

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 322.00: DURABLE MEDICAL EQUIPMENT, OXYGEN AND RESPIRATORY THERAPY  
EQUIPMENT

Section

- 22322.01: General Provisions
- 22322.02: General Definitions
- 22322.03: General Rate Provisions
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22322.01: General Provisions

(1) Scope, Purpose, and Effective Date. ~~114.3101~~ CMR 22322.00 governs the determination of rates of payment to be used by all governmental units in making payment to eligible providers of durable medical equipment provided to publicly -aided individuals. Rates under 114.3101 CMR 22322.00 are effective April 1, 2010 on or after March 1, 2018, unless otherwise specified. The rates set forth in ~~114.3101~~ CMR 22322.00 do not apply to individuals covered by the Workers' Compensation Act, M.G.L. c. 152. Rates for services rendered to such individuals are set forth in 114.3 CMR 40.~~03(2).06~~: Fees.

(2) Coverage. ~~114.3101~~ CMR 22322.00 and the rates of payment contained herein apply to the following categories:

- (a) the purchase or rental of durable medical equipment;
- (b) the purchase of medical and surgical supplies;
- (c) the purchase or rental of seating, positioning, mobility systems, and related accessories;
- (d) the purchase or rental of prescribed oxygen delivery systems and respiratory therapy devices and related supplies;
- (e) the purchase or rental of intravenous and enteral therapy, equipment, and related supplies and services;
- (f) the repair or modification of the above listed types of equipment.

(3) Exclusions. ~~114.3101~~ CMR 22322.00 and the rates of payment contained herein do not apply to the following services:

- (a) respiratory therapy services rendered by a qualified respiratory therapist;
- (b) all services included in the reimbursement to an institutional provider;
- (c) all services for inpatients at a facility licensed as an acute or chronic hospital.

(4) Disclaimer of Authorization of Services. ~~114.3101~~ CMR 22322.00 is not authorization for nor approval of the procedures for which rates are determined pursuant to ~~114.3101~~ CMR 22322.00. Governmental units that purchase care are responsible for the definition, authorization, and approval of care to publicly -aided individuals.

(5) Coding Updates and Corrections. ~~The Division~~EOHHS may publish procedure code updates and corrections in the form of an Administrative Bulletin. The publication of such updates and corrections will list:

- (a) codes for which the code numbers only changed, with the corresponding crosswalk;

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- (b) codes for which the code remains the same but the description has changed;
  - (c) deleted codes for which there is no crosswalk; and
  - (d) for entirely new codes that require new pricing, ~~the Division~~EOHHS may list these codes and price them at a percentage of the prevailing Medicare fees as described in ~~114.3101~~ CMR ~~22322.03(1516)~~, when Medicare fees are available. When Medicare fees are not available, ~~the Division~~ or when otherwise designated by EOHHS as described in 101 CMR 322.03(16), EOHHS may apply individual consideration in reimbursing for these new codes until appropriate rates can be developed.
- (6) Administrative Bulletins. ~~The Division~~EOHHS may issue administrative bulletins to:
- a) clarify its policy on substantive provisions of ~~114.3101~~ CMR ~~22322.00~~;
  - b) specify any durable medical equipment or medical supplies subject to a preferred supplier contract or contracts between a supplier and a governmental unit or units, the governmental unit(s) and eligible providers subject to the contract; the duration of the preferred supplier contract, the prices at which such durable medical equipment or medical supplies will be available to eligible providers (as defined by the preferred supplier contract), the rates which eligible providers (as defined by the preferred supplier contract) will be paid by the relevant governmental unit(s) durable medical equipment or medical supplies, and any other information deemed necessary by EOHHS; and
  - c) specify any durable medical equipment or medical supplies subject to a rebate agreement or agreements between a manufacturer and a governmental unit or units, the governmental unit(s) and eligible providers subject to the agreement, the duration of the rebate agreement, the rates which will be paid to eligible providers (as defined by the applicable rebate agreement) by the relevant governmental unit(s) for the specified durable medical equipment or medical supplies, and any other information deemed necessary by EOHHS.
- (7) Authority. ~~114.3101~~ CMR ~~22322.00~~ is adopted pursuant to M.G.L. ~~118G118E~~.

~~22322.02~~: General Definitions

Meaning of Terms. Terms used in ~~114.3101~~ CMR ~~22322.00~~ have the following meanings:

Accessories. Products that are ~~fabricated~~used primarily and customarily to modify or enhance the usefulness or functional capability of ~~another piece of durable medical~~ equipment and that are generally not useful in the absence of ~~that other piece of durable medical~~ equipment.

Adjusted Acquisition Cost (AAC). The price paid to a supplier by an eligible provider for durable medical equipment, medical and surgical supplies, customized equipment, oxygen and respiratory therapy systems or devices and related supplies, enteral and intravenous therapy, equipment, and related supplies excluding all associated costs such as, but not limited to, shipping, handling and insurance costs. The adjusted acquisition cost must reflect all manufacturer, dealer, trade, and volume discounts, including rebates, in whatever form, extended to the provider for the purchase of the covered item. The only discount that does not have to be passed on to the governmental ~~agent~~unit is the amount allowed to the provider that is attributable to a timely payment to the manufacturer or supplier, not to exceed 5% of the actual purchase

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price.

The AAC to the eligible provider shall not exceed the manufacturer's current catalogue price. The AAC must be evidenced by the purchase price for the equipment listed on a copy of a current receipted invoice from the manufacturer. The provider must document the following on the invoice to the applicable governmental unit: 1) the date of the timely payment; 2) the amount of the timely payment; and 3) the amount of the prompt payment discount. Providers must maintain documentation evidencing the percentage of the purchase price that the provider's supplier allows as a prompt payment discount, and how the supplier defines "prompt payment" for any such discount.

If the provider requests prior approval for an item not previously purchased, a copy of a quote invoice from the manufacturer can be submitted for consideration, along with all discounts that would be passed on to the provider. The claim must reflect the actual purchase price if less than the quote submitted for prior authorization. Manufacturers who provide services must submit documentation that demonstrates the retail and catalogue or list price along with all discounts that would be passed on to a provider.

Assistive Technology Professional (ATP). An individual with experience in assistive/rehabilitation technology and certification by the Rehabilitation Engineering and Assistive Technology Society of North America who analyzes the equipment needs of persons with disabilities, assists in the selection of equipment, and trains the person with a disability on how to use the specific equipment. This equipment may include manual and power wheelchairs, seating and alternative positioning, ambulation assistance, environmental control, alternate computer access, augmentative and alternative communication devices, and products of daily living. The ATP must possess knowledge of the standards of acceptable practice in the provision of DME, including ordering, assembling, adjusting, and delivering DME and providing ongoing support and services to meet a person's rehabilitation equipment needs. The ATP must be certified by the Rehabilitation Engineering and Assistive Technology Society of North America.

Capped Rentals. ~~Items designated as "Capped rental"~~ items are designated with the modifiers KH, KI, and KJ in the ~~"code description"~~ column of 101 CMR 322.06 and are rented for a maximum period of 13 months, at which point the provider stops billing and turns over ownership and all warranty information to the ~~member~~ consumer. The provider may bill for repairs as needed to maintain the proper working condition of the equipment for the consumer's use after ~~the 13th month ownership turns over to the consumer.~~

~~The methodology for payment of items on a capped rental basis is as follows:~~

Purchase rates for items, including power wheelchairs, otherwise designated in 101 CMR 322.06 with the capped rental modifiers KH, KI, KJ are indicated with the modifiers NU and UE. The NU rates are established as a percentage of Medicare's rates, pursuant to 101 CMR 322.01(5) and 101 CMR 322.03(16). The purchase of capped rental items, including power wheelchairs, otherwise designated with the modifiers KH, KI, KJ for capped rental, will be no more than the sum of the capped rental methodology applied for 13 months. See 101 CMR 322.03(14).

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The methodology for capped rental payment of items other than power wheelchairs designated with the modifiers KH, KI, and KJ is as follows:

- (a) for ~~the first months one through~~ three months of rental, ~~(KH, KI)~~, 10% of the new purchase fee;
- (b) for months four through 13, ~~of rental (KJ)~~, payment at 75% of the amount for months one through three;
- (c) no further monthly payments after the 13th month.

~~For purchase of capped rental items, the purchase price will be no more than the sum of the capped rental methodology applied for 13 months. See 114.3 CMR 22.03(14) for modifiers.~~

The methodology for payment of power wheelchairs designated with the modifiers KH, KI, KJ is as follows:

- (a) for the first three months of rental (KH, KI), 15% of the new purchase fee;
- (b) for months four through 13 (KJ), payment at 40% of the amount for months one through three;
- (c) no further monthly payments after the 13th month.

Center. The Center for Health Information and Analysis established under M.G.L. c. 12C.

Cross-walk. A cross-reference in which a code is deleted and replaced with another code; ~~a cross-reference.~~

Customized Equipment. Durable medical equipment that:

- (a) is uniquely constructed, adapted or modified solely for the full-time use of the patient for whom it is purchased;
- (b) is made ~~to~~ order or adapted to meet the specific needs of the patient; and
- (c) the unique construction, adaptation or modification of ~~the equipment~~ which permanently precludes the use of such equipment by another individual.

Durable Medical Equipment (DME). Equipment that:

- (a) is ~~fabricated~~ used primarily and customarily to ~~fulfill~~ serve a medical purpose;
- (b) is generally not useful in the absence of disability, illness and injury;
- (c) can withstand repeated use over an extended period of time; and
- (d) is appropriate for home use; ~~(any setting in which normal life activities take place).~~

Eligible Provider. Any person, partnership, corporation, or other entity that is authorized by the Commonwealth of Massachusetts to engage in the business of furnishing durable medical equipment, medical and surgical supplies, customized equipment, oxygen or respiratory therapy equipment, mobility systems, intravenous and enteral therapy equipment, and related supplies and services and who meets such conditions of participation as may be adopted by a governmental unit.

EOHHS. The Executive Office of Health and Human Services established under M.G.L. c. 6A.

Governmental Unit. The Commonwealth, any department, agency, board, or commission of the

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Commonwealth, and any political subdivision of the Commonwealth.

Home Infusion Therapy (HIT) Services. The administration of medications to a patient in a home setting using delivery devices through intravenous, subcutaneous, or epidural routes. Drug therapies commonly administered include antibiotics, chemotherapy, pain management, parenteral nutrition, and immunoglobulin.

Individual Consideration (I.C.). Items for which there is no specified rate or when otherwise designated by EOHHS are individual consideration and are subject to the following procedure. The purchasing governmental unit analyzes the eligible provider's report of services submitted before making a determination. Providers must keep adequate records to substantiate their I.C. claims and must provide these documents, including a copy of the current invoice, to the purchasing agency. Except where otherwise stipulated in ~~114.3101~~ CMR ~~22322.03~~, payment to an eligible provider for individual consideration will be the lower of:

- (a) the eligible provider's usual and customary charge ~~to the general public;~~ or
- (b) ~~or the following rate, as applicable~~
  - 1. for purchases of supplies, the adjusted acquisition cost to the eligible provider plus the standard markup of 20 ~~percent, %~~, as defined in ~~114.3101~~ CMR ~~22322.02~~;
  - ~~(e)-~~2. for purchases of enteral and parenteral solutions, the adjusted acquisition cost to the eligible provider plus the standard markup of 25 ~~percent, %~~, as defined in ~~114.3101~~ CMR ~~22322.02~~;
  - ~~(f)-~~3. for purchases of new wheeled mobility system equipment, patient lift systems, and related accessories, the adjusted acquisition cost to the eligible provider plus the applicable standard markup of 35 ~~percent, %~~, as defined in ~~114.3101~~ CMR ~~22322.02~~;
  - ~~(e)-~~4. for purchases of other new equipment or customized tracheostomy supplies or certain diabetic equipment and supplies, the adjusted acquisition cost to the eligible provider plus the standard markup of 30 ~~percent, %~~, as defined in ~~114.3101~~ CMR ~~22322.02~~;
  - ~~(f)-~~5. for rental items, one-tenth of the fee paid for the item if purchased new;
  - ~~(g)-~~6. for capped rental items, refer to the methodology described under 114.3 within the definition of "capped rental" in 101 CMR 22322.02—General Definitions;
  - ~~(h)-~~7. for used items, 75% of the fee paid for the item if purchased new.
  - ~~(i)-~~8. for covered drugs, the adjusted acquisition cost, as defined in ~~114.3101~~ CMR ~~22322.02~~;
  - ~~(j)-~~9. for home infusion therapy, the adjusted acquisition cost to the eligible provider for items consumed per day plus a 20% markup plus \$8.00 for professional services, as indicated in ~~114.3101~~ CMR ~~22322.03~~ (5)(b).

Liquid Oxygen System. Respiratory therapy equipment utilizing liquid oxygen.

Medical Supplies. Consumable ~~and/or~~ disposable supplies or devices for home use, necessary for the treatment of a specific illness, injury, disease, or disability, including, but not limited to, test strips, syringes, ostomy products, and surgical items that are:

- (a) ~~—fabricated primarily and customarily required to fulfill—address an individual medical purpose~~ disability, illness, or injury;

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- ~~(b)—used in the treatment of a specific medical condition;~~
- ~~(b) cannot withstand repeated use by more than one individual;~~
- (c) generally not useful in the absence of illness or injury;
- (d) ~~non-reusable and consumable or~~ disposable; and
- (e) appropriate for use in ~~the patient's home~~ any setting in which normal life activities take place.

Mobility System. A manual or power wheelchair or other wheeled device, such as a scooter, including a base, a seating system, its components, accessories, and modifications.

Oxygen. Gaseous or liquid medical grade oxygen that conforms to United States Pharmacopeia Reference Standards.

Oxygen Delivery Systems. ~~A comprehensive oxygen service that includes, but is not limited to: the gaseous/liquid oxygen, oxygen generating device and related delivery systems container or cylinder, manifold systems whenever high volume oxygen is used, stand, cart, walker/stroller, supply reservoir, contents indicator, regulator with flow gauge, humidification devices, cannulas, masks, and special oxygen administration device, tubing and refill adapter.~~

Oxygen Generating Device. Any device suitable for domiciliary use that produces oxygen by any chemical or physical means, such as but not limited to, oxygen concentrators, and oxygen enrichers, and that conforms to such standards as may be required by federal and state governmental units.

~~Oxygen Delivery Systems. A comprehensive oxygen service that includes, but is not limited to: the gaseous/liquid oxygen, oxygen generating device and related delivery systems container or cylinder, manifold systems whenever high volume oxygen is used, stand, cart, walker/stroller, supply reservoir, contents indicator, regulator with flow gauge, humidification devices, cannulas, masks, and special oxygen administration device, tubing and refill adapter.~~

Patient Lift System. ~~A hoist, jack hoist, or hydraulic lift which may be either a sling lift (or Hoyer Lift, a brand name, used for patients whose mobility is limited) or sit-to-stand lift, which may be mobile (floor) lifts or overhead lifts (suspended from ceiling-mounted or overhead tracks).~~

Positioning System. Equipment prescribed to meet a medical need and intended to provide an alternative position to the seated wheelchair position.

Preferred Supplier Contract. ~~A contract between a supplier of durable medical equipment or medical supplies and EOHHS or another governmental unit under which the supplier agrees to supply specified durable medical equipment or medical supplies at specified rates to certain eligible providers defined by the contract.~~

Prescribing Provider. The member's physician, nurse practitioner, clinical nurse specialist, or physician's assistant who prescribes and writes the prescription.

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Publicly Aided Individual. A person for whose medical and other services a governmental unit is in whole or in part liable under a statutory public program.

Rate. See ~~114.3101~~ CMR ~~22322~~.03 and ~~22322~~.06.

Rebate Agreement. An agreement by which a manufacturer of durable medical equipment or medical supplies agrees to pay EOHHS or another governmental unit a rebate related to payments for specified durable medical equipment or medical supplies by the relevant government unit or units to certain eligible providers defined in the agreement.

Recall. An action taken by the manufacturer to retrieve, replace, or repair dangerous or defective DME, whether or not such action is taken at the direction of the Food and Drug Administration (FDA).

Request for Prior Authorization. A request by a provider, as required by the governmental unit, that the government unit determine the medical necessity of specified equipment or supplies for a particular individual. The provider must submit any such request to the governmental unit in accordance with all applicable laws, regulations and policies.

