Ontario, CA	E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	RR			\$9.25
Riverside-San Bernardino-Ontario, CA	F1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	UE			\$69.38
Trivoloido dan Bomaramo Omano, ex	21010	G. 100 (V. 100 (N. 11)	OL .			\$60.00
Riverside-San Bernardino-Ontario, CA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$92.00
Riverside-San Bernardino-Ontario, CA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$9.20
Diverside Con Deve	F4040	CHOCK ARCORDED FOR DOWER WHEEL CHAIR FACE	ПЕ			\$60.00
Riverside-San Bernardino-Ontario, CA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$69.00
Riverside-San Bernardino-Ontario, CA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$157.00
Riverside-San Bernardino-Ontario, CA	F1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$15.70
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CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Riverside-San Bernardino-Ontario, CA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$117.75
	E4000	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING	.			2424.00
Riverside-San Bernardino-Ontario, CA	E1028	HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$131.02
		WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING				
Riverside-San Bernardino-Ontario, CA	E1028	HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$13.10
Riverside-San Bernardino-Ontario, CA	F1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$98.27
Triverside Gair Bernaramo Ontano, Gra	2 1020	TIME TO CONTROL OF THE CONTROL OF TH	JOE			ψ30.21
		WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15				
Riverside-San Bernardino-Ontario, CA	E1225	DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$28.89
Riverside-San Bernardino-Ontario, CA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$346.50
		WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80				
Riverside-San Bernardino-Ontario, CA	E1226	DEGREES), EACH	RR			\$34.65
		WILEEL OLIVID ACCESCODY, MANUAL ELILLY DECLINING DACK (DECLINE ODEATED THAN 60				
Riverside-San Bernardino-Ontario, CA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$259.88
	F0004	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR	.			40-0
Riverside-San Bernardino-Ontario, CA	E2201	EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$272.52
		MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR				
Riverside-San Bernardino-Ontario, CA	E2201	EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$27.25
Riverside-San Bernardino-Ontario, CA	F2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$204.39
Tavorside-Gari Demardino-Ontario, CA		EQUIL TO 20 INVITED AND ELOG THAN 27 INVITED	JL .			Ψ204.03
Riverside-San Bernardino-Ontario, CA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$346.19

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
ODA Name	Oode	Tiol do dode Description	Modifier 1	Mounter 2	Modifier 5	OIA
Riverside-San Bernardino-Ontario, CA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$34.62
Riverside-San Bernardino-Ontario, CA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$259.64
Riverside-San Bernardino-Ontario, CA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$359.00
Riverside-San Bernardino-Ontario, CA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$35.90
Riverside-San Bernardino-Ontario, CA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$269.25
Riverside-San Bernardino-Ontario, CA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$611.59
Riverside-San Bernardino-Ontario, CA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	RR			\$61.16
Riverside-San Bernardino-Ontario, CA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	UE			\$458.69
Riverside-San Bernardino-Ontario, CA	E2205	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS (INCLUDES ERGONOMIC OR CONTOURED), ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$28.61
Riverside-San Bernardino-Ontario, CA	E2205	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS (INCLUDES ERGONOMIC OR CONTOURED), ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$2.86
Riverside-San Bernardino-Ontario, CA	E2205	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS (INCLUDES ERGONOMIC OR CONTOURED), ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$21.46
Riverside-San Bernardino-Ontario, CA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	NU			\$30.09

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Riverside-San Bernardino-Ontario, CA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.01
Riverside-San Bernardino-Ontario, CA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$22.57
Riverside-San Bernardino-Ontario, CA	E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	NU			\$38.93
Riverside-San Bernardino-Ontario, CA	E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	RR			\$3.89
Riverside-San Bernardino-Ontario, CA	E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	UE			\$29.20
Riverside-San Bernardino-Ontario, CA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$74.50
Riverside-San Bernardino-Ontario, CA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$7.45
Riverside-San Bernardino-Ontario, CA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$55.88
Riverside-San Bernardino-Ontario, CA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$76.00
Riverside-San Bernardino-Ontario, CA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$7.60
Riverside-San Bernardino-Ontario, CA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$57.00
Riverside-San Bernardino-Ontario, CA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$4.30

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
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Riverside-San Bernardino-Ontario, CA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.43
Riverside-San Bernardino-Ontario, CA	F2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.23
Triverside can bemarano cinano, civ	LZZIO	WHEELOHAR AGGEGGAN, BEARINGS, ANT THE E, NEI BAGEMENT GNET, EAGH	OL .			ψ0.20
Riverside-San Bernardino-Ontario, CA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$32.00
Riverside-San Bernardino-Ontario, CA	F2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.20
		,				V 020
Riverside-San Bernardino-Ontario, CA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$24.00
Riverside-San Bernardino-Ontario, CA	E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$5.45
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Riverside-San Bernardino-Ontario, CA	E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$0.55
Riverside-San Bernardino-Ontario, CA	E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$4.09
		MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE),				
Riverside-San Bernardino-Ontario, CA	E2213	ANY TYPE, ANY SIZE, EACH	NU			\$24.00
		MANUAL WILEST CHAIR ACCESSORY INCERT FOR RIVELINATIO PROPILICION TIRE (REMOVARILE)				
Riverside-San Bernardino-Ontario, CA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.40
		MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE),				
Riverside-San Bernardino-Ontario, CA	E2213	ANY TYPE, ANY SIZE, EACH	UE			\$18.00
Riverside-San Bernardino-Ontario, CA	E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	NU			\$30.00

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Riverside-San Bernardino-Ontario, CA	E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	RR			\$3.00
Riverside-San Bernardino-Ontario, CA	E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	UE			\$22.50
Riverside-San Bernardino-Ontario, CA	E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	NU			\$8.67
Riverside-San Bernardino-Ontario, CA	E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	RR			\$0.87
Riverside-San Bernardino-Ontario, CA	E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	UE			\$6.50
Riverside-San Bernardino-Ontario, CA	E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	NU			\$36.00
Riverside-San Bernardino-Ontario, CA	E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	RR			\$3.60
Riverside-San Bernardino-Ontario, CA	E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	UE			\$27.00
Riverside-San Bernardino-Ontario, CA	E2220	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, EACH	NU			\$26.10
Riverside-San Bernardino-Ontario, CA	E2220	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, EACH	RR			\$2.61
Riverside-San Bernardino-Ontario, CA	E2220	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, EACH	UE			\$19.58
Riverside-San Bernardino-Ontario, CA	E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, EACH	NU			\$22.90

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Riverside-San Bernardino-Ontario, CA	E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, EACH	RR			\$2.29
Riverside-San Bernardino-Ontario, CA	E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, EACH	UE			\$17.18
Riverside-San Bernardino-Ontario, CA	E2222	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH	NU			\$19.35
Riverside-San Bernardino-Ontario, CA	E2222	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH	RR			\$1.94
Riverside-San Bernardino-Ontario, CA	E2222	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH	UE			\$14.51
Riverside-San Bernardino-Ontario, CA	E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	NU			\$76.10
Riverside-San Bernardino-Ontario, CA	E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	RR			\$7.61
Riverside-San Bernardino-Ontario, CA	E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	UE			\$57.08
Riverside-San Bernardino-Ontario, CA	E2225	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$15.82
Riverside-San Bernardino-Ontario, CA	E2225	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.58
Riverside-San Bernardino-Ontario, CA	E2225	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$11.87
Riverside-San Bernardino-Ontario, CA	E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$34.68

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Riverside-San Bernardino-Ontario, CA	E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.47
Riverside-San Bernardino-Ontario, CA	E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$26.01
Riverside-San Bernardino-Ontario, CA	E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH	NU			\$850.00
Riverside-San Bernardino-Ontario, CA	E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH	RR			\$85.00
Riverside-San Bernardino-Ontario, CA	E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH	UE			\$637.50
Riverside-San Bernardino-Ontario, CA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$117.20
Riverside-San Bernardino-Ontario, CA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$11.72
Riverside-San Bernardino-Ontario, CA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$87.90
Riverside-San Bernardino-Ontario, CA	E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$159.00
Riverside-San Bernardino-Ontario, CA	E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$15.90
Riverside-San Bernardino-Ontario, CA	E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$119.25
Riverside-San Bernardino-Ontario, CA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$99.70