~~RESNA. The Rehabilitation Engineering and Assistive Technology Society of North America, or its successor.~~

Respiratory Therapy Devices and Supplies. Those modalities and necessary ancillary equipment used in the care and treatment of pulmonary insufficiencies from whatever cause as may be ordered by the prescribing provider for their therapeutic and remedial effect, and that meet such standards as may be required by federal or state governmental units. Respiratory therapy devices include but are not limited to the complete device and related delivery system accessories including, regulator with flow gauge, humidification and heating units, filters, cannulas, masks, and special administration device tubing and adapters.

Seating Systems. A seated positioning system, including its components, accessories and modifications, which may be attached to a base wheelchair and is designed to meet the individualized medical needs of the patient.

Standard Markup. Except where otherwise indicated in applicable section of ~~114.3101~~ CMR ~~22322~~.03, the standard markup for durable medical equipment, medical and surgical supplies, and oxygen and respiratory equipment that is applied to the price paid to a supplier by an eligible provider ~~can not~~ cannot exceed:

- (a) 20% for medical and surgical supplies and disposable items;
- (b) 25% for enteral and parenteral solutions;
- (c) 35% for wheeled mobility system equipment and accessories, as defined in ~~114.3101~~ CMR ~~22322~~.02, and patient lift systems; and
- (d) 30% for all other equipment, customized tracheostomy supplies, and certain diabetic equipment and supplies.



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Used Equipment. Any item that has been previously purchased or rented, including equipment that was:

- (a) used by a patient for a trial period;
- (b) used by the supplier as a demonstrator; or
- (c) rented by a patient who now wants to buy it.

Usual and Customary Charge. The lowest price that an eligible provider charges or accepts from any payer for the same equipment or item, including but not limited to the shelf price, sale price, or advertised price.

22322.03: General Rate Provisions

(1) Purchase or Rental of Durable Medical Equipment, Medical and Surgical Supplies. Payment to an eligible provider for the purchase of the above services will be the ~~lower~~lowest of:

- (a) the eligible provider's usual and customary charge ~~to~~;
- ~~(b) the general public~~preferred supplier rate published in an administrative bulletin pursuant to 101 CMR 322.01(6) plus an additional percentage handling fee if applicable; or
- ~~(b)-c)~~ such schedule of allowable fees set forth in ~~114.3101~~ CMR ~~22322~~.06.

(2) Purchase of Customized Seating, Positioning, Mobility Systems, and Related Accessories. Payment to an eligible DME provider for the purchase of customized seating, positioning, mobility systems, customized movable and fixed patient lift systems, pediatric/turned adult safety beds, and all related accessories shall be at the lower of the eligible provider's usual and customary charge ~~to the general public~~ or the rates specified in ~~114.3101~~ CMR ~~22322~~.06, plus the direct service component at the pre-approved levels of time and complexity as defined below:

- (a) RE 1-5 - Specialized (1-5 hours).
- (b) RE 6-10 - Intermediate - More time and complexity with multiple trials of equipment, custom fabrication of some parts (6-10 hours).
- (c) RE 11-15 - More time and complexity with multiple trials of equipment, high level of complexity in custom fabrication of some parts and may involve use of components from one or more manufactures (11-15 hours).
- (d) RE 16-23 - Complex - More time and complexity with multiple trials of equipment, very high level of complexity and may involve extensive time for trials of multiple products, extended amount of custom fabrication, or interactions with several professionals- physicians, therapist, teachers. (16-23 hours).

The rate for customization using these direct service component codes is ~~\$44.00~~46.33 per hour.

(3) Rental of Oxygen Delivery Systems.

- (a) The monthly rate of reimbursement for comprehensive oxygen services includes but is not limited to the following services:
  - 1. the gaseous/liquid oxygen, oxygen generating device and related delivery system container or cylinder, manifold systems whenever high volume oxygen is used, stand, cart, walker/stroller, supply reservoir, contents indicator, regulator with flow gauge, humidification devices, cannulas, masks, and/or special oxygen administration device, tubing and refill adapter;



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2. the complete device, cleaned and sterilized when appropriate, in proper working condition, and any maintenance, service and repair of unit as needed including replacement of defective parts. The routine replacement of parts, including disposable parts, occurs as needed or according to manufacturer's specifications;
3. delivery of the gaseous oxygen inclusive of 24 hour service costs;
4. back-up gaseous oxygen and related equipment and supplies; and
5. demonstration and instruction of safe usage of equipment, delivery and set-up.

(b) Payment to an eligible provider for the rental of oxygen generating devices and oxygen delivery systems shall be the lower of:

1. the eligible provider's usual and customary charge ~~to the general public~~; or
2. such schedule of allowable fees set forth in ~~114.3101~~ CMR ~~22322.06~~

(c) Payment to an eligible provider for the rental of oxygen delivery systems provided to publicly aided individuals in a nursing facility shall be the lower of:

1. the eligible provider's usual and customary charge ~~to the general public~~; or
2. 90% of the schedule of allowable fees set for in ~~114.3101~~ CMR ~~22322.06~~.

(4) Purchase and Rental of Respiratory Therapy Devices.

(a) Respiratory Therapy Devices (Purchase).

1. The purchased respiratory therapy device includes but is not be limited to the following services:
  - a. the complete device, new at the time of purchase, and in proper working condition;
  - b. service and repair of the unit as needed including replacement of defective parts. The routine replacement of parts, including disposable parts, occurs as needed or according to manufacturer's specifications; these can be billed for purchased devices unless otherwise specified under warranty;
  - c. the device and related delivery system accessories including, regulator with flow gauge, humidification and heating units, cannulas, masks, or special administration device, tubing and adapters;
  - d. delivery of the device inclusive of 24 hour service costs;
  - e. demonstration and instruction of safe usage of equipment, delivery and set-up.
2. Payment to an eligible provider for the purchase of respiratory therapy devices shall be the lower of:
  - a. the eligible provider's usual and customary charge ~~to the general public~~; or
  - b. such schedule of allowable fees set forth in ~~114.3101~~ CMR ~~22322.06~~.

(b) Respiratory Therapy Devices (Rental).

1. The monthly rental of respiratory therapy devices include but not be limited to:
  - a. the complete device, cleaned and sterilized when appropriate, in proper working condition, and any maintenance, service and repair of unit as needed including replacement of defective parts. The routine replacement of parts, including disposable parts, occurs as needed or according to manufacturer's specifications;
  - b. the device and related delivery system accessories including, regulator with flow gauge, humidification and heating units, filters, cannulas, masks, and special administration device, tubing and adapters;
  - c. delivery of the device inclusive of 24 hour service costs;

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- d. monthly cleaning and check of unit;
    - e. back-up respiratory therapy equipment; and
    - f. demonstration and instruction of safe usage of equipment, delivery, and set-up.
  2. Payment to an eligible provider for the rental of the above services shall be the ~~lowest~~lower of:
    - a. the eligible provider's usual and customary rental fees and terms ~~to the general public~~; or
    - b. the fees set forth in ~~114.3101~~ CMR ~~22322~~.06.
  3. Payment to an eligible provider for the rental of respiratory therapy devices provided to publicly aided individuals in a nursing facility shall be the lower of:
    - a. the eligible provider's usual and customary rental fees and terms ~~to the general public~~; or
    - b. 90% of the schedule of allowable fees set forth in ~~114.3101~~ CMR ~~22322~~.06.
- (5) General Rate Provisions for the Purchase of Home Infusion Therapy Services.
  - (a) Payment to an eligible provider for home infusion therapy services shall be the ~~lowest~~lower of:
    1. the eligible provider's usual and customary charge ~~to the general public~~; or
    2. such schedule of allowable fees set forth in ~~114.3101~~ CMR ~~22322~~.06.
  - (b) For services designated I.C., the adjusted acquisition costs to the eligible provider for items consumed per day plus a 20% markup plus \$8.00 for professional service.
  - (c) Included in the per diem fees are all necessary supplies, equipment and administrative services. Payment for Pharmacy items and services shall be determined under the provisions of ~~114.3101~~ CMR ~~34331~~.00: *Prescribed Drugs*. Payment for nursing services shall be determined according to purchaser specifications under the provisions of ~~114.3101~~ CMR ~~50350~~.00: *Home Health Services*. Parenteral and enteral nutrition formula shall be billed separately.
- (6) Option to Purchase. Governmental units may reserve the right to purchase, at their option, durable medical equipment and respiratory therapy equipment that is being supplied on a monthly rental basis to publicly-aided individuals.
  - (a) If covered, items can be purchased new or used; however, total payments cannot exceed the fee for purchase as new.
  - (b) If covered, items can be purchased at 100% of the fee.
  - (c) If covered, items that are usually purchased and fall into the inexpensive and frequently purchased item category can be rented for 10% of the purchase price, not to exceed ten months of rental and the fee for purchase as new.
  - (d) If covered, used equipment can be rented at 10% of 75% of the fee for purchase as new.
  - (e) If covered, used equipment can be purchased at 75% of the fee for purchase as new.
  - (f) Capped rental items that are purchased prior to the end of the 15-month capped rental period are purchased at an amount not to exceed 13 months of rental.
- (7) Condition of Rental Equipment Upon Delivery. All equipment that is rented on a monthly basis must be clean and in proper working condition when delivered. Respiratory therapy equipment provided on a rental basis must be in proper working condition and be free from

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contaminating agents. Tubing and masks shall be new or unused, in proper working condition and free from contaminating agents.

(8) Condition of Purchased Equipment Upon Delivery. All equipment that is purchased must be new and unused, clean, in proper working condition, free from defects, and meet all implied and expressed warranties. In the case of rental items purchased under ~~114.3101~~ CMR ~~22322.03(76)~~, Option to Purchase, the equipment shall be in proper working condition and be free from contaminating agents. Tubing and masks shall be new or unused, in proper working condition and free from contaminating agents. (See ~~114.3101~~ CMR ~~22322.03(87)~~: *Condition of Rental Equipment Upon Delivery.*)

(9) Rental Services. Unless otherwise authorized under ~~114.3101~~ CMR ~~22322.00~~, rental rates include the cost of servicing, repairs and maintenance including replacements of defective parts and disposable items.

(10) Delivery, Installation and Patient Instructional Time. Unless otherwise authorized under ~~114.3101~~ CMR ~~22322.00~~, the maximum allowable fee for purchase or rental of durable medical equipment shall include the following where required and appropriate:

- (a) cost of the provider's delivery to the inside of the recipient's residence and, when appropriate, to the room in which the equipment will be used; including allowance of the delivery via UPS or a similar delivery service with a copy of the proof of delivery slip signed by the recipient or recipient's caregiver, or noted by the company driver when a signature is unobtainable, and/or a copy of the delivery service company log (route) sheet.
- (b) installation and set up of the equipment
- (c) instruction of the recipient in the safe usage of the equipment.

(11) Terms and Warranties. Other terms and warranties included under ~~114.3101~~ CMR ~~22322.00~~'s rate provisions notwithstanding, all terms, express and implied warranties, warranties of repair and service, or any other warranties, which are extended to a specific recipient or customarily extended to ~~the general public~~ ~~any payor~~ shall apply to purchases, or rentals made under authority of ~~114.3101~~ CMR ~~22322.00~~.

(12) Repairs, Maintenance Service, Replacement Parts, and Professional Services. All rates for repair and maintenance services to purchased equipment that require repair, replacement parts and/or the use of technical components (services) can be found within ~~114.3 CMR 22.06, under the heading of "Repairs, Professional and Labor Services".~~ 101 CMR 322.06.

(13) Modifiers. The following list of letter modifiers must be added, where appropriate, to ~~HCPCHPCS~~ procedure codes to determine the percent fee to be paid on claims. Refer to purchasers' manuals for specific coding instructions.

- (a) Capped rental coding modifiers are as follows:
  - 1. KH—Initial claim, either rent (first month) or purchase
  - 2. KI—Second or third month rental
  - 3. KJ—Rental months four to 13
  - 4. ~~LL—Lease/rental with option to purchase~~

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~~NU—Capped rental item has been purchased.~~

(b) Additional modifiers are as follows:

1. A1—~~Dressing for one wound~~
2. A2—~~Dressing for two wounds~~
3. A3—~~Dressing for three wounds~~
4. A4—~~Dressing for four wounds~~
5. A5—~~Dressing for five wounds~~
6. A6—~~Dressing for six wounds~~
7. A7—~~Dressing for seven wounds~~
8. A8—~~Dressing for eight wounds~~
9. A9—~~Dressing for nine or more wounds~~
10. AU—~~Item furnished in conjunction with a urological, ostomy, or tracheostomy supply~~
11. AV—~~Items furnished in conjunction with prosthetic/orthotic~~
12. AW—~~Item furnished in conjunction with a surgical dressing~~
13. AX—~~Item furnished in conjunction with dialysis services~~
14. AY—Item or service furnished to an ESRD patient that is not for the treatment of ESRD
15. BA—~~Item furnished in conjunction with parenteral enteral nutrition (PEN) services~~
- ~~16. BO—Orally administered nutrition, not by feeding tube~~
- ~~17. CS—Item or service related, in whole or in part, to an illness, injury, or condition that was caused by or exacerbated by the effects, direct or indirect, of the 2010 oil spill in the Gulf of Mexico, including but not limited to subsequent clean-up activities~~
- ~~18. GA—Waiver of liability statement issued as required by payer policy, individual case~~
- ~~19. GS—Dosage of epo or darbepoietin alfa has been reduced 25% of preceding month's dosage~~
- ~~20. GU—Waiver of liability statement issued as required by payer policy, routine notice~~
- ~~21. GX—Notice of liability issued, voluntary under payer policy~~
- ~~22. JB—Subcutaneous administration~~
- ~~23. KC—Replacement of special power wheelchair interface (applicable to codes E2320-E2330)~~
- ~~24. KE—Bid under round one of the DMEPOS competitive bidding program for use with nonecompetitive bid base equipment~~
- ~~25. KF—item designated by FDA as class III device~~
- ~~26. KK—Inhalation solution composed from an FDA approved formulation~~
- ~~27. 2425. KK—DMEPOS item subject to DMEPOS competitive bidding program number 2~~
- ~~28. 26. KL—DMEPOS item delivered via mail~~
- ~~29. 2227. KO—Single drug unit dose formulation~~
- ~~30. 2328. KP—First drug of a multiple unit dose formulation~~
- ~~31. 2429. KQ—Second or subsequent drug of a multiple drug unit dose formulation~~
- ~~32. 2530. KR—Rental item for a partial month~~
- ~~33. 2631. KS—Glucose monitor supply for diabetic beneficiary not treated with insulin~~
- ~~34. 2732. KX—Specific required documentation on file (member treated with insulin)~~
- ~~35. 2833. LL—Lease/rental with option to purchase~~

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- ~~2934.~~ LT—Left side (used to identify procedures performed on the left side of the body)
- ~~3035.~~ ~~MS—Six month maintenance and servicing fee for reasonable and necessary parts and labor which are not covered under any manufacturer or supplier warranty~~
36. NU—New equipment
- ~~3137.~~ QF—Prescribed amount of oxygen exceeds 4 liters per minute (LPM) and portable oxygen is prescribed
- ~~3238.~~ QG—Prescribed amount of oxygen is greater than 4 liters per minute (LPM)
- ~~3339.~~ RA—Replacement of a DME item (~~informational modifier to denote replacement of an already purchased DME item for use only with K0108 for direct service component for customization purposes, MassHealth only~~)
3440. RB—Replacement of a part of a DME furnished as part of a repair
- ~~3541.~~ RR—Rental of durable medical equipment and oxygen/respiratory therapy equipment
- ~~3642.~~ RT—Right side (used to identify procedures performed on the right side of the body)
- ~~3743.~~ SC—Medically necessary service or supply
44. SD—Services provided by registered nurse with specialized, highly technical home infusion training
- ~~3845.~~ TW when used in conjunction with code A4210: Back-up equipment; when used with codes for alternative and augmentative communication devices: MassHealth only--non-dedicated alternative and augmentative communication devices
46. U1—Medicaid level of care 1 (used only for nonstandard power wheelchair trays and patient lift systems)
- ~~3947.~~ U2—Medicaid level of care 2 (first six months of rental, volume/pressure ventilator)
- ~~4048.~~ U3—Medicaid level of care 3 (used only for supplies for maintenance of insulin infusion catheter for MassHealth)
49. U4—Medicaid level of care 3 (used only for supplies for maintenance of insulin infusion catheter for MassHealth)
- ~~50.~~ UA—Medicaid level of care 10 (used for adults for safety beds and customized tracheostomy supplies)
51. UB—Medicaid level of care 11 (repair, RTS providers only)
- ~~4152.~~ UC—Medicaid level of care 12 (used for pediatric specialized ~~rehabilitation~~ equipment only)
- ~~4253.~~ UD—Medicaid level of care 13 (bariatric equipment)
- ~~4354.~~ UE—Used durable medical equipment.

(14) Shop Repair of Purchased Equipment and Rental Equipment.

- (a) Whenever a repair service for purchased equipment requires removing the equipment from the residential setting to the shop, the eligible provider must supply a substitute unit in proper working condition and comparable in all respects to the unit to be serviced. The provision of the substitute equipment will be on a rental basis: the rental rate will be 1/30th of the monthly allowable rental fee, as provided in ~~414.3101~~ CMR ~~22322.00~~ *per diem*.
- (b) No payment for rental of substitute equipment shall be made for any day following the fifth business day after the date of removal of the equipment from the residential setting,

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unless otherwise authorized by the appropriate purchaser.

(c) Whenever a repair service for rental equipment requires the removal of the equipment from the residential setting, the eligible provider must supply a substitute unit in proper working condition and comparable in all aspects to unit to be repaired. No extra rental charge will be allowed for this substituted equipment.

(15) Recall Provisions. Whenever purchased or rental equipment is subject to recall, the provider will fully address the recall as specified in the recall instructions. For recalls of potentially dangerous or defective DME that predictably could cause serious health problems or death, the DME provider shall provide the member with a copy of the Recall Notice and fully address the Recall as specified in the Recall instructions no later than five business days from the date the DME provider receives the Recall Notice. Any costs not covered by the manufacturer or other third party for activity associated with amelioration, repair or replacement of recalled equipment is included in the general rate provisions for each category of equipment in ~~44.3101~~ 101 CMR 22322.03.

(16) General Rate Provisions for Pricing of New Codes

As described in ~~44.3 CMR 101 CMR 3~~ 22.01 (5), ~~the Division~~ EOHHS may publish new procedure codes in the form of an ~~Informational~~ Administrative Bulletin and set fees as follows:

(a) when Medicare fees are available, ~~set fees at except as otherwise specified in 101 CMR 322.03(16)(b)~~

1. 100% of Medicare for

a. specialized wheeled mobility equipment and accessories

b. first six months rental for volume ventilators

~~2. 90% of Medicare for oxygen, certain diabetic~~ equipment and ~~contents~~ supplies

d. certain patient lifts and accessories

e. elevating leg rests

2. 85% of Medicare for all other items, including speech generating devices and certain oxygen equipment and supplies

(b) when Medicare fees are not available and for certain durable medical equipment or medical supplies, apply individual consideration at adjusted acquisition cost plus the standard markup as defined in ~~44.3101~~ 101 CMR 22322.02.

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322.04: Reporting Requirements

(1) ~~Required Reports.~~ Upon All providers must comply with the request requirements of 957 CMR 6.00: Cost Reporting Requirements.

(2) Penalty for Noncompliance. A governmental purchaser may reduce the ~~Division, an eligible~~ payment rates of any provider that ~~has received payment~~ fails to timely file required information with the Center or EOHHS, as applicable, by 5% during the previous fiscal year from a governmental unit for the provision of durable medical or oxygen respiratory therapy equipment shall forward to the Division first month of noncompliance, and by an additional 5% each month



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of noncompliance thereafter (i.e., 5% reduction during the first month of noncompliance, 10% reduction during the following information: second month of noncompliance, and so on). The governmental purchaser will notify the provider prior to imposing a penalty for each month of noncompliance.

- ~~(a) Most recent year end financial statement which shall include a balance sheet, income and expense statement and schedules of total salary and wage expenses;~~
- ~~(b) Copies of 941 Forms for the previous four quarters accompanied by a list of all employees, which should include employee's name, job classification and responsibilities, and salaries as listed on the IRS W-2 Form;~~
- ~~(c) List of any contract employees specifying fees paid and services performed; and~~
- ~~(d) Statistical data as shall be designated by the Division, such as the total number of patients serviced, total number of rentals by type of equipment, total number of purchases, etc.~~

~~(2) Compliance Time. Each eligible provider shall also make available all records, books and reports relating to its operations, including such data and statistics, as the Division may from time to time request.~~

~~(3) Additional Information. Each eligible provider shall also make available all records, books and reports relating to its operations, including such data and statistics as the Division may from time to time request. At the discretion of the Division, an eligible provider may be allowed to substitute other cost data for the reports noted in 114.3 CMR 22.04(1). Such data may include reasonable forecasts of anticipated costs, utilization and levels of service to be provided during the current rate period, the costs and charges to the general public, reimbursement rates of providers who furnish comparable care, the comparable cost of alternative means of meeting patient needs.~~

~~(4) Extensions. Upon written request from a provider demonstrating that good cause exists, the Division may grant an extension of time for filing required reports.~~

~~(5) Penalty for Non-compliance.~~

- ~~(a) Failure on the part of an eligible provider to submit other acceptable information as requested may be cause for removal from the list of eligible providers by the governmental purchasing agency until such information, data or statistics are filed.~~
- ~~(b) Pursuant to M.G.L. c. 118G, eligible providers who knowingly fail to file or knowingly falsify required reports may be punished by a fine of not less than \$100 nor more than \$500.~~

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322.05: Severability of the Provision of 114.3101 CMR 22322.00

The provisions of 114.3101 CMR 22322.00 are severable. If any provision of 114.3101 CMR 22322.00 or the application of any provision to the sale or rental of durable medical equipment, medical/surgical supplies, oxygen and respiratory therapy equipment should be held invalid or unconstitutional, such determination shall not be construed to affect the validity or

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constitutionality of any other provision of ~~114.3 CMR 22~~101 CMR 322.00 or the application of  
any other provision.

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322.06: Allowable Fees and Rate Schedule.

Code	Rate	Description
<b>Medical and Surgical Supplies A4000-A98999</b>		
<del>Injection Miscellaneous Supplies</del>		
A4206	0.22	Syringe with needle, sterile 1cc, each
A4207	0.43	Syringe with needle, sterile 2cc, each
A4208	0.28	Syringe with needle, sterile 3cc, each
A4209	0.45	Syringe with needle, sterile 5cc or greater, each
A4210	AAC+20%	Needle-free injection device, each
<u>A4210TW</u>	<u>4.98</u>	<u>Needle-free injection device, each (for use for billing nasal adaptor/mucosacal atomization device/nasal adaptor purchased as part of nasal naloxone rescue kit, each, two maximum per kit)</u>
A4211	AAC+20%	Supplies for self-administered injections
A4212	0.13	Non-coring needle or stylet with or without catheter
A4213	0.76	Syringe, sterile, 20 cc or greater, each
A4215NU	0.10	Needle, sterile, any size, each
A4215KX	0.23	Needle, sterile, any size, each (specific required documentation on file, member treated with insulin)
A4216	<del>0.40</del> <u>42</u>	Sterile water, saline and/or dextrose diluent/flush, 10 ml
A4217NU	<del>2.38</del> <u>51</u>	Sterile water/saline 500 ml
A4217AU	<del>2.38</del> <u>51</u>	Sterile water/saline 500 ml (items furnished in conjunction with urological, ostomy, or tracheostomy supplies)
A4218	AAC+20%	Sterile saline or water, metered dose dispenser, 10 ml
A4220	AAC+20%	Refill kit for implantable infusion pump
A4221	<del>18.88</del> <u>23.77</u>	Supplies for maintenance of <u>non-insulin</u> drug infusion catheter, per week (list drug separately)
A4222	<del>37.60</del> <u>49.07</u>	Infusion supplies for external drug infusion pump, per cassette or bag (list drug separately)
A4223	AAC+20%	Infusion supplies not used with external infusion pump, per cassette or bag (list drugs separately)
<u>A4224</u>	<u>16.49</u>	<u>Supplies for maintenance of insulin infusion catheter, per week</u>
<u>A4225</u>	<u>2.21</u>	<u>Supplies for external insulin infusion pump, syringe type cartridge, sterile, each</u>
<del>A4230</del>	<del>AAC+20%</del>	<del>Infusion set for external insulin pump, non-needle cannula type</del>
<del>A4231</del>	<del>AAC+20%</del>	<del>Infusion set for external insulin pump, needle type</del>
<del>A4232</del>	<del>3.45</del>	<del>Syringe with needle for external insulin pump, sterile, 3cc</del>
<b>Batteries</b>		
A4233NU	<del>0.58</del> <u>0.71</u>	Replacement battery, alkaline (other than j cell), for use with medically necessary home blood glucose monitor owned by patient, each
A4233NUKL	<del>0.77</del> <u>0.61</u>	Replacement battery, alkaline (other than j cell), for use with medically necessary home blood glucose monitor owned by patient, each (DMEPOS item delivered via mail)
A4234NU	<del>2.50</del> <u>3.24</u>	Replacement battery, alkaline, j cell, for use with medically necessary

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Code	Rate	Description
A4234NUKL	<del>3.472.80</del>	home blood glucose monitor owned by patient, each Replacement battery, alkaline, j cell, for use with medically necessary
A4235NU	<del>1.062.09</del>	home blood glucose monitor owned by patient, each Replacement battery, lithium, for use with medically necessary home
A4235NUKL	<del>2.234.80</del>	blood glucose monitor owned by patient, each Replacement battery, lithium, for use with medically necessary home
A4236NU	<del>1.194.50</del>	blood glucose monitor owned by patient, each Replacement battery, silver oxide, for use with medically necessary
A4236NUKL	<del>1.604.29</del>	home blood glucose monitor owned by patient, each Replacement battery, silver oxide, for use with medically necessary
<u>Other Supplies</u>		
A4244	1.27	Alcohol or peroxide, per pint
A4245	3.61	Alcohol wipes, per box
A4246	4.73	Betadine or phisoex solution, per pint
A4247	3.56	Betadine or iodine swabs/wipes, per box
A4248	AAC+20%	Chlorhexidine containing antiseptic, 1 ml
A4250	18.88	Urine test or reagent strips or tablets (100 tablets or strips)
A4253NU	<del>36.94</del> <u>8.32</u>	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips
A4253NUKL	<del>36.94</del> <u>8.32</u>	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips (DMEPOS item delivered via mail)
A4255	<del>4.323.49</del>	Platforms for home blood glucose monitor, 50 per box
A4256	<del>4.004.21</del>	Normal, low and high calibrator solution / chips
A4256KL	<del>10.908.80</del>	Normal, low and high calibrator solution / chips (DMEPOS delivered via mail)
A4257	<del>14.1041.38</del>	Replacement lens shield cartridge for use with laser skin piercing device, each
A4258	<del>2.5246.14</del>	Spring-powered device for lancet, each
A4258KL	<del>17.2043.89</del>	Spring-powered device for lancet, each (DMEPOS delivered via mail)
A4259	<del>1.659.66</del>	Lancets, per box of 100
A4259KL	<del>10.318.33</del>	Lancets, per box of 100 (DMEPOS delivered via mail)
A4264	AAC+20%	Permanent implantable contraceptive intratubal occlusion device(s) and delivery system
A4265	<del>3.203.03</del>	Paraffin, per pound
A4281	<del>5.13</del> <u>AAC+20%</u>	Tubing for breast pump, replacement
A4282	AAC+20%	Adapter for breast pump, replacement
A4283	AAC+20%	Cap for breast pump bottle, replacement
A4284	AAC+20%	Breast shield and splash protector for use with breast pump, replacement
A4285	AAC+20%	Polycarbonate bottle for use with breast pump, replacement
A4286	AAC+20%	Locking ring for breast pump, replacement

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Code	Rate	Description
<u>Vascular Catheters and Drug Delivery Systems</u>		
A4305	AAC+20%	Disposable drug delivery system, flow rate of 50 ml or greater per hour
A4306	AAC+20%	Disposable drug delivery system, flow rate of less than 50 ml per hour
<u>Incontinence Appliances and Care Supplies</u>		
A4310	<del>7.26</del> 6.89	Insertion tray without drainage bag and without catheter (accessories only)
A4311	<del>13.13</del> 12.47	Insertion tray without drainage bag with indwelling catheter, <del>Foley</del> foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)
A4312	<del>14.41</del> 13.69	Insertion tray without drainage bag with indwelling catheter, <del>Foley</del> foley type, two-way, all silicone
A4313	<del>14.80</del> 14.05	Insertion tray without drainage bag with indwelling catheter, <del>Foley</del> foley type, three-way, for continuous irrigation
A4314	<del>20.20</del> 19.18	Insertion tray with drainage bag with indwelling catheter, <del>Foley</del> foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)
A4315	<del>21.07</del> 20.02	Insertion tray with drainage bag with indwelling catheter, <del>Foley</del> foley type, two-way, all silicone
A4316	<del>26.68</del> 25.35	Insertion tray with drainage bag with indwelling catheter, <del>Foley</del> foley type, three-way, for continuous irrigation
<del>A4319</del>	<del>6.33</del>	<del>Sterile water irrigation solution, 1000 ml</del>
A4320	<del>5.02</del> 4.76	Irrigation tray with bulb or piston syringe, any purpose
A4321	AAC+20%	Therapeutic agent for urinary catheter irrigation
A4322	<del>2.86</del> 2.71	Irrigation syringe, bulb or piston, each
A4326	<del>9.74</del> 9.26	Male external catheter with integral collection chamber, any type, each
A4327	<del>39.71</del> 37.72	Female external urinary collection device; metal cup, each
A4328	<del>8.34</del> 7.92	Female external urinary collection device; pouch, each
A4330	<del>6.72</del> 6.38	Perianal fecal collection pouch with adhesive, each
A4331	<del>2.99</del> 2.84	Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each
A4332	<del>0.11</del> 0.11	Lubricant, individual sterile packet, each
A4333	<del>2.07</del> 1.96	Urinary catheter anchoring device, adhesive skin attachment, each
A4334	<del>4.62</del> 4.40	Urinary catheter anchoring device, leg strap, each
A4335	AAC+20%	Incontinence supply; miscellaneous
A4336	<del>1.35</del> AAC+20%	Incontinence supply, urethral insert, any type, each
<del>A4337</del>	<del>AAC+20%</del>	<del>Incontinence supply, rectal insert, any type, each</del>
A4338	<del>11.53</del> 10.94	Indwelling catheter; foley type, two-way latex with coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each
A4340	<del>29.84</del> 28.34	Indwelling catheter; specialty type, eg; coude, mushroom, wing,

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Code	Rate	Description
		etc.), each
A4344	<del>14.27</del> <del>13.57</del>	Indwelling catheter, foley type, two-way, all silicone, each
A4346	<del>18.40</del> <del>17.48</del>	Indwelling catheter; foley type, three way for continuous irrigation, each
A4349	<del>1.90</del> <del>1.80</del>	Male external catheter, with or without adhesive, disposable, each
A4351	<del>1.71</del> <del>1.61</del>	Intermittent urinary catheter; straight tip, with or without coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each
A4352	<del>6.04</del> <del>5.73</del>	Intermittent urinary catheter; coude (curved) tip, with or without coating (teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each
A4353	<del>6.57</del> <del>6.24</del>	Intermittent urinary catheter, with insertion supplies
A4354	<del>11.09</del> <del>10.53</del>	Insertion tray with drainage bag but without catheter
A4355	<del>7.12</del> <del>6.77</del>	Irrigation tubing set for continuous bladder irrigation through a three-way indwelling foley catheter, each
<u>External Urinary Supplies</u>		
A4356	<del>36.44</del> <del>34.61</del>	External urethral clamp or compression device (not to be used for catheter clamp), each
A4357	<del>7.75</del> <del>7.36</del>	Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each
A4358	<del>6.23</del> <del>5.92</del>	Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each
A4360	<del>0.39</del> <del>0.37</del>	Disposable external urethral clamp or compression device, with pad and/or pouch, each
<u>Ostomy Supplies</u>		
A4361	<del>16.75</del> <del>15.91</del>	Ostomy faceplate, each
A4362	<del>2.77</del> <del>2.63</del>	Skin barrier; solid, 4 x 4 or equivalent; each
A4363	<del>2.23</del> <del>2.11</del>	Ostomy clamp, any type, replacement only, each
A4364	<del>2.71</del> <del>2.58</del>	Adhesive, liquid or equal, any type, per oz
A4366	<del>1.22</del> <del>1.16</del>	Ostomy vent, any type, each
A4367	<del>6.22</del> <del>5.91</del>	Ostomy belt, each
A4368	<del>0.24</del> <del>0.23</del>	Ostomy filter, any type, each
A4369	<del>2.28</del> <del>2.16</del>	Ostomy skin barrier, liquid (spray, brush, etc), per oz
A4371	<del>3.43</del> <del>3.26</del>	Ostomy skin barrier, powder, per oz
A4372	<del>3.94</del> <del>3.73</del>	Ostomy skin barrier, solid 4x4 or equivalent, standard wear, with built-in convexity, each
A4373	<del>5.89</del> <del>5.60</del>	Ostomy skin barrier, with flange (solid, flexible or accordion), with built-in convexity, any size, each
A4375	<del>16.14</del> <del>15.33</del>	Ostomy pouch, drainable, with faceplate attached, plastic, each
A4376	<del>44.72</del> <del>42.47</del>	Ostomy pouch, drainable, with faceplate attached, rubber, each
A4377	<del>4.04</del> <del>3.83</del>	Ostomy pouch, drainable, for use on faceplate, plastic, each
A4378	<del>28.88</del> <del>27.45</del>	Ostomy pouch, drainable, for use on faceplate, rubber, each
A4379	<del>14.11</del> <del>13.40</del>	Ostomy pouch, urinary, with faceplate attached, plastic, each
A4380	<del>35.07</del> <del>33.32</del>	Ostomy pouch, urinary, with faceplate attached, rubber, each
A4381	<del>4.34</del> <del>4.11</del>	Ostomy pouch, urinary, for use on faceplate, plastic, each