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CBA Name	Code	HCPCS Code Description	Modifier 1	Woulder 2	woulder 3	SPA
Riverside-San Bernardino-Ontario, CA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$9.97
Riverside-San Bernardino-Ontario, CA	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$74.78
Riverside-San Bernardino-Ontario, CA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$119.00
Riverside-San Bernardino-Ontario, CA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$11.90
Riverside-San Bernardino-Ontario, CA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$89.25
Riverside-San Bernardino-Ontario, CA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$79.00
Riverside-San Bernardino-Ontario, CA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.90
Riverside-San Bernardino-Ontario, CA	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$59.25
Riverside-San Bernardino-Ontario, CA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$158.62
Riverside-San Bernardino-Ontario, CA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$15.86
Riverside-San Bernardino-Ontario, CA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$118.97
Riverside-San Bernardino-Ontario, CA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$345.40

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
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Riverside-San Bernardino-Ontario, CA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$34.54
Riverside-San Bernardino-Ontario, CA	F2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$259.05
Triverside Cari Bernardino Cinano, Ox	L2000	TOWER WILLEGIJAH COM CHEN, BRIVE WILLE MOTOR, REI BROEMENT CHET	OL .			Ψ203.00
Riverside-San Bernardino-Ontario, CA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$299.00
Riverside-San Bernardino-Ontario, CA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$29.90
Riverside-San Bernardino-Ontario, CA	F2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$224.25
THE STATE OF THE S	22000		02			V22 1120
Riverside-San Bernardino-Ontario, CA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$483.10
Riverside-San Bernardino-Ontario, CA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$48.31
Riverside-San Bernardino-Ontario, CA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$362.33
Riverside-San Bernardino-Ontario, CA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$120.00
Riverside-San Bernardino-Ontario, CA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$12.00
Riverside-San Bernardino-Ontario, CA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$90.00
Riverside-San Bernardino-Ontario, CA	E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	NU			\$599.00

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
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Diverside Con Bernardine Ontonia CA	E0075	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED	DD			A FO 00
Riverside-San Bernardino-Ontario, CA	E2375	ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	RR			\$59.90
		POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED				
Riverside-San Bernardino-Ontario, CA	E2375	ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	UE			\$449.25
		POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT				
Riverside-San Bernardino-Ontario, CA	E2381	ONLY, EACH	NU			\$49.99
		POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT				
Riverside-San Bernardino-Ontario, CA	E2381	ONLY, EACH	RR			\$5.00
		POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT				
Riverside-San Bernardino-Ontario, CA	E2381	ONLY, EACH	UE			\$37.49
		POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE),				
Riverside-San Bernardino-Ontario, CA	E2383	ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$96.00
		POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE),				
Riverside-San Bernardino-Ontario, CA	E2383	ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$9.60
		POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE),				
Riverside-San Bernardino-Ontario, CA	E2383	ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$72.00
		POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY,				
Riverside-San Bernardino-Ontario, CA	E2384	EACH	NU			\$47.89
		POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY,				
Riverside-San Bernardino-Ontario, CA	E2384	EACH	RR			\$4.79
		POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY,				
Riverside-San Bernardino-Ontario, CA	E2384	EACH	UE			\$35.92
		POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT				
Riverside-San Bernardino-Ontario, CA	E2386	ONLY, EACH	NU			\$95.00

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Riverside-San Bernardino-Ontario, CA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$9.50
Riverside-San Bernardino-Ontario, CA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$71.25
Riverside-San Bernardino-Ontario, CA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$41.00
Riverside-San Bernardino-Ontario, CA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.10
Riverside-San Bernardino-Ontario, CA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$30.75
Riverside-San Bernardino-Ontario, CA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$14.70
Riverside-San Bernardino-Ontario, CA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.47
Riverside-San Bernardino-Ontario, CA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$11.03
Riverside-San Bernardino-Ontario, CA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$37.49
Riverside-San Bernardino-Ontario, CA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.75
Riverside-San Bernardino-Ontario, CA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$28.12
Riverside-San Bernardino-Ontario, CA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$49.95

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Riverside-San Bernardino-Ontario, CA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.00
Riverside-San Bernardino-Ontario, CA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$37.46
Riverside-San Bernardino-Ontario, CA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$39.36
Riverside-San Bernardino-Ontario, CA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.94
Riverside-San Bernardino-Ontario, CA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$29.52
Riverside-San Bernardino-Ontario, CA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$40.80
Riverside-San Bernardino-Ontario, CA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.08
Riverside-San Bernardino-Ontario, CA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$30.60
Riverside-San Bernardino-Ontario, CA	E2397	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH	NU			\$378.10
Riverside-San Bernardino-Ontario, CA	E2397	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH	RR			\$37.81
Riverside-San Bernardino-Ontario, CA	E2397	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH	UE			\$283.58
Riverside-San Bernardino-Ontario, CA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$36.80

	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
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E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$3.68
E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$27.60
					,
E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$73.09
E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$7.31
E2602	CENEDAL LISE WHEEL CHAID SEAT CHISHION WIDTH 22 INCHES OF CREATER ANY DEDTH	LIE.			\$54.82
E20U2	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$34.8Z
E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$93.70
E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$9.37
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E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$70.28
E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$123.85
E2604	SKIN DROTECTION WHEELCHAIR SEAT CUSHION WINTH 22 INCHES OR CREATER ANY DEDTU	DD			\$12.39
L2004	ORIGINATION WITELEGIAIN SEAT COSTION, WIDTH 22 INCHES ON GREATER, ANT DEPTH	INIX			ψ12.39
E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$92.89
E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$176.93
	E2602 E2602 E2602 E2603 E2603 E2604 E2604	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH E2601 GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH E2602 GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH E2602 GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH E2602 GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH E2603 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH E2604 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH E2604 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH E2604 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH E2604 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH E2604 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	### CODE HCPCS CODE DESCRIPTION ### Modifier 1 ### RR ### E2601 GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH UE ### UE ### UE ### BE2602 GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH NU ### PE2602 GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH UE ### BE2603 GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH NU ### PE2603 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH RR ### PE2603 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH UE ### PE2604 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH NU ### PE2604 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH RR ### PE2604 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH RR ### PE2604 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH UE ### PE2604 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH UE ### PE2604 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH UE	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH E2601 GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH E2602 GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH E2602 GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH E2603 GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH E2604 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH E2605 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH E2606 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH E2606 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH E2606 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH E2606 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH E2606 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH E2606 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH E2606 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH E2606 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH E2606 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH E2606 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH E2606 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH E2606 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH E2606 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH E2606 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH E2607 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	E2601 GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH E2602 GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH E2602 GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH E2603 GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH E2604 GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH E2605 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH E2606 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH E2606 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH E2606 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH E2606 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH E2606 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH E2606 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH E2606 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH E2606 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH E2606 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH E2606 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH E2607 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH E2608 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH E2609 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH E26004 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH E26004 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH E26004 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Riverside-San Bernardino-Ontario, CA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$17.69
Riverside-San Bernardino-Ontario, CA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$132.70
Riverside-San Bernardino-Ontario, CA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$275.00
Riverside-San Bernardino-Ontario, CA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$27.50
Riverside-San Bernardino-Ontario, CA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$206.25
Riverside-San Bernardino-Ontario, CA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$185.00
Riverside-San Bernardino-Ontario, CA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$18.50
Riverside-San Bernardino-Ontario, CA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$138.75
Riverside-San Bernardino-Ontario, CA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$272.78
Riverside-San Bernardino-Ontario, CA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$27.28
Riverside-San Bernardino-Ontario, CA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$204.59
Riverside-San Bernardino-Ontario, CA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$167.72

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Riverside-San Bernardino-Ontario, CA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$16.77
Riverside-San Bernardino-Ontario, CA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$125.79
Riverside-San Bernardino-Ontario, CA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$263.34
Riverside-San Bernardino-Ontario, CA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$26.33
Riverside-San Bernardino-Ontario, CA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$197.51
Riverside-San Bernardino-Ontario, CA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$254.00
Riverside-San Bernardino-Ontario, CA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$25.40
Riverside-San Bernardino-Ontario, CA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$190.50
Riverside-San Bernardino-Ontario, CA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$357.53
Riverside-San Bernardino-Ontario, CA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.75
Riverside-San Bernardino-Ontario, CA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$268.15
Riverside-San Bernardino-Ontario, CA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$298.80