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Code	Rate	Description
A4382	<del>23.13</del> <u>21.97</u>	Ostomy pouch, urinary, for use on faceplate, heavy plastic, each
A4383	<del>26.49</del> <u>25.16</u>	Ostomy pouch, urinary, for use on faceplate, rubber, each
A4384	<del>9.04</del> <u>8.59</u>	Ostomy faceplate equivalent, silicone ring, each
A4385	<del>4.79</del> <u>4.56</u>	Ostomy skin barrier, solid 4x4 or equivalent, extended wear, without built-in convexity, each
A4387	<del>2.11</del> <u>4.01</u>	Ostomy pouch, closed, with barrier attached, with built-in convexity (one piece), each
A4388	<del>4.11</del> <u>3.89</u>	Ostomy pouch, drainable, with extended wear barrier attached, (one piece), each
A4389	<del>5.84</del> <u>5.55</u>	Ostomy pouch, drainable, with barrier attached, with built-in convexity (one piece), each
A4390	<del>9.03</del> <u>8.58</u>	Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each
A4391	<del>6.65</del> <u>6.31</u>	Ostomy pouch, urinary, with extended wear barrier attached (1 piece), each
A4392	<del>7.68</del> <u>7.30</u>	Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each
A4393	<del>8.50</del> <u>8.07</u>	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each
A4394	<del>2.43</del> <u>2.30</u>	Ostomy deodorant, with or without lubricant, for use in ostomy pouch, liquid, per fluid ounce
A4395	0.04	Ostomy deodorant for use in ostomy pouch, solid, per tablet
A4396	<del>38.04</del> <u>36.13</u>	Ostomy belt with peristomal hernia support
A4397	<del>3.83</del> <u>3.64</u>	Irrigation supply; sleeve, each
A4398	<del>12.75</del> <u>12.10</u>	Ostomy irrigation supply; bag, each
A4399	<del>11.53</del> <u>10.94</u>	Ostomy irrigation supply; cone/catheter, <del>including with or without</del> brush
A4400	<del>45.92</del> <u>43.61</u>	Ostomy irrigation set
A4402	<del>1.28</del> <u>1.22</u>	Lubricant, per ounce
A4404	<del>1.58</del> <u>1.50</u>	Ostomy ring, each
A4405	<del>3.20</del> <u>3.03</u>	Ostomy skin barrier, non-pectin based, paste, per ounce
A4406	<del>5.38</del> <u>5.13</u>	Ostomy skin barrier, pectin-based, paste, per ounce
A4407	<del>8.23</del> <u>7.82</u>	Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4 x 4 inches or smaller, each
A4408	<del>9.27</del> <u>8.81</u>	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, larger than 4 x 4 inches, each
A4409	<del>5.84</del> <u>5.55</u>	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4 x 4 inches or smaller, each
A4410	<del>8.50</del> <u>8.07</u>	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, larger than 4 x 4 inches, each

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Code	Rate	Description
A4411	<del>4.794.56</del>	Ostomy skin barrier, solid 4x4 or equivalent, extended wear, with built-in convexity, each
A4412	<del>2.542.41</del>	Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), without filter, each
A4413	<del>5.184.91</del>	Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), with filter, each
A4414	<del>4.624.40</del>	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4 x 4 inches or smaller, each
A4415	<del>5.635.36</del>	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4x4 inches, each
A4416	<del>2.592.46</del>	Ostomy pouch, closed, with barrier attached, with filter (1 piece), each
A4417	<del>3.493.32</del>	Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (1 piece), each
A4418	<del>1.711.61</del>	Ostomy pouch, closed; without barrier attached, with filter (1 piece), each
A4419	<del>1.631.56</del>	Ostomy pouch, closed; for use on barrier with non-locking flange, with filter (2 piece), each
A4420	AAC+20%	Ostomy pouch, closed, for use on barrier with locking flange (2 piece), each
A4421	AAC+20%	Ostomy supply; miscellaneous
A4422	<del>0.110.11</del>	Ostomy absorbent material (sheet/pad/crystal packet) for use in ostomy pouch to thicken liquid stomal output, each
A4423	<del>1.751.66</del>	Ostomy pouch, closed; for use on barrier with locking flange, with filter (2 piece), each
A4424	<del>4.474.24</del>	Ostomy pouch, drainable, with barrier attached, with filter (1 piece), each
A4425	<del>3.373.20</del>	Ostomy pouch, drainable; for use on barrier with non-locking flange, with filter (2 piece system), each
A4426	<del>2.572.44</del>	Ostomy pouch, drainable; for use on barrier with locking flange (2 piece system), each
A4427	<del>2.622.48</del>	Ostomy pouch, drainable; for use on barrier with locking flange, with filter (2 piece system), each
A4428	<del>6.125.81</del>	Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (1 piece), each
A4429	<del>7.757.36</del>	Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each
A4430	<del>8.007.61</del>	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each
A4431	<del>5.845.55</del>	Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (1 piece), each
A4432	<del>3.373.20</del>	Ostomy pouch, urinary; for use on barrier with non-locking flange, with faucet-type tap with valve (2 piece), each
A4433	<del>3.152.98</del>	Ostomy pouch, urinary; for use on barrier with locking flange (2

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Code	Rate	Description
A4434	<del>3.533-36</del>	piece), each Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (2 piece), each
<u>A4435</u>	<u>5.42</u>	<u>Ostomy pouch, drainable, high output, with extended wear barrier (one-piece system), with or without filter, each</u>
<u>Additional Miscellaneous Supplies</u>		
A4450AU	<del>0.080-08</del>	Tape, non-waterproof, per 18 square inches
A4450AV	<del>0.080-08</del>	Tape, non-waterproof, per 18 square inches
A4450AW	<del>0.100-10</del>	Tape, non-waterproof, per 18 square inches
A4452AU	<del>0.340-32</del>	Tape, waterproof, per 18 square inches
A4452AV	<del>0.340-32</del>	Tape, waterproof, per 18 square inches
A4452AW	<del>0.370-36</del>	Tape, waterproof, per 18 square inches
A4455	<del>1.341-28</del>	Adhesive remover or solvent (for tape, cement or other adhesive), per ounce
A4456	<del>0.230-22</del>	Adhesive remover, wipes, any type, each
A4458	AAC+20%	Enema bag with tubing, reusable
<u>A4459</u>	<u>AAC+20%</u>	<u>Manual pump-operated enema system, includes balloon, catheter and all accessories, reusable, any type</u>
A4461	<del>3.092-93</del>	Surgical dressing holder, non-reusable, each
A4463	<del>12.511-88</del>	Surgical dressing holder, reusable, each
A4465	<del>11.521-52</del>	Non-elastic binder for extremity
<del>A4466</del>	<del>AAC+20%</del>	<del>Garment, belt, sleeve or other covering, elastic or similar stretchable material, any type, each</del>
<u>A4467</u>	<u>AAC+20%</u>	<u>Belt, strap, sleeve, garment, or covering, any type</u>
A4470	AAC+20%	Gravlee jet washer
A4480	AAC+20%	Vabra aspirator
A4481	<del>0.350-33</del>	Tracheostoma filter, any type, any size, each
A4483	69.60	Moisture exchanger, disposable, for use with invasive mechanical ventilation
A4490	7.26	Surgical stockings above knee length, each
A4495	28.85	Surgical stockings thigh length, each
A4500	8.22	Surgical stockings below knee length, each
A4510	11.61	Surgical stockings full length, each
A4520	AAC+20%	Incontinence garment, any type (e.g., brief, diaper), each
A4550	1.52	Surgical trays
<u>A4553</u>	<u>AAC+20%</u>	<u>Non-disposable underpads, all sizes</u>
A4554	0.29	Disposable underpads, all sizes, (e.g., <del>C</del> ehux's)
<u>A4555</u>	<u>AAC+20%</u>	<u>Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only</u>
A4556	<del>9.719-21</del>	Electrodes, (e.g., apnea monitor), per pair
A4557	<del>16.6518-84</del>	Lead wires, (e.g., apnea monitor), per pair
A4558	<del>4.364-13</del>	Conductive gel or paste, for use with electrical device (e.g., TENS, NMES), per oz
A4559	<del>0.090-09</del>	Coupling gel or paste, for use with ultrasound device, per oz

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Code	Rate	Description
A4561	<del>18.75</del> <del>17.81</del>	Pessary, rubber, any type
A4562	<del>46.68</del> <del>44.34</del>	Pessary, non rubber, any type
A4565	<del>7.23</del> <del>3.96</del>	Slings
<u>A4566</u>	<u>AAC+20%</u>	<u>Shoulder sling or vest design, abduction restrainer, with or without swathe control, prefabricated, includes fitting and adjustment</u>
A4570	AAC+20%	Splint
A4575	AAC+20%	Topical hyperbaric oxygen chamber, disposable
A4580	AAC+20%	Cast supplies (e.g. plaster)
A4590	AAC+20%	Special casting material (e.g. fiberglass)
A4595	<del>20.65</del> <del>25.71</del>	Electrical stimulator supplies, 2 lead, per month, (e.g. TENS, NMES)
A4600	AAC+20%	Sleeve for intermittent limb compression device, replacement only, each
A4601	AAC+20%	Lithium ion battery, <u>rechargeable</u> , for non-prosthetic use, replacement
<u>A4602</u>	<u>AAC+20%</u> <del>3.49</del>	<u>Replacement battery for external infusion pump owned by patient, lithium, 1.5 volt, each</u>
A4604NU	<del>46.16</del> <del>51.39</del>	Tubing with integrated heating element for use with positive airway pressure device
A4605NU	<del>15.41</del> <del>14.64</del>	Tracheal suction catheter, closed system, each
A4606	AAC+20%	Oxygen probe for use with oximeter device, replacement
A4608	<del>47.10</del> <del>44.74</del>	Transtracheal oxygen catheter, each
<u>Supplies for Oxygen and Related Respiratory Equipment</u>		
A4611NU	175.33	Battery, heavy duty; replacement for patient owned ventilator (new equipment)
A4611RR	18.18	Battery, heavy duty; replacement for patient owned ventilator (rental)
A4611UE	131.50	Battery, heavy duty; replacement for patient owned ventilator (used durable medical equipment)
A4612NU	71.34	Battery cables; replacement for patient-owned ventilator (new equipment)
A4612RR	7.27	Battery cables; replacement for patient-owned ventilator (rental)
A4612UE	54.40	Battery cables; replacement for patient-owned ventilator (used durable medical equipment)
A4613NU	109.40	Battery charger; replacement for patient-owned ventilator (new equipment)
A4613RR	10.95	Battery charger; replacement for patient-owned ventilator (rental)
A4613UE	79.12	Battery charger; replacement for patient-owned ventilator (used durable medical equipment)
A4614	<del>21.22</del> <del>22.35</del>	Peak expiratory flow rate meter, hand held
A4615	<del>0.68</del> <del>0.64</del>	Cannula, nasal
A4616	<del>0.06</del> <del>0.06</del>	Tubing (oxygen), per foot
A4617	<del>2.92</del> <del>2.76</del>	Mouth piece
A4618NU	<del>8.36</del> <del>7.93</del>	Breathing circuits

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Code	Rate	Description
A4618RR	<del>0.970.91</del>	Breathing circuits
A4618UE	<del>6.265.95</del>	Breathing circuits
A4619 <del>NU</del>	<del>1.681.08</del>	Face tent
A4620	<del>0.560.53</del>	Variable concentration mask
A4623	<del>6.155.85</del>	Tracheostomy, inner cannula
<del>A4623UA</del>	<del>AAC+30%</del>	<del>Tracheostomy, inner cannula (customized nonstandard size for adults for MassHealth members only)</del>
<del>A4623UC</del>	<del>AAC+30%</del>	<del>Tracheostomy, inner cannula (customized nonstandard size for children for MassHealth members only)</del>
A4624NU	<del>2.102.00</del>	Tracheal suction catheter, any type other than closed system, each
A4625	<del>5.535.26</del>	Tracheostomy care kit for new tracheostomy
A4626	<del>3.002.85</del>	Tracheostomy cleaning brush, each
A4627	<del>13.2813.28</del>	Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler
A4628NU	<del>3.513.34</del>	Oropharyngeal suction catheter, each
A4629	<del>4.1336</del>	Tracheostomy care kit for established tracheostomy
<u>Supplies for Other Durable Medical Equipment</u>		
A4630NU	<del>5.5887</del>	Replacement batteries, medically necessary, transcutaneous electrical stimulator, owned by patient
<del>A4632</del>	<del>AAC+20%</del>	<del>Replacement battery for external infusion pump, any type, each</del>
A4633NU	<del>36.6338.56</del>	Replacement bulb/lamp for ultraviolet light therapy system, each
A4634	AAC+20%	Replacement bulb for therapeutic light box, tabletop model
A4635NU	<del>4.814.57</del>	Underarm pad, crutch, replacement, each (new equipment)
A4635RR	<del>0.650.61</del>	Underarm pad, crutch, replacement, each (rental)
A4635UE	<del>3.203.03</del>	Underarm pad, crutch, replacement, each (used durable medical equipment)
A4636NU	<del>2.953.24</del>	Replacement, handgrip, cane, crutch, or walker, each (new equipment)
<del>A4636NUKE</del>	<del>3.76</del>	<del>Replacement, handgrip, cane, crutch, or walker, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
A4636RR	<del>0.300.33</del>	Replacement, handgrip, cane, crutch, or walker, each (rental)
<del>A4636RRKE</del>	<del>0.38</del>	<del>Replacement, handgrip, cane, crutch, or walker, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
A4636UE	<del>2.182.36</del>	Replacement, handgrip, cane, crutch, or walker, each (used durable medical equipment)
<del>A4636UEKE</del>	<del>2.74</del>	<del>Replacement, handgrip, cane, crutch, or walker, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
A4637NU	<del>1.561.64</del>	Replacement, tip, cane, crutch, walker, each (new equipment)
<del>A4637NUKE</del>	<del>1.90</del>	<del>Replacement, tip, cane, crutch, walker, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for</del>