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Riverside-San Bernardino-Ontario, CA		POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$29.88
Riverside-San Bernardino-Ontario, CA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$224.10
Riverside-San Bernardino-Ontario, CA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$420.00
Riverside-San Bernardino-Ontario, CA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$42.00
Riverside-San Bernardino-Ontario, CA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$315.00
Riverside-San Bernardino-Ontario, CA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$344.79
Riverside-San Bernardino-Ontario, CA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$34.48
Riverside-San Bernardino-Ontario, CA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$258.59
Riverside-San Bernardino-Ontario, CA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$374.83
Riverside-San Bernardino-Ontario, CA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$37.48
Riverside-San Bernardino-Ontario, CA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$281.12
Riverside-San Bernardino-Ontario, CA	E2626	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE	NU			\$567.00

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Riverside-San Bernardino-Ontario, CA		WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE	RR	modillo: 2	mounts o	\$56.70
Riverside-San Bernardino-Ontario, CA	E2626	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE	UE			\$425.25
Riverside-San Bernardino-Ontario, CA	E2627	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE RANCHO TYPE	NU			\$910.00
Riverside-San Bernardino-Ontario, CA	E2627	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE RANCHO TYPE	RR			\$91.00
Riverside-San Bernardino-Ontario, CA	E2627	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE RANCHO TYPE	UE			\$682.50
Riverside-San Bernardino-Ontario, CA	E2628	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, RECLINING	NU			\$701.00
Riverside-San Bernardino-Ontario, CA	E2628	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, RECLINING	RR			\$70.10
Riverside-San Bernardino-Ontario, CA	E2628	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, RECLINING	UE			\$525.75
Riverside-San Bernardino-Ontario, CA	E2629	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT (FRICTION DAMPENING TO PROXIMAL AND DISTAL JOINTS)	NU			\$899.00
Riverside-San Bernardino-Ontario, CA	E2629	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT (FRICTION DAMPENING TO PROXIMAL AND DISTAL JOINTS)	RR			\$89.90
Riverside-San Bernardino-Ontario, CA	E2629	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT (FRICTION DAMPENING TO PROXIMAL AND DISTAL JOINTS)	UE			\$674.25
Riverside-San Bernardino-Ontario, CA	E2630	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE SUSPENSION SUPPORT	NU			\$600.00

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Riverside-San Bernardino-Ontario, CA	E2630	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE SUSPENSION SUPPORT	RR			\$60.00
Riverside-San Bernardino-Ontario, CA	E2630	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE SUSPENSION SUPPORT	UE			\$450.00
Riverside-San Bernardino-Ontario, CA	E2631	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM	NU			\$227.00
Riverside-San Bernardino-Ontario, CA	E2631	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM	RR			\$22.70
Riverside-San Bernardino-Ontario, CA	E2631	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM	UE			\$170.25
Riverside-San Bernardino-Ontario, CA	E2632	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER ARM WITH ELASTIC BALANCE CONTROL	NU			\$144.00
Riverside-San Bernardino-Ontario, CA	E2632	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER ARM WITH ELASTIC BALANCE CONTROL	RR			\$14.40
Riverside-San Bernardino-Ontario, CA	E2632	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER ARM WITH ELASTIC BALANCE CONTROL	UE			\$108.00
Riverside-San Bernardino-Ontario, CA	E2633	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	NU			\$122.00
Riverside-San Bernardino-Ontario, CA	E2633	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	RR			\$12.20
Riverside-San Bernardino-Ontario, CA	E2633	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	UE			\$91.50
Riverside-San Bernardino-Ontario, CA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$107.52

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
ODA Name	Code	Tiol 03 Gode Description	WIOGITIET	Wiodiffer 2	WIOGINE 3	JI'A
Riverside-San Bernardino-Ontario, CA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$10.75
Riverside-San Bernardino-Ontario, CA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$80.64
Diverside Can Demonding Ontonia CA	K0040	ADM DAD, FACIL	NILL			¢40.05
Riverside-San Bernardino-Ontario, CA	K0019	ARM PAD, EACH	NU			\$10.85
Riverside-San Bernardino-Ontario, CA	K0019	ARM PAD, EACH	RR			\$1.09
Riverside-San Bernardino-Ontario, CA	K0019	ARM PAD, EACH	UE			\$8.14
Riverside-San Bernardino-Ontario, CA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$47.99
Triverside-Gari Bernardino-Gritano, GA	10040	ADJUSTABLE ANGLE FOOTI LATE, EAGIT	INO			Ψ41.99
Riverside-San Bernardino-Ontario, CA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$4.80
Riverside-San Bernardino-Ontario, CA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$35.99
Riverside-San Bernardino-Ontario, CA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$57.22
Riverside-San Bernardino-Ontario, CA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$5.72
Riverside-San Bernardino-Ontario, CA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$42.92
Riverside-San Bernardino-Ontario, CA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$69.00