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Code	Rate	Description
A4637RR	<del>0.190.23</del>	<del>use with noncompetitive bid base equipment)</del> Replacement, tip, cane, crutch, walker, each (rental)
<del>A4637RRKE</del>	<del>0.27</del>	<del>Replacement, tip, cane, crutch, walker, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
A4637UE	<del>1.171.24</del>	Replacement, tip, cane, crutch, walker, each (used durable medical equipment)
<del>A4637UEKE</del>	<del>1.44</del>	<del>Replacement, tip, cane, crutch, walker, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
A4638NU	AAC+20%	Replacement battery for patient-owned ear pulse generator, each (new equipment)
A4638RR	I.C.	Replacement battery for patient-owned ear pulse generator, each (rental)
A4638UE	I.C.	Replacement battery for patient-owned ear pulse generator, each (used durable medical equipment)
A4639NU	<del>269.96256.33</del>	Replacement pad for infrared heating pad system, each ( <u>new equipment</u> )
<del>A4639RR</del>	<del>27.00</del>	<del>Replacement pad for infrared heating pad system, each (rental)</del>
<del>A4639UE</del>	<del>202.47</del>	<del>Replacement pad for infrared heating pad system, each (used durable medical equipment)</del>
<del>A4639KH, KI</del>	<del>27.00</del>	<del>Replacement pad for infrared heating pad system, each (capped rental) (for Medicare billing only)</del>
<del>A4639KJ</del>	<del>20.25</del>	<del>Replacement pad for infrared heating pad system, each (capped rental) (for Medicare billing only)</del>
A4640NU	<del>50.4656.52</del>	Replacement pad for use with medically necessary alternating pressure pad owned by patient (new equipment)
A4640RR	<del>5.105.75</del>	Replacement pad for use with medically necessary alternating pressure pad owned by patient (rental)
A4640UE	<del>36.6140.03</del>	Replacement pad for use with medically necessary alternating pressure pad owned by patient (used durable medical equipment)
A4649	AAC+20%	Surgical supplies, miscellaneous
<u>Dialysis Supplies</u>		
A4651	AAC+20%	Calibrated microcapillary tube, each
A4652	AAC+20%	Microcapillary tube sealant
A4653	AAC+20%	Peritoneal dialysis catheter anchoring device, belt, each
A4657	AAC+20%	Syringe, with or without needle, each
A4660	44.52	Sphygmomanometer/blood pressure apparatus with cuff and stethoscope
A4663	30.08	Blood pressure cuff only
A4670	63.57	Automatic blood pressure monitor
A4671	AAC+20%	Disposable cycler set used with cycler dialysis machine, each
A4672	AAC+20%	Drainage extension line, sterile, for dialysis, each
A4673	AAC+20%	Extension line with easy lock connectors, used with dialysis



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Code	Rate	Description
A4674	AAC+20%	Chemicals/antiseptics solution used to clean/sterilize dialysis equipment, per 8 oz
A4680	AAC+20%	Activated carbon filter for hemodialysis, each
A4690	AAC+20%	Dialyzer (artificial kidneys), all types, all sizes, for hemodialysis, each
A4706	AAC+20%	Bicarbonate concentrate, solution, for hemodialysis, per gallon
A4707	AAC+20%	Bicarbonate concentrate, powder, for hemodialysis, per packet
A4708	AAC+20%	Acetate concentrate solution, for hemodialysis, per gallon
A4709	AAC+20%	Acid concentrate, solution, for hemodialysis, per gallon
A4714	AAC+20%	Treated water (deionized, distilled, or reverse osmosis) for peritoneal dialysis, per gallon
A4719	AAC+20%	Y set tubing for peritoneal dialysis
A4720	AAC+20%	Dialysate solution, any concentration of dextrose, fluid volume greater than 249cc, but less than or equal to 999cc, for peritoneal dialysis
A4721	AAC+20%	Dialysate solution, any concentration of dextrose, fluid volume greater than 999cc but less than or equal to 1999cc, for peritoneal dialysis
A4722	AAC+20%	Dialysate solution, any concentration of dextrose, fluid volume greater than 1999cc but less than or equal to 2999cc, for peritoneal dialysis
A4723	AAC+20%	Dialysate solution, any concentration of dextrose, fluid volume greater than 2999cc but less than or equal to 3999cc, for peritoneal dialysis
A4724	AAC+20%	Dialysate solution, any concentration of dextrose, fluid volume greater than 3999cc but less than or equal to 4999cc, for peritoneal dialysis
A4725	AAC+20%	Dialysate solution, any concentration of dextrose, fluid volume greater than 4999cc but less than or equal to 5999cc, for peritoneal dialysis
A4726	AAC+20%	Dialysate solution, any concentration of dextrose, fluid volume greater than 5999cc, for peritoneal dialysis
A4728	AAC+20%	Dialysate solution, non-dextrose containing, 500 ml
A4730	AAC+20%	Fistula cannulation set for hemodialysis, each
A4736	AAC+20%	Topical anesthetic, for dialysis, per gram
A4737	AAC+20%	Injectable anesthetic, for dialysis, per 10 ml
A4740	AAC+20%	Shunt accessory, for hemodialysis, any type, each
A4750	AAC+20%	Blood tubing, arterial or venous, for hemodialysis, each
A4755	AAC+20%	Blood tubing, arterial and venous combined, for hemodialysis, each
A4760	AAC+20%	Dialysate solution test kit, for peritoneal dialysis, any type, each
A4765	AAC+20%	Dialysate concentrate, powder, additive for peritoneal dialysis, per packet
A4766	AAC+20%	Dialysate concentrate, solution, additive for peritoneal dialysis, per 10 ml

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Code	Rate	Description
A4770	AAC+20%	Blood collection tube, vacuum, for dialysis, per 50
A4771	AAC+20%	Serum clotting time tube, for dialysis, per 50
<del>A4772</del>	<del>17.31</del>	<del>Blood glucose test strips, for dialysis, per 50</del>
A4773	AAC+20%	Occult blood test strips, for dialysis, per 50
A4774	AAC+20%	Ammonia test strips, for dialysis, per 50
A4802	AAC+20%	Protamine sulfate, for hemodialysis, per 50 mg
A4860	AAC+20%	Disposable catheter tips for peritoneal dialysis, per 10
A4870	AAC+20%	Plumbing and/or electrical work for home hemodialysis equipment
A4890	AAC+20%	Contracts, repair and maintenance, for hemodialysis equipment
A4911	AAC+20%	Drain bag/bottle, for dialysis, each
A4913	AAC+20%	Miscellaneous dialysis supplies, not otherwise specified
A4918	AAC+20%	Venous pressure clamp, for hemodialysis, each
A4927	4.78	Gloves, non-sterile, per 100
<del>A4928</del>	<del>AAC+20%</del>	<del>Surgical mask, per 20</del>
<del>A4929</del>	<del>AAC+20%</del>	<del>Tourniquet for dialysis, each</del>
A4930	0.36	Gloves, sterile, per pair
A4931	AAC+20%	Oral thermometer, reusable, any type, each
A4932	AAC+20%	Rectal thermometer, reusable, any type, each
<u>Additional Ostomy Pouches and Supplies</u>		
A5051	<del>1.941.84</del>	Ostomy pouch, closed; with barrier attached (one piece), each
A5052	<del>1.391.33</del>	Ostomy pouch, closed; without barrier attached (one piece), each
A5053	<del>1.391.33</del>	Ostomy pouch, closed; for use on faceplate, each
A5054	<del>1.691.60</del>	Ostomy pouch, closed; for use on barrier with flange (two piece), each
A5055	<del>1.351.28</del>	Stoma cap
<del>A5056</del>	<del>4.39</del>	<del>Ostomy pouch, drainable, with extended wear barrier attached, with filter, (1 piece), each</del>
<del>A5057</del>	<del>9.03</del>	<del>Ostomy pouch, drainable, with extended wear barrier attached, with built in convexity, with filter, (1 piece), each</del>
A5061	<del>3.323.15</del>	Ostomy pouch, drainable; with barrier attached, (one piece), each
A5062	<del>2.091.98</del>	Ostomy pouch, drainable; without barrier attached (one piece), each
A5063	<del>2.542.41</del>	Ostomy pouch, drainable; for use on barrier with flange (two piece system), each
A5071	<del>5.645.36</del>	Ostomy pouch, urinary; with barrier attached (one piece), each
A5072	<del>3.323.15</del>	Ostomy pouch, urinary; without barrier attached (one piece), each
A5073	<del>2.992.84</del>	Ostomy pouch, urinary; for use on barrier with flange (two piece), each
A5081	<del>3.112.95</del>	<del>Continent device; plug for continent stoma</del> <u>Stoma plug or seal, any type</u>
A5082	<del>11.1810.61</del>	Continent device; catheter for continent stoma
A5083	<del>0.609.56</del>	Continent device, stoma absorptive cover for continent stoma
A5093	<del>1.841.74</del>	Ostomy accessory; convex insert
<u>Additional Incontinence Appliances/Supplies</u>		
A5102	<del>21.0620.01</del>	Bedside drainage bottle with or without tubing, rigid or expandable,

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Code	Rate	Description
A5105	<del>32.56</del> 30.92	each Urinary suspensory; with or without leg bag, with or without tube,
A5112	<del>28.13</del> 26.72	each Urinary <del>leg-drainage</del> bag; <del>leg or abdomen</del> , latex, <del>with or without tube, with straps</del> , each
A5113	<del>4.20</del> 3.99	Leg strap; latex, replacement only, per set
A5114	<del>7.16</del> 6.78	Leg strap; foam or fabric, replacement only, per set
<u>Supplies for Either Incontinence or Ostomy Appliances</u>		
A5120AU	<del>0.23</del> 0.22	Skin barrier, wipes or swabs, each
A5120AV	<del>0.26</del> 0.25	Skin barrier, wipes or swabs, each
A5121	<del>6.94</del> 6.60	Skin barrier; solid, 6 x 6 or equivalent, each
A5122	<del>10.26</del> 9.75	Skin barrier; solid, 8 x 8 or equivalent, each
A5126	<del>1.23</del> 1.18	Adhesive or non-adhesive; disk or foam pad
A5131	<del>14.90</del> 14.15	Appliance cleaner, incontinence and ostomy appliances, per 16 oz.
A5200	<del>10.63</del> 10.09	Percutaneous catheter/tube anchoring device, adhesive skin attachment
<u>Dressings</u>		
A6000	AAC+20%	Non-contact wound warming wound cover for use with the non-contact wound warming device and warming card
A6010	<del>29.10</del> 27.63	Collagen based wound filler, dry form, sterile, per gram of collagen
A6011	<del>2.14</del> 2.03	Collagen based wound filler, gel/paste, <del>sterile</del> , per gram of collagen
A6021	<del>19.75</del> 18.76	Collagen dressing, sterile, <del>pad</del> -size 16 sq. in. or less, each
A6022	<del>19.75</del> 18.76	Collagen dressing, sterile, <del>pad</del> -size more than 16 sq. in. but less than or equal to 48 sq. in., each
A6023	<del>178.83</del> 169.85	Collagen dressing, sterile, <del>pad</del> -size more than 48 sq. in., each
A6024	<del>5.81</del> 5.53	Collagen dressing wound filler, sterile, per 6 inches
A6025	AAC+20%	Gel sheet for dermal or epidermal application, (e.g., silicone, hydrogel, other), each
A6154	<del>13.52</del> 12.84	Wound pouch, each
A6196	<del>6.91</del> 6.56	Alginate or other fiber gelling dressing, wound cover, sterile, pad size 16 sq. in. or less, each dressing
A6197	<del>15.44</del> 14.67	Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each dressing
A6198	AAC+20%	Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 48 sq. in., each dressing
A6199	<del>4.97</del> 4.72	Alginate or other fiber gelling dressing, wound filler, sterile, per 6 inches
A6203	<del>3.16</del> 2.99	Composite dressing, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6204	<del>5.85</del> 5.56	Composite dressing, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6205	14.64	Composite dressing, sterile, pad size more than 48 sq. in., with any

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Code	Rate	Description
		size adhesive border, each dressing
A6206	AAC+20%	Contact layer, sterile, 16 sq. in. or less, each dressing
A6207	<del>6.55</del> <u>89</u>	Contact layer, sterile, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing
A6208	AAC+20%	Contact layer, sterile, more than 48 sq. in., each dressing
A6209	<del>7.02</del> <u>6.67</u>	Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6210	<del>18.73</del> <u>17.78</u>	Foam dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6211	<del>27.60</del> <u>26.21</u>	Foam dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6212	<del>9.12</del> <u>8.66</u>	Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6213	9.25	Foam dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6214	<del>9.66</del> <u>18</u>	Foam dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6215	AAC+20%	Foam dressing, wound filler, sterile, per gram
A6216	<del>0.04</del> <u>0.04</u>	Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6217	<del>0.18</del> <u>0.18</u>	Gauze, non-impregnated, non-sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6218	<del>0.57</del> <u>0.57</u>	Gauze, non-impregnated, non-sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6219	<del>0.90</del> <u>0.85</u>	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6220	<del>2.43</del> <u>2.30</u>	Gauze, non-impregnated, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6221	AAC+20%	Gauze, non-impregnated, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6222	<del>2.00</del> <u>1.90</u>	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6223	<del>2.28</del> <u>2.16</u>	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 16 square inches, but less than or equal to 48 square inches, without adhesive border, each dressing
A6224	<del>3.39</del> <u>3.22</u>	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 48 square inches, without adhesive border, each dressing
A6228	AAC+20%	Gauze, impregnated, water or normal saline, sterile, pad size 16 sq.

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Code	Rate	Description
A6229	3. <del>22</del> 39	in. or less, without adhesive border, each dressing Gauze, impregnated, water or normal saline, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6230	AAC+20%	Gauze, impregnated, water or normal saline, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6231	<del>4.39</del> 4.16	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size 16 sq. in. or less, each dressing
A6232	<del>6.45</del> 6.14	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size greater than 16 sq. in., but less than or equal to 48 sq. in., each dressing
A6233	<del>18.02</del> 17.13	Gauze, impregnated, hydrogel for direct wound contact, sterile, pad size more than 48 sq. in., each dressing
A6234	<del>6.15</del> 5.84	Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6235	<del>15.80</del> 15.01	Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6236	<del>25.61</del> 24.32	Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6237	<del>7.44</del> 7.06	Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6238	<del>21.42</del> 20.34	Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6239	20.53	Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6240	<del>11.51</del> 10.92	Hydrocolloid dressing, wound filler, paste, sterile, per fluid ounce
A6241	<del>2.41</del> 2.30	Hydrocolloid dressing, wound filler, dry form, sterile, per gram
A6242	<del>5.70</del> 5.41	Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6243	<del>11.58</del> 10.99	Hydrogel dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6244	<del>36.92</del> 35.05	Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6245	<del>6.83</del> 6.49	Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6246	<del>9.33</del> 8.86	Hydrogel dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6247	<del>22.35</del> 21.22	Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6248	<del>15.27</del> 14.49	Hydrogel dressing, wound filler, gel, <del>sterile</del> , per fluid ounce

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Code	Rate	Description
A6250	9.21	Skin sealants, protectants, moisturizers, ointments, any type, any size
A6251	<del>1.871-78</del>	Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6252	<del>3.062-90</del>	Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6253	<del>5.955-66</del>	Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6254	<del>5.951-08</del>	Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6255	<del>1.132-70</del>	Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6256	1.38	Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6257	<del>1.451-37</del>	Transparent film, sterile, 16 sq. in. or less, each dressing
A6258	<del>4.053-84</del>	Transparent film, sterile, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing
A6259	<del>10.299-77</del>	Transparent film, sterile, more than 48 sq. in., each dressing
A6260	11.23	Wound cleansers, <del>sterile</del> -any type, any size
A6261	AAC+20%	Wound filler, gel/paste, <del>sterile</del> , per fluid ounce, not otherwise specified
A6262	0.97	Wound filler, dry form, <del>sterile</del> , per gram, not otherwise specified
A6266	<del>1.811-72</del>	Gauze, impregnated, other than water, normal saline, or zinc paste, sterile, any width, per linear yard
A6402	<del>0.110-11</del>	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6403	<del>0.400-38</del>	Gauze, non-impregnated, sterile, pad size more than 16 sq. in. less than or equal to 48 sq. in., without adhesive border, each dressing
A6404	0.64	Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6407	<del>1.771-67</del>	Packing strips, non-impregnated, sterile, up to 2 inch in width, per linear yard
A6410	<del>0.370-35</del>	Eye pad, sterile, each
A6411	AAC+20%	Eye pad, non-sterile, each
A6412	AAC+20%	Eye patch, occlusive, each
A6413	AAC+20%	Adhesive bandage, first-aid type, any size, each
A6441	<del>0.640-59</del>	Padding bandage, non-elastic, non-woven/non-knitted, width greater than or equal to three inches and less than five inches, per yard
A6442	<del>0.150-15</del>	Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard
A6443	<del>0.260-26</del>	Conforming bandage, non-elastic, knitted/woven, non-sterile, width



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Code	Rate	Description
		greater than or equal to three inches and less than five inches, per yard
A6444	<del>0.530</del> .50	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than five inches, per yard
A6445	<del>0.310</del> .29	Conforming bandage, non-elastic, knitted/woven, sterile, width less than three inches, per yard
A6446	<del>0.380</del> .37	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to three inches and less than five inches, per yard
A6447	<del>0.640</del> .59	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to five inches, per yard
A6448	<del>1.091</del> .04	Light compression bandage, elastic, knitted/woven, width less than three inches, per yard
A6449	<del>1.651</del> .56	Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard
A6450	AAC+20%	Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard
A6451	AAC+20%	Moderate compression bandage, elastic, knitted/woven, load resistance of 1.25 to 1.34 foot pounds at 50% maximum stretch, width greater than or equal to three inches or less than five inches, per yard
A6452	<del>5.555</del> .28	High compression bandage, elastic, knitted/woven, load resistance greater than or equal to 1.35 foot pounds at 50% maximum stretch, width greater than or equal to three inches or less than five inches, per yard
A6453	<del>0.590</del> .54	Self-adherent bandage, elastic, non-knitted/non-woven, less than three inches, per yard
A6454	<del>0.730</del> .69	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to three inches and less than five inches, per yard
A6455	<del>1.311</del> .24	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to five inches, per yard
A6456	<del>1.191</del> .14	Zinc paste impregnated bandage, non-elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard
A6457	<del>1.071</del> .02	Tubular dressing with or without elastic, any width, per linear yard
<b><u>Compression Garments</u></b>		
A6501	AAC+20%	Compression burn garment, bodysuit (head to foot), custom fabricated
A6502	AAC+20%	Compression burn garment, chin strap, custom fabricated
A6503	AAC+20%	Compression burn garment, facial hood, custom fabricated
A6504	AAC+20%	Compression burn garment, glove to wrist, custom fabricated
A6505	AAC+20%	Compression burn garment, glove to elbow, custom fabricated
A6506	AAC+20%	Compression burn garment, glove to axilla, custom fabricated

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Code	Rate	Description
A6507	AAC+20%	Compression burn garment, foot to knee length, custom fabricated
A6508	AAC+20%	Compression burn garment, foot to thigh length, custom fabricated
A6509	AAC+20%	Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated
A6510	AAC+20%	Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated
A6511	AAC+20%	Compression burn garment, lower trunk including leg openings (panty), custom fabricated
A6512	AAC+20%	Compression burn garment, not otherwise classified
A6513	AAC+20%	Compression burn mask, face/neck
<del>A6531AW</del>	<del>38.62</del>	<del>Gradient compression stocking, below knee, 30-44 mm HG, each (item furnished in conjunction with a surgical dressing)</del>
<del>A6532AW</del>	<del>54.41</del>	<del>Gradient compression stocking, below knee, 40-50 mm HG, each (item furnished in conjunction with a surgical dressing)</del>
<del>A6545</del>	<del>AAC+20%</del>	<del>Gradient compression wrap, nonelastic, below knee, 30-50 mm HG, each</del>
A6550	<del>21.40</del> <u>28</u>	Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories
<u>Respiratory Supplies</u>		
A7000NU	6.73	Canister, disposable, used with suction pump, each (new equipment)
<del>A7000NUKE</del>	<del>7.81</del>	<del>Canister, disposable, used with suction pump, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
A7001NU	<del>29.42</del> <u>27.94</u>	Canister, non-disposable, used with suction pump, each
A7002NU	<del>3.41</del> <u>3.24</u>	Tubing, used with suction pump, each
A7003NU	<del>2.13</del> <u>2.45</u>	Administration set, with small volume nonfiltered pneumatic nebulizer, disposable
A7004NU	<del>1.32</del> <u>1.39</u>	Small volume nonfiltered pneumatic nebulizer, disposable
A7005NU	<del>22.88</del> <u>26.06</u>	Administration set, with small volume nonfiltered pneumatic nebulizer, non-disposable
A7006NU	<del>8.02</del> <u>7.62</u>	Administration set, with small volume filtered pneumatic nebulizer
A7007NU	<del>3.85</del> <u>3.73</u>	Large volume nebulizer, disposable, unfilled, used with aerosol compressor
A7008NU	<del>10.34</del> <u>9.82</u>	Large volume nebulizer, disposable, prefilled, used with aerosol compressor
A7009NU	<del>37.38</del> <u>35.54</u>	Reservoir bottle, non-disposable, used with large volume ultrasonic nebulizer
A7010NU	<del>19.69</del> <u>21.05</u>	Corrugated tubing, disposable, used with large volume nebulizer, 100 feet
<del>A7011NU</del>	<del>AAC+20%</del>	<del>Corrugated tubing, non-disposable, used with large volume nebulizer, 10 feet</del>
A7012NU	<del>3.30</del> <u>3.36</u>	Water collection device, used with large volume nebulizer
A7013NU	<del>0.67</del> <u>0.70</u>	Filter, disposable, used with aerosol compressor <u>or ultrasonic generator</u>

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Code	Rate	Description
A7014NU	<del>3.80</del> 3.78	Filter, nondisposable, used with aerosol compressor or ultrasonic generator
A7015NU	<del>1.56</del> 1.54	Aerosol mask, used with DME nebulizer
A7016NU	<del>6.43</del> 6.11	Dome and mouthpiece, used with small volume ultrasonic nebulizer
A7017NU	<del>125.19</del> 119.63	Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen (new equipment)
A7017RR	<del>12.52</del> 11.96	Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen (rental)
A7017UE	<del>93.89</del> 89.72	Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen (used durable medical equipment)
A7018	<del>0.33</del> 0.34	Water, distilled, used with large volume nebulizer, 1000 ml
<u>A7020</u>	<u>13.11</u>	<u>Interface for cough stimulating device, includes all components, replacement only</u>
A7025NU	<del>408.77</del> 388.19	High frequency chest wall oscillation system vest, replacement for use with patient owned equipment, each <u>(new equipment)</u>
<u>A7025RR</u>	<u>40.88</u>	<u>High frequency chest wall oscillation system vest, replacement for use with patient owned equipment, each (rental)</u>
<u>A7025UE</u>	<u>306.58</u>	<u>High frequency chest wall oscillation system vest, replacement for use with patient owned equipment, each (used durable medical equipment)</u>
<u>A7025KH, KI</u>	<u>40.88</u>	<u>High frequency chest wall oscillation system vest, replacement for use with patient owned equipment, each (capped rental) (for Medicare billing only)</u>
<u>A7025KJ</u>	<u>30.66</u>	<u>High frequency chest wall oscillation system vest, replacement for use with patient owned equipment, each (capped rental) (for Medicare billing only)</u>
A7026NU	<del>27.01</del> 25.66	High frequency chest wall oscillation system hose, replacement for use with patient owned equipment, each
A7027NU	<del>138.24</del> 160.07	Combination oral/nasal mask, used with continuous positive airway pressure device, each
A7028NU	<del>40.71</del> 44.22	Oral cushion for combination oral/nasal mask, replacement only, each
A7029NU	<del>16.71</del> 18.06	Nasal pillows for combination oral/nasal mask, replacement only, pair
A7030NU	<del>122.43</del> 145.11	Full face mask used with positive airway pressure device, each
A7031NU	<del>46.07</del> 53.67	Face mask interface, replacement for full face mask, each
A7032NU	<del>26.11</del> 31.18	Cushion for use on nasal mask interface, replacement only, each
A7033NU	<del>18.77</del> 21.85	Pillow for use on nasal cannula type interface, replacement only, pair
A7034NU	<del>75.89</del> 90.49	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap
A7035NU	<del>24.17</del> 28.59	Headgear used with positive airway pressure device
A7036NU	<del>12.44</del> 14.00	Chinstrap used with positive airway pressure device
A7037NU	<del>23.47</del> 31.55	Tubing used with positive airway pressure device
A7038NU	<del>2.90</del> 3.53	Filter, disposable, used with positive airway pressure device

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Code	Rate	Description
A7039NU	<del>9.48</del> <del>11.79</del>	Filter, non disposable, used with positive airway pressure device
A7040	<del>37.09</del> <del>35.23</del>	One way chest drain valve
A7041	<del>69.72</del> <del>66.22</del>	Water seal drainage container and tubing for use with implanted chest tube
A7042	<del>164.90</del> <del>158.34</del>	Implanted pleural catheter, each
A7043	<del>26.13</del> <del>25.09</del>	Vacuum drainage bottle and tubing for use with implanted catheter
A7044NU	<del>84.39</del> <del>93.04</del>	Oral interface used with positive airway pressure device, each
A7045NU	<del>13.43</del> <del>14.98</del>	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only (new equipment)
A7045RR	<del>1.34</del> <del>1.50</del>	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only (rental)
A7045UE	<del>10.08</del> <del>11.23</del>	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only (used durable medical equipment)
A7046NU	<del>13.88</del> <del>15.04</del>	Replacement water chamber for humidifier, used with positive pressure device, each
<u>A7047</u>	<u>113.61</u>	<u>Oral interface used with respiratory suction pump, each</u>
<u>Tracheostomy Supplies</u>		
A7501	<del>98.69</del> <del>93.74</del>	Tracheostoma valve, including diaphragm, each
A7502	<del>46.91</del> <del>44.55</del>	Replacement diaphragm/faceplate for tracheostoma valve, each
A7503	<del>10.66</del> <del>10.11</del>	Filter holder or filter cap, reusable, for use in a tracheostoma heat and moisture exchange system, each
A7504	<del>0.64</del> <del>0.59</del>	Filter for use in a tracheostoma heat and moisture exchange system, each
A7505	<del>4.40</del> <del>4.17</del>	Housing, reusable without adhesive, for use in a heat and moisture exchange system and/or with a tracheostoma valve, each
A7506	<del>0.31</del> <del>0.30</del>	Adhesive disc for use in a heat and moisture exchange system and/or with tracheostoma valve, any type each
A7507	<del>2.34</del> <del>2.22</del>	Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each
A7508	<del>2.69</del> <del>2.56</del>	Housing and integrated adhesive, for use in a tracheostoma heat and moisture exchange system and/or with a tracheostoma valve, each
A7509	<del>1.33</del> <del>1.26</del>	Filter holder and integrated filter housing, and adhesive, for use as a tracheostoma heat and moisture exchange system, each
A7520NU	<del>44.62</del> <del>42.37</del>	Tracheostomy/laryngectomy tube, non-cuffed, polyvinylchloride (PVC), silicone or equal, each
<u>A7520UA</u>	<u>AAC+30%</u>	<u>Tracheostomy/laryngectomy tube, non-cuffed, polyvinylchloride (PVC), silicone or equal, each (customized nonstandard size for adults for MassHealth members only)</u>
A7520UC	AAC+ <del>20</del> <del>30</del> %	Tracheostomy/laryngectomy tube, non-cuffed, polyvinylchloride (PVC), silicone or equal, each ( <u>customized nonstandards for children for MassHealth members only</u> ) <del>pediatric specialized rehabilitation equipment)</del>

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Code	Rate	Description
A7521NU	<del>44.20</del> 41.99	Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (PVC), silicone or equal, each
<u>A7521UA</u>	<u>AAC+30%</u>	<u>Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (PVC), silicone or equal, each (customized nonstandard size for adults for MassHealth members only)</u>
A7521UC	AAC+ <del>20</del> 30 %	Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (PVC), silicone or equal, each ( <del>pediatric specialized rehabilitation equipment</del> )(customized nonstandard size for children for MassHealth members only)
A7522NU	<del>42.44</del> 40.34	Tracheostomy/laryngectomy tube, stainless steel [sterilizable and reusable], each
A7522UC	AAC+20%	Tracheostomy/laryngectomy tube, <u>stainless steel [sterilizable and reusable]</u> , <del>cuffed, polyvinylchloride (PVC), silicone or equal,</del> each (pediatric specialized rehabilitation equipment)
A7523	AAC+20%	Tracheostomy shower protector, each
A7524	<del>72.74</del> 69.08	Tracheostoma stent/stud/button, each
A7525	<del>1.94</del> 1.84	Tracheostomy mask, each
A7526	<del>3.18</del> 3.04	Tracheostomy tube collar/holder, each
A7527	<del>3.37</del> 3.20	Tracheostomy/laryngectomy tube plug, each
<u>Protective Helmet</u>		
A8000NU	<del>144.11</del> 136.87	Helmet, protective, soft, prefabricated, includes all components and accessories (new equipment)
A8000RR	<del>14.41</del> 13.69	Helmet, protective, soft, prefabricated, includes all components and accessories (rental)
A8000UE	<del>108.10</del> 102.66	Helmet, protective, soft, prefabricated, includes all components and accessories (used durable medical equipment)
A8001NU	<del>144.11</del> 136.87	Helmet, protective, hard, prefabricated, includes all components and accessories (new equipment)
A8001RR	<del>14.41</del> 13.69	Helmet, protective, hard, prefabricated, includes all components and accessories (rental)
A8001UE	<del>108.10</del> 102.66	Helmet, protective, hard, prefabricated, includes all components and accessories (used durable medical equipment)
A8002NU	AAC+30%	Helmet, protective, soft, custom fabricated, includes all components and accessories (new equipment)
A8002RR	I.C.	Helmet, protective, soft, custom fabricated, includes all components and accessories (rental)
A8002UE	I.C.	Helmet, protective, soft, custom fabricated, includes all components and accessories (used durable medical equipment)
A8003NU	AAC+30%	Helmet, protective, hard, custom fabricated, includes all components and accessories (new equipment)
A8003RR	I.C.	Helmet, protective, hard, custom fabricated, includes all components and accessories (rental)
A8003UE	I.C.	Helmet, protective, hard, custom fabricated, includes all components

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Code	Rate	Description
A8004NU	AAC+30%	and accessories (used durable medical equipment)
A8004RR	I.C.	Soft interface for helmet, replacement only (new equipment)
A8004UE	I.C.	Soft interface for helmet, replacement only (rental)
		Soft interface for helmet, replacement only (used durable medical equipment)
<b><u>Administrative, Miscellaneous And Investigational A9000-9999 Other Supplies and Devices</u></b>		
<u>A9272</u>	<u>AAC+20%</u>	<u>Mechanical wWound suction, disposable, includes dressing, all accessories and components, any type, each</u>
<u>A9273</u>	<u>AAC+20%</u>	<u>Hot water bottle, ice cap or collar, heat and/or cold wrap, any type</u>
A9274	AAC+ <del>20</del> 30%	External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories
A9275	AAC+30%	Home glucose disposable monitor, includes test strips
A9276	AAC+ <del>20</del> 30%	Sensor, invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, 1 unit + 1 day supply
A9277	AAC+ <del>20</del> 30%	Transmitter; external, for use with interstitial continuous glucose monitoring system
A9278	AAC+ <del>20</del> 30%	Receiver (monitor); external, for use with interstitial continuous glucose monitoring system
A9279	AAC+ <del>20</del> 30%	Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified
A9280	AAC+30%	Alarm or alarm device, not otherwise classified
A9281	AAC+20%	Reaching/grabbing device, any type, any length, each
A9282	AAC+20%	Wig, any type, each
A9284	AAC+20%	Spirometer, non-electronic, includes all accessories
<u>A9286</u>	<u>AAC+20%</u>	<u>Hygienic item or device, disposable or non-disposable, any type, each</u>
A9300	AAC+30%	Exercise equipment
A9900	AAC+20%	Miscellaneous DME supply, accessory, and/or service component of another HCPCS code
<u>A9900 U3</u>	<u>AAC+30%</u>	<u>Supplies for maintenance of insulin infusion catheter each (used for MassHealth members instead of A4224)</u>
<u>A9900 U4</u>	<u>AAC+30%</u>	<u>Supplies for external insulin infusion pump, syringe type cartridge, sterile each (used for MassHealth members instead of A4225)</u>
A9999	AAC+20%	Miscellaneous DME supply or accessory, not otherwise specified
<b><u>Enteral and Parenteral Therapy B4000-B9999</u></b>		
<b><u>Enteral Formulae and Enteral Medical Supplies</u></b>		
B4034	<del>4.015-04</del>	Enteral feeding supply kit; syringe fed, per day, <u>includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape</u>
B4035	<del>7.579-64</del>	Enteral feeding supply kit; pump fed, per day, <u>includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape</u>