	LIGRAGA					
CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
ODA Nume	Jour	Tior do dode Description	Wiodilici I	Modifier 2	mounier o	OI A
Riverside-San Bernardino-Ontario, CA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$6.90
Riverside-San Bernardino-Ontario, CA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$51.75
, , ,						
		SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH,				
Riverside-San Bernardino-Ontario, CA	K0056	LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$75.00
		OF AT LIFTOUT LEGG THAN 47" OR FOLIAL TO OR OPERATED THAN 64" FOR A LIGH STRENGTH				
Riverside-San Bernardino-Ontario, CA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$7.50
	1/0050	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH,	lue.			450.05
Riverside-San Bernardino-Ontario, CA	K0056	LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$56.25
Riverside-San Bernardino-Ontario, CA	K0065	SPOKE PROTECTORS, EACH	NU			\$39.00
Riverside-San Bernardino-Ontario, CA	K0065	SPOKE PROTECTORS, EACH	RR			\$3.90
Triverside-Gari Bernardino-Oritano, GA	10000	of one finoteorono, each	IXIX			ψ3.30
Riverside-San Bernardino-Ontario, CA	K0065	SPOKE PROTECTORS, EACH	UE			\$29.25
Riverside-San Bernardino-Ontario, CA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$78.00
Riverside-San Bernardino-Ontario, CA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$7.80
Riverside-San Bernardino-Ontario, CA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$58.50
Diverside San Bernardine Onterio CA	K0070	DEAD WHEEL ASSEMBLY COMBLETE WITH DNELWATIC TIDE SPOYES OF MOLDED FACIL	NU			¢425.00
Riverside-San Bernardino-Ontario, CA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	INU			\$135.00

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Riverside-San Bernardino-Ontario, CA		REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$13.50
Riverside-San Bernardino-Ontario, CA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$101.25
Riverside-San Bernardino-Ontario, CA	K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH	NU			\$93.50
Riverside-San Bernardino-Ontario, CA	K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH	RR			\$9.35
Riverside-San Bernardino-Ontario, CA	K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH	UE			\$70.13
Riverside-San Bernardino-Ontario, CA	K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH	NU			\$59.23
Riverside-San Bernardino-Ontario, CA	K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH	RR			\$5.92
Riverside-San Bernardino-Ontario, CA	K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH	UE			\$44.42
Riverside-San Bernardino-Ontario, CA	K0073	CASTER PIN LOCK,EACH	NU			\$29.99
Riverside-San Bernardino-Ontario, CA	K0073	CASTER PIN LOCK,EACH	RR			\$3.00
Riverside-San Bernardino-Ontario, CA	K0073	CASTER PIN LOCK,EACH	UE			\$22.49
Riverside-San Bernardino-Ontario, CA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$46.00