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Code	Rate	Description
B4036	<del>5.346.60</del>	Enteral feeding supply kit; gravity fed, per day, <u>includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape</u>
B4081	<del>15.6147.82</del>	Nasogastric tubing with stylet
B4082	<del>11.4943.25</del>	Nasogastric tubing without stylet
B4083	<del>1.782.03</del>	Stomach tube - Levine type
B4087NU	<del>25.8029.40</del>	Gastrostomy/jejunostomy tube, standard, any material, any type, each
B4087UC	144.00	Gastrostomy/jejunostomy tube, standard, any material, any type, each (mickey tube)
B4088NU	<del>29.40</del> <u>27.96</u>	Gastrostomy/jejunostomy tube, low-profile, any material, any type, each
B4088UC	144.00	Gastrostomy/jejunostomy tube, low-profile, any material, any type, each (mickey tube)
B4100	AAC+25%	Food thickener, administered orally, per ounce
B4102	AAC+25%	Enteral formula, for adults, used to replace fluids and electrolytes (e.g., clear liquids), 500 ML = 1 unit
B4103	AAC+25%	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 ML = 1 unit
B4104	AAC+25%	Additive for enteral formula (e.g., fiber)
B4149BA	<del>1.114.29</del>	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 (item furnished in conjunction with PEN services)
B4149B0	AAC+25%	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 (orally administered, 1 can = 1 unit)
B4150BA	<del>0.470.55</del>	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 (item furnished in conjunction with PEN services)
B4150BO	1.82	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 (orally administered, 1 can = 1 unit)
B4152BA	<del>0.46</del> <u>0.38</u>	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 an enteral feeding tube, 100 calories = 1 unit (item furnished in conjunction with PEN services)
B4152BO	1.67	Enteral formula, 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 an



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Code	Rate	Description
		enteral feeding tube, 100 calories = 1 unit (orally administered, 1 can = 1 unit)
B4153BA	<del>1.341.57</del>	Enteral formula, <del>h40</del> hydrolyzed 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 (item furnished in conjunction with PEN services)
B4153BO	10.24	Enteral formula, <del>40</del> hydrolyzed 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 (orally administered, 1 can = 1 unit)
B4154BA	<del>0.841.00</del>	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease or metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (item furnished in conjunction with PEN services)
B4154BO	AAC+25%	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease or metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (orally administered, 1 can = 1 unit)
B4155BA	<del>0.7</del> <del>0.718</del>	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 tryglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit (item furnished in conjunction with PEN services)
B4155BO	AAC+25%	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 tryglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit (orally administered, 1 can = 1 unit)
B4157BA	AAC+25%	Enteral formula, nutritionally complete for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (item furnished in conjunction with PEN services)
B4157BO	AAC+25%	Enteral formula, nutritionally complete for special metabolic neds for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit

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Code	Rate	Description
		(orally administered, 1 can = 1 unit)
B4158BA	AAC+25%	Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit (item furnished in conjunction with PEN services)
B4158BO	AAC+25%	Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit (orally administered, 1 can = 1 unit)
B4159BA	AAC+25%	Enteral formula for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit
B4159BO	AAC+25%	Enteral formula for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit (orally administered, 1 can = 1 unit)
B4160BA	AAC+25%	Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 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 (item furnished in conjunction with PEN services)
B4160BO	AAC+25%	Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 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 (orally administered, 1 can = 1 unit)
B4161BA	AAC+25%	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (item furnished in conjunction with PEN services)
B4161BO	AAC+25%	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (orally administered, 1 can = 1 unit)
B4162BA	AAC+25%	Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (item furnished in conjunction with PEN services)
B4162BO	AAC+25%	Enteral formula, for pediatrics, special metabolic needs for inherited

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Code	Rate	Description
		disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (orally administered, 1 can = 1 unit)
<u>Parenteral Nutrition Solutions and Supplies</u>		
B4164	<del>16.58</del> <u>15.75</u>	Parenteral nutrition solution: carbohydrates (dextrose), 50% or less (500 ml = 1 <u>u</u> -nit) – homemix
B4168	<del>24.17</del> <u>22.96</u>	Parenteral nutrition solution; amino acid, 3.5%, (500 ml = 1 <u>u</u> -nit) – homemix
B4172	AAC+25%	Parenteral nutrition solution; amino acid, 5.5% through 7%, (500 ml = 1 <u>u</u> -nit) – homemix
B4176	<del>46.78</del> <u>44.42</u>	Parenteral nutrition solution; amino acid, 7% through 8.5%, (500 ml = 1 <u>u</u> -nit) – homemix
B4178	<del>56.14</del> <u>53.33</u>	Parenteral nutrition solution: amino acid, greater than 8.5% (500 ml = 1 <u>u</u> -nit) – homemix
B4180	<del>23.80</del> <u>22.60</u>	Parenteral nutrition solution; carbohydrates (dextrose), greater than 50% (500 ml=1 <u>u</u> -nit) – home_mix
B4185	<del>10.97</del> <u>10.41</u>	Parenteral nutrition solution, per 10 grams lipids
B4189	<del>173.45</del> <u>164.73</u>	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 grams of protein – premix
B4193	<del>224.12</del> <u>212.87</u>	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 grams of protein - premix
B4197	<del>272.86</del> <u>259.46</u>	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 74 to 100 grams of protein - premix
B4199	<del>311.79</del> <u>296.44</u>	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 grams of protein - premix
B4216	<del>7.53</del> <u>7.16</u>	Parenteral nutrition; additives (vitamins, trace elements, heparin, electrolytes) homemix per day
B4220	<del>7.81</del> <u>7.42</u>	Parenteral nutrition supply kit; premix, per day
B4222	<del>9.63</del> <u>9.15</u>	Parenteral nutrition supply kit; home mix, per day
B4224	<del>24.40</del> <u>23.18</u>	Parenteral nutrition administration kit, per day
B5000	<del>11.60</del> <u>11.02</u>	Parenteral nutrition solution÷ compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal - <del>a</del> <u>A</u> mino <del>s</del> <u>os</u> yn <del>#</del> <u>R</u> F, <del>neph</del> <u>rA</u> mine <del>Neph</del> <u>rA</u> mine, <del>R</del> <u>re</u> na <del>Amine - premix</del>
B5100	<del>4.53</del> <u>4.31</u>	Parenteral nutrition solution÷ compounded amino acid and

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Code	Rate	Description
B5200	AAC+25%	carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic - <del>freamine hbc</del> , <del>hepatamine</del> -HepatAmine - premix Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress--branch chain amino acids - <del>FreAmine-HBC</del> - -premix
<u>Enteral and Parenteral Pumps</u>		
<del>B9000MS</del>	<del>38.72</del>	<del>Enteral nutrition infusion pump—without alarm (six month maintenance and servicing fee for reasonable and necessary parts and labor which are not covered under any manufacturer or supplier warranty)</del>
<del>B9000NU</del>	<del>817.471,01</del> <del>0.43</del>	<del>Enteral nutrition infusion pump—without alarm (new equipment)</del>
<del>B9000RR</del>	<del>77.4492.85</del>	<del>Enteral nutrition infusion pump—without alarm (rental)</del>
<del>B9000UE</del>	<del>613.11757.82</del>	<del>Enteral nutrition infusion pump—without alarm (used durable medical equipment)</del>
<del>B9002MS</del>	<del>41.90</del>	<del>Enteral nutrition infusion pump, any type—without alarm (six month maintenance and servicing fee for reasonable and necessary parts and labor which are not covered under any manufacturer or supplier warranty)</del>
<del>B9002NU</del>	<del>801.691,01</del> <del>0.43</del>	<del>Enteral nutrition infusion pump, any type—without alarm (new equipment)</del>
<del>B9002RR</del>	<del>78.4997.86</del>	<del>Enteral nutrition infusion pump, any type—without alarm (rental)</del>
<del>B9002UE</del>	<del>601.26757.82</del>	<del>Enteral nutrition infusion pump, any type—without alarm (used durable medical equipment)</del>
<del>B9004MS</del>	<del>194.88</del>	<del>Parenteral nutrition infusion pump, portable (six month maintenance and servicing fee for reasonable and necessary parts and labor which are not covered under any manufacturer or supplier warranty)</del>
<del>B9004NU</del>	<del>2,462.072,3</del> <del>38.44</del>	<del>Parenteral nutrition infusion pump, portable (new equipment)</del>
<del>B9004RR</del>	<del>389.75370.49</del>	<del>Parenteral nutrition infusion pump, portable (rental)</del>
<del>B9004UE</del>	<del>1,846.551,7</del> <del>53.82</del>	<del>Parenteral nutrition infusion pump, portable (used durable medical equipment)</del>
<del>B9006MS</del>	<del>194.88</del>	<del>Parenteral nutrition infusion pump, stationary (six month maintenance and servicing fee for reasonable and necessary parts and labor which are not covered under any manufacturer or supplier warranty)</del>
<del>B9006NU</del>	<del>2,462.072,3</del> <del>38.44</del>	<del>Parenteral nutrition infusion pump, stationary (new equipment)</del>
<del>B9006RR</del>	<del>389.75370.49</del>	<del>Parenteral nutrition infusion pump, stationary (rental)</del>
<del>B9006UE</del>	<del>1,846.551,7</del>	<del>Parenteral nutrition infusion pump, stationary (used durable medical</del>

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Code	Rate	Description
	<del>53.82</del>	equipment)
B9998	AAC+20%	NOC for enteral supplies
B9999	AAC+20%	NOC for parenteral supplies
<b><u>Durable Medical Equipment E0100-E9999</u></b>		
<u>Canes</u>		
E0100NU	<del>19.06</del> <del>18.10</del>	Cane, includes canes of all materials, adjustable or fixed, with tip (new equipment)
E0100RR	<del>5.00</del> <del>4.74</del>	Cane, includes canes of all materials, adjustable or fixed, with tip (rental)
E0100UE	<del>14.27</del> <del>13.57</del>	Cane, includes canes of all materials, adjustable or fixed, with tip (used durable medical equipment)
E0105NU	<del>45.53</del> <del>43.25</del>	Cane, quad or three prong, includes canes of all materials, adjustable or fixed, with tips (new equipment)
E0105RR	<del>7.08</del> <del>6.72</del>	Cane, quad or three prong, includes canes of all materials, adjustable or fixed, with tips (rental)
E0105UE	<del>34.16</del> <del>32.44</del>	Cane, quad or three prong, includes canes of all materials, adjustable or fixed, with tips (used durable medical equipment)
E0105UD	AAC+30%	Cane, quad or three-prong, includes canes of all materials, adjustable or fixed, with tips (bariatric equipment)
<u>Crutches</u>		
E0110NU	<del>72.91</del> <del>69.25</del>	Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips (new equipment)
E0110RR	<del>15.02</del> <del>14.27</del>	Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips (rental)
E0110UE	<del>54.66</del> <del>51.93</del>	Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips (used durable medical equipment)
E0110UD	AAC+30%	Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips (bariatric equipment)
E0111NU	<del>50.04</del> <del>47.53</del>	Crutch forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrips (new equipment)
E0111RR	<del>7.91</del> <del>7.52</del>	Crutch forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrips (rental)
E0111UE	<del>38.62</del> <del>36.69</del>	Crutch forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrips (used durable medical equipment)
E0111UD	AAC+30%	Crutch forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrips (bariatric equipment)
E0112NU	<del>29.55</del> <del>28.07</del>	Crutches underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips (new equipment)
E0112RR	<del>7.94</del> <del>7.54</del>	Crutches underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips (rental)
E0112UE	<del>22.54</del> <del>21.41</del>	Crutches underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips (used durable medical equipment)
E0112UD	AAC+30%	Crutches underarm, wood, adjustable or fixed, pair, with pads, tips

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Code	Rate	Description
		and handgrips (bariatric equipment)
E0113NU	<del>19.86</del> 18.86	Crutch underarm, wood, adjustable or fixed, each, with pad, tip and handgrip (new equipment)
E0113RR	<del>4.84</del> 4.60	Crutch underarm, wood, adjustable or fixed, each, with pad, tip and handgrip (rental)
E0113UE	<del>14.90</del> 14.15	Crutch underarm, wood, adjustable or fixed, each, with pad, tip and handgrip (used durable medical equipment)
E0113UD	AAC+30%	Crutch underarm, wood, adjustable or fixed, each, with pad, tip and handgrip (bariatric equipment)
E0114NU	<del>37.69</del> 35.80	Crutches underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips (new equipment)
E0114RR	<del>6.84</del> 6.50	Crutches underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips (rental)
E0114UE	<del>28.49</del> 27.06	Crutches underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips (used durable medical equipment)
E0114UD	AAC+30%	Crutches underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips (bariatric equipment)
E0116NU	<del>26.08</del> 24.76	Crutch underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each (new equipment)
E0116RR	<del>4.32</del> 4.10	Crutch underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each (rental)
E0116UE	<del>19.63</del> 18.63	Crutch underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each (used durable medical equipment)
E0116UD	AAC+30%	Crutch underarm, other than wood, adjustable or fixed, each, with pad, tip and handgrip (bariatric equipment)
E0117NU	<del>180.97</del> 172.00	Crutch, underarm, articulating, spring assisted, each (new equipment)
<del>E0117RR</del>	<del>18.10</del> 17.19	<del>Crutch, underarm, articulating, spring assisted, each (rental)</del>
E0117UE	<del>135.73</del> 129.04	Crutch, underarm, articulating, spring assisted, each (used durable medical equipment)
E0117UD	AAC+30%	Crutch, underarm, articulating, spring assisted, each (bariatric equipment)
<del>E0117KH,</del> <del>KI</del>	<del>18.10</del>	<del>Crutch, underarm, articulating, spring assisted, each (capped rental) (for Medicare billing only)</del>
<del>E0117KJ</del>	<del>13.57</del>	<del>Crutch, underarm, articulating, spring assisted, each (capped rental) (for Medicare billing only)</del>
E0118NU	AAC+30%	Crutch substitute, lower leg platform, with or without wheels, each (new equipment)
E0118RR	I.C.	Crutch substitute, lower leg platform, with or without wheels, each (rental)
E0118UE	I.C.	Crutch substitute, lower leg platform, with or without wheels, each (used durable medical equipment)

Walkers

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101 CMR 322.00: DURABLE MEDICAL EQUIPMENT, OXYGEN AND RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description
E0130NU	<del>45.33</del> <sup>49.77</sup>	Walker, rigid (pickup), adjustable or fixed height (new equipment)
E0130RR	<del>7.70</del> <sup>11.00</sup>	Walker, rigid (pickup), adjustable or fixed height (rental)
E0130UE	<del>34.01</del> <sup>37.32</sup>	Walker, rigid (pickup), adjustable or fixed height (used durable medical equipment)
E0130UD	AAC+30%	Walker, rigid (pickup), adjustable or fixed height (bariatric equipment)
E0135NU	<del>52.16</del> <sup>64.50</sup>	Walker, folding (pickup), adjustable or fixed height (new equipment)
E0135RR	<del>7.76</del> <sup>11.29</sup>	Walker, folding (pickup), adjustable or fixed height (rental)
E0135UE	<del>39.71</del> <sup>49.48</sup>	Walker, folding (pickup), adjustable or fixed height (used durable medical equipment)
E0135UD	AAC+30%	Walker, folding (pickup), adjustable or fixed height (bariatric equipment)
E0140NU	<del>260.87</del> <sup>277.47</sup>	Walker with trunk support, adjustable or fixed height, any type (new equipment)
<del>E0140RR</del>	<del>26.10</del> <sup>27.75</sup>	<del>Walker with trunk support, adjustable or fixed height, any type (rental)</del>
E0140UE	<del>195.65</del> <sup>208.44</sup>	Walker with trunk support, adjustable or fixed height, any type (used durable medical equipment)
E0140UC	AAC+30%	Walker with trunk support, adjustable or fixed height, any type (pediatric specialized rehabilitation equipment)
E0140UD	AAC+30%	Walker with trunk support, adjustable or fixed height, any type (bariatric equipment)
<del>E0140KH, KI</del>	<del>26.10</del>	<del>Walker with trunk support, adjustable or fixed height, any type (capped rental) (for Medicare billing only)</del>
<del>E0140KJ</del>	<del>19.58</del>	<del>Walker with trunk support, adjustable or fixed height, any type (capped rental) (for Medicare billing only)</del>
E0141NU	<del>76.41</del> <sup>87.76</sup>	Walker, rigid, wheeled, adjustable or fixed height (new equipment)
E0141RR	<del>10.73</del> <sup>14.62</sup>	Walker, rigid, wheeled, adjustable or fixed height (rental)
E0141UE	<del>57.31</del> <sup>65.82</sup>	Walker, rigid, wheeled, adjustable or fixed height (used durable medical equipment)
E0141UC	AAC+30%	Walker, rigid, wheeled, adjustable or fixed height (pediatric specialized rehabilitation equipment)
E0141UD	AAC+30%	Walker, rigid, wheeled, adjustable or fixed height (bariatric equipment)
E0143NU	<del>71.87</del> <sup>92.49</sup>	Walker, folding, wheeled, adjustable or fixed height (new equipment)
E0143RR	<del>9.75</del> <sup>14.12</sup>	Walker, folding, wheeled, adjustable or fixed height (rental)
E0143UE	<del>53.82</del> <sup>69.22</sup>	Walker, folding, wheeled, adjustable or fixed height (used durable medical equipment)
E0143UC	AAC+30%	Walker, folding, wheeled, adjustable or fixed height (pediatric specialized rehabilitation equipment)
E0143UD	AAC+30%	Walker, folding, wheeled, adjustable or fixed height (bariatric equipment)
E0144NU	<del>236.98</del> <sup>244.97</sup>	Walker, enclosed, four sided framed, rigid or folding, wheeled, with posterior seat (new equipment)