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Riverside-San Bernardino-Ontario, CA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$4.60
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Riverside-San Bernardino-Ontario, CA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$34.50
Riverside-San Bernardino-Ontario, CA	K0098	DRIVE BELT FOR POWER WHEELCHAIR	NU			\$19.64
Riverside-San Bernardino-Ontario, CA	K0098	DRIVE BELT FOR POWER WHEELCHAIR	RR			\$1.96
Riverside-San Bernardino-Ontario, CA	K0098	DRIVE BELT FOR POWER WHEELCHAIR	UE			\$14.73
Riverside-San Bernardino-Ontario, CA	K0105	IV HANGER, EACH	NU			\$85.00
Riverside-San Bernardino-Ontario, CA	K0105	IV HANGER, EACH	RR			\$8.50
Diverside Can Demonding Ontonia CA	KOAOE	NAMANCER FACIL	UE			¢c2.75
Riverside-San Bernardino-Ontario, CA	KU105	IV HANGER, EACH	UE			\$63.75
Riverside-San Bernardino-Ontario, CA	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$12.37
Tavoroido can Bomaramo emano, o/t	110100	ELE WITHOUT LEGITOR FINIT (I ON GOL WITH SAN LEGITOR WITH ENTER LEGITOR WITH LEGITOR WITH LEGITOR WITH ENTER LEGITOR WITH LEG				Ψ12.07
		DOWED WHEEL CHAID ACCESSORY AS TO SA AMPLICUID SEALED LEAD ASID DATTEDY. FACILIFE				
Riverside-San Bernardino-Ontario, CA	K0733	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E. G. , GEL CELL, ABSORBED GLASSMAT)	NU			\$22.50
						7==.50
		POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E.				
Riverside-San Bernardino-Ontario, CA	K0733	G., GEL CELL, ABSORBED GLASSMAT)	RR			\$2.25
		POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E.				
Riverside-San Bernardino-Ontario, CA	K0733	G., GEL CELL, ABSORBED GLASSMAT)	UE			\$16.88

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Riverside-San Bernardino-Ontario, CA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$45.05
Riverside-San Bernardino-Ontario, CA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.51
Riverside-San Bernardino-Ontario, CA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$33.79
Riverside-San Bernardino-Ontario, CA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$45.53
Riverside-San Bernardino-Ontario, CA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.55
Riverside-San Bernardino-Ontario, CA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$34.15
Riverside-San Bernardino-Ontario, CA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$247.00
Riverside-San Bernardino-Ontario, CA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$24.70
Riverside-San Bernardino-Ontario, CA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$185.25
Riverside-San Bernardino-Ontario, CA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$70.99
Riverside-San Bernardino-Ontario, CA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$7.10
Riverside-San Bernardino-Ontario, CA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$53.24

	HCPCS					
CBA Name	Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Riverside-San Bernardino-Ontario, CA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$59.20
Riverside-San Bernardino-Ontario, CA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.92
Riverside-San Bernardino-Ontario, CA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$44.40
Riverside-San Bernardino-Ontario, CA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$345.00
Riverside-San Bernardino-Ontario, CA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$34.50
Riverside-San Bernardino-Ontario, CA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$258.75
Riverside-San Bernardino-Ontario, CA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$79.99
Riverside-San Bernardino-Ontario, CA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$8.00
Riverside-San Bernardino-Ontario, CA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$59.99
Riverside-San Bernardino-Ontario, CA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$125.00
Riverside-San Bernardino-Ontario, CA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$12.50
Riverside-San Bernardino-Ontario, CA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$93.75

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
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Riverside-San Bernardino-Ontario, CA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$42.15
Riverside-San Bernardino-Ontario, CA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.22
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Riverside-San Bernardino-Ontario, CA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$31.61
Riverside-San Bernardino-Ontario, CA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$19.50
Riverside-San Bernardino-Ontario, CA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.95
Riverside-San Bernardino-Ontano, CA	E0133	WHEEL ATTACHWENT, NIGID FICK-OF WALKEN, FEN FAIN	KK			ψ1.33
Riverside-San Bernardino-Ontario, CA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$14.63
Riverside-San Bernardino-Ontario, CA	E0156	SEAT ATTACHMENT, WALKER	NU			\$15.89
Riverside-San Bernardino-Ontario, CA	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.59
Riverside-San Bernardino-Ontario, CA	E0156	SEAT ATTACHMENT, WALKER	UE			\$11.92
Riverside-San Bernardino-Ontario, CA	F0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$44.64
Tavoroido Gari Bernaramo Gritano, OA	20107	SHOTOTI THO INC. INC. INC. INC. INC. INC. INC. INC.				Ψ11.04
Riverside-San Bernardino-Ontario, CA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$4.46
Riverside-San Bernardino-Ontario, CA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$33.48

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Riverside-San Bernardino-Ontario, CA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$19.35
Riverside-San Bernardino-Ontario, CA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.94
Riverside-San Bernardino-Ontario, CA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$14.51
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Riverside-San Bernardino-Ontario, CA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$12.00
Riverside-San Bernardino-Ontario, CA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.20
Riverside-San Bernardino-Ontario, CA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.00