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Code	Rate	Description
<del>E0144RR</del>	<del>23.70</del> <del>20.83</del>	<del>Walker enclosed, four sided framed, rigid or folding, wheeled, with posterior seat (rental)</del>
E0144UE	<del>177.74</del> <del>156.46</del>	Walker enclosed, four sided framed, rigid or folding, wheeled, with posterior seat (used durable medical equipment)
E0144UC	AAC+30%	Walker enclosed, four sided framed, rigid or folding, wheeled, with posterior seat (pediatric specialized rehabilitation equipment)
E0144UD	AAC+30%	Walker enclosed, four sided framed, rigid or folding, wheeled, with posterior seat (bariatric equipment)
<del>E0144KH, KI</del>	<del>23.70</del>	<del>Walker enclosed, four sided framed, rigid or folding, wheeled, with posterior seat (capped rental) (for Medicare billing only)</del>
<del>E0144KJ</del>	<del>17.77</del>	<del>Walker enclosed, four sided framed, rigid or folding, wheeled, with posterior seat (capped rental) (for Medicare billing only)</del>
E0147NU	<del>392.85</del> <del>442.47</del>	Walker, heavy duty, multiple breaking system, variable wheel resistance (new equipment)
E0147RR	<del>39.29</del> <del>44.22</del>	Walker, heavy duty, multiple breaking system, variable wheel resistance walker (rental)
<del>E0147UE</del>	<del>294.64</del> <del>331.64</del>	<del>Walker, heavy duty, multiple breaking system, variable wheel resistance walker (used durable medical equipment)</del>
E0147UD	AAC+30%	Walker, heavy duty, multiple breaking system, variable wheel resistance walker (bariatric equipment)
E0148NU	<del>85.87</del> <del>97.73</del>	Walker, heavy duty, without wheels, rigid or folding, any type, each (new equipment)
E0148RR	<del>8.59</del> <del>9.78</del>	Walker, heavy duty, without wheels, rigid or folding, any type, each (rental)
<del>E0148UE</del>	<del>64.40</del> <del>73.30</del>	<del>Walker, heavy duty, without wheels, rigid or folding, any type, each (used durable medical equipment)</del>
E0148UD	AAC+30%	Walker, heavy duty, without wheels, rigid or folding, any type, each (bariatric equipment)
E0149NU	<del>139.62</del> <del>171.70</del>	Walker, heavy duty, wheeled, rigid or folding, any type (new equipment)
<del>E0149RR</del>	<del>13.97</del> <del>17.17</del>	<del>Walker, heavy duty, wheeled, rigid or folding, any type (rental)</del>
<del>E0149UE</del>	<del>104.71</del> <del>128.77</del>	<del>Walker, heavy duty, wheeled, rigid or folding, any type (used durable medical equipment)</del>
E0149UD	AAC+30%	Walker, heavy duty, wheeled, rigid or folding, any type (bariatric equipment)
<del>E0149KH, KI</del>	<del>13.97</del>	<del>Walker, heavy duty, wheeled, rigid or folding, any type (capped rental) (for Medicare billing only)</del>
<del>E0149KJ</del>	<del>10.47</del>	<del>Walker, heavy duty, wheeled, rigid or folding, any type (capped rental) (for Medicare billing only)</del>
<u>Attachments</u>		
E0153NU	<del>55.42</del> <del>52.63</del>	Platform attachment, forearm crutch, each (new equipment)
E0153RR	<del>6.26</del> <del>5.95</del>	Platform attachment, forearm crutch, each (rental)
E0153UE	<del>41.56</del> <del>39.47</del>	Platform attachment, forearm crutch, each (used durable medical equipment)

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Code	Rate	Description
E0153UC	AAC+30%	Platform attachment, forearm crutch, each (pediatric specialized rehabilitation equipment)
E0153UD	AAC+30%	Platform attachment, forearm crutch, each
E0154NU	<del>44.47</del> <sup>50.31</sup>	Platform attachment, walker, each (new equipment)
E0154RR	<del>4.74</del> <sup>5.60</sup>	Platform attachment, walker, each (rental)
E0154UE	<del>33.35</del> <sup>37.74</sup>	Platform attachment, walker, each (used durable medical equipment)
E0154UC	AAC+30%	Platform attachment, walker, each (pediatric specialized rehabilitation equipment)
E0154UD	AAC+30%	Platform attachment, walker, each (bariatric equipment)
E0155NU	<del>20.60</del> <sup>24.28</sup>	Wheel attachment, rigid pick-up walker, per pair (new equipment)
E0155RR	<del>2.34</del> <sup>2.96</sup>	Wheel attachment, rigid pick-up walker, per pair (rental)
E0155UE	<del>15.61</del> <sup>18.50</sup>	Wheel attachment, rigid pick-up walker, per pair (used durable medical equipment)
E0155UD	AAC+30%	Wheel attachment, rigid pick-up walker, per pair (bariatric equipment)
<u>Attachments</u>		
E0156NU	<del>17.03</del> <sup>20.33</sup>	Seat attachment, walker (new equipment)
E0156RR	<del>2.01</del> <sup>2.60</sup>	Seat attachment, walker (rental)
E0156UE	<del>12.78</del> <sup>15.27</sup>	Seat attachment, walker (used durable medical equipment)
E0156UD	AAC+30%	Seat attachment, walker (bariatric equipment)
E0157NU	<del>57.04</del> <sup>63.02</sup>	Crutch attachment, walker, each (new equipment)
E0157RR	<del>6.03</del> <sup>6.92</sup>	Crutch attachment, walker, each (rental)
E0157UE	<del>42.78</del> <sup>47.27</sup>	Crutch attachment, walker, each (used durable medical equipment)
E0158NU	<del>21.43</del> <sup>24.75</sup>	Leg extensions for walker, per set of four (4) (new equipment)
E0158RR	<del>2.28</del> <sup>2.73</sup>	Leg extensions for walker, per set of four (4) (rental)
E0158UE	<del>16.07</del> <sup>18.56</sup>	Leg extensions for walker, per set of four (4) (used durable medical equipment)
E0158UD	AAC+30%	Leg extensions for walker, per set of four (4) (bariatric equipment)
E0159NU	<del>12.72</del> <sup>13.70</sup>	Brake attachment for wheeled walker, replacement, each (new equipment)
E0159RR	<del>1.28</del> <sup>1.39</sup>	Brake attachment for wheeled walker, replacement, each (rental)
E0159UE	<del>9.55</del> <sup>10.29</sup>	Brake attachment for wheeled walker, replacement, each (used durable medical equipment)
E0159UD	AAC+30%	Brake attachment for wheeled walker, replacement, each (bariatric equipment)
<u>Commodes</u>		
E0160NU	<del>27.36</del> <sup>29.50</sup>	Sitz type bath or equipment, portable, used with or without commode (new equipment)
E0160RR	<del>3.04</del> <sup>3.54</sup>	Sitz type bath or equipment, portable, used with or without commode (rental)
E0160UE	<del>20.51</del> <sup>22.11</sup>	Sitz type bath or equipment, portable, used with or without commode (used durable medical equipment)
E0161NU	<del>20.94</del> <sup>19.90</sup>	Sitz type bath or equipment, portable, used with or without commode, with faucet attachment/s (new equipment)

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Code	Rate	Description
E0161RR	<del>2.763.19</del>	Sitz type bath or equipment, portable, used with or without commode, with faucet attachment/s (rental)
E0161UE	<del>15.6814.90</del>	Sitz type bath or equipment, portable, used with or without commode, with faucet attachment/s (used durable medical equipment)
E0162NU	<del>136.92130.04</del>	Sitz bath chair (new equipment)
E0162RR	<del>14.3613.64</del>	Sitz bath chair (rental)
E0162UE	<del>106.17100.85</del>	Sitz bath chair (used durable medical equipment)
E0163NU	<del>77.8991.26</del>	Commode chair, mobile or stationary, with fixed arms (new equipment)
E0163RR	<del>12.7418.53</del>	Commode chair, mobile or stationary, with fixed arms (rental)
E0163UE	<del>58.4168.43</del>	Commode chair, mobile or stationary, with fixed arms (used durable medical equipment)
E0163UD	AAC+30%	Commode chair, mobile or stationary, with fixed arms (bariatric equipment)
E0165KH, KI	<del>13.3414.09</del>	Commode chair, mobile or stationary, with detachable arms (capped rental)
E0165KJ	<del>10.0010.57</del>	Commode chair, mobile or stationary, with detachable arms (capped rental)
E0165NU	<del>133.37147.98</del>	Commode chair, mobile or stationary, with detachable arms (new equipment purchase)
E0165UE	<del>100.02110.98</del>	Commode chair, mobile or stationary, with detachable arms (used durable medical equipment purchase)
E0165UD	AAC+30%	Commode chair, mobile or stationary, with detachable arms (bariatric equipment)
E0167NU	<del>10.2010.71</del>	Pail or pan for use with commode chair, replacement only (new equipment)
E0167RR	<del>0.950.95</del>	Pail or pan for use with commode chair, replacement only (rental)
E0167UE	<del>7.688.07</del>	Pail or pan for use with commode chair, replacement only (used durable medical equipment)
E0167UD	AAC+30%	Pail or pan for use with commode chair, replacement only (bariatric equipment)
E0168NU	<del>129.25134.70</del>	Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each (new equipment)
E0168RR	<del>12.9513.54</del>	Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each (rental)
E0168UE	<del>96.93101.01</del>	Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each (used durable medical equipment)
E0170KH, KI	<del>147.71143.45</del>	Commode chair with integrated seat lift mechanism, electric, any type (capped rental)
E0170KJ	<del>110.78107.58</del>	Commode chair with integrated seat lift mechanism, electric, any type (capped rental)

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Code	Rate	Description
E0170NU	<del>1477.13</del> <sup>15</sup>	Commode chair with integrated seat lift mechanism, electric, any type (new equipment purchase)
E0170UE	<del>1107.85</del> <sup>11</sup>	
E0170UD	<del>29.64</del>	Commode chair with integrated seat lift mechanism, electric, any type (bariatric equipment)
E0171KH, KI	<del>26.48</del> <sup>25</sup> <del>.84</del>	Commode chair with integrated seat lift mechanism, non-electric, any type (capped rental)
E0171KJ	<del>19.86</del> <sup>19</sup> <del>.36</del>	Commode chair with integrated seat lift mechanism, non-electric, any type (capped rental)
E0171NU	<del>264.78</del> <sup>27</sup> <del>.05</del>	Commode chair with integrated seat lift mechanism, non-electric, any type (new equipment purchase)
E0171UE	<del>198.58</del> <sup>29</sup> <del>.29</del>	Commode chair with integrated seat lift mechanism, non-electric, any type (used durable medical equipment)
E0171UD	AAC+30%	Commode chair with integrated seat lift mechanism, non-electric, any type (bariatric equipment)
E0172	AAC+30%	Seat lift mechanism placed over or on top of toilet, any type
E0175NU	<del>61.06</del> <sup>58</sup> <del>.00</del>	Foot rest, for use with commode chair, each (new equipment)
E0175RR	<del>6.12</del> <sup>58</sup> <del>.84</del>	Foot rest, for use with commode chair, each (rental)
E0175UE	<del>45.81</del> <sup>43</sup> <del>.50</del>	Foot rest, for use with commode chair, each (used durable medical equipment)
<b>Decubitis Care Equipment</b>		
E0181KH, KI	<del>20.81</del> <sup>23</sup> <del>.26</del>	Powered pressure reducing mattress overlay/pad, alternating with pump, includes heavy duty (capped rental)
E0181KJ	<del>15.61</del> <sup>17</sup> <del>.44</del>	Powered pressure reducing mattress overlay/pad, alternating with pump, includes heavy duty (capped rental)
E0181NU	<del>208.08</del> <sup>24</sup> <del>.49</del>	Powered pressure reducing mattress overlay/pad, alternating with pump, includes heavy duty (new equipment purchase)
E0181UE	<del>156.06</del> <sup>18</sup> <del>.14</del>	Powered pressure reducing mattress overlay/pad, alternating with pump, includes heavy duty (used durable medical equipment purchase)
E0182KH, KI	<del>18.79</del> <sup>19</sup> <del>.86</del>	Pump for alternating pressure pad, for replacement only (capped rental)
E0182KJ	<del>14.10</del> <sup>14</sup> <del>.90</del>	Pump for alternating pressure pad, for replacement only (capped rental)
E0182NU	<del>187.94</del> <sup>20</sup> <del>.58</del>	Pump for alternating pressure pad, for replacement only (new equipment purchase)
E0182UE	<del>140.95</del> <sup>15</sup> <del>.43</del>	Pump for alternating pressure pad, for replacement only (used durable medical equipment purchase)
E0184NU	<del>165.32</del> <sup>17</sup> <del>.77</del>	Dry pressure mattress (new equipment)
E0184RR	<del>18.56</del> <sup>21</sup> <del>.22</del>	Dry pressure mattress (rental)
E0184UE	<del>125.54</del> <sup>13</sup> <del>.27</del>	Dry pressure mattress (used durable medical equipment)

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Code	Rate	Description
E0185NU	<del>238.83</del> <sup>285.47</sup>	Gel or gel-like pressure pad for mattress, standard mattress length and width
E0185RR	<del>29.97</del> <sup>40.11</sup>	Gel or gel-like pressure pad for mattress, standard mattress length and width
E0185UE	<del>181.76</del> <sup>219.09</sup>	Gel or gel-like pressure pad for mattress, standard mattress length and width
E0186KH, KI	<del>16.21</del> <sup>45.40</sup>	Air pressure mattress (capped rental)
E0186KJ	<del>12.16</del> <sup>41.55</sup>	Air pressure mattress (capped rental)
E0186NU	<del>162.10</del> <sup>161.72</sup>	Air pressure mattress (new equipment purchase)
E0186UE	<del>121.57</del> <sup>121.29</sup>	Air pressure mattress (used durable medical equipment)
E0187KH, KI	<del>18.03</del> <sup>47.60</sup>	Water pressure mattress (capped rental)
E0187KJ	<del>13.52</del> <sup>43.20</sup>	Water pressure mattress (capped rental)
E0187NU	<del>180.29</del> <sup>184.84</sup>	Water pressure mattress (new equipment purchase)
E0187UE	<del>135.21</del> <sup>138.63</sup>	Water pressure mattress (used durable medical equipment purchase)
E0188NU	<del>21.07</del> <sup>20.05</sup>	Synthetic sheepskin pad (new equipment)
E0188RR	<del>2.30</del> <sup>2.35</sup>	Synthetic sheepskin pad (rental)
E0188UE	<del>15.81</del> <sup>15.05</sup>	Synthetic sheepskin pad (used durable medical equipment)
E0189NU	<del>45.24</del> <sup>46.38</sup>	Lambswool sheepskin pad, any size (new equipment)
E0189RR	<del>4.58</del> <sup>4.74</sup>	Lambswool sheepskin pad, any size (rental)
E0189UE	<del>33.93</del> <sup>34.79</sup>	Lambswool sheepskin pad, any size (used durable medical equipment)
E0190NU	AAC+30%	Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories (new equipment)
E0190RR	I.C.	Positioning cushion/pillow/wedge, any shape or size includes all components and accessories (rental)
E0190UE	I.C.	Positioning cushion/pillow/wedge, any shape or size includes all components and accessories (used durable medical equipment)
E0191NU	<del>9.39</del> <sup>8.92</sup>	Heel or elbow protector, each (new equipment)
E0191RR	<del>0.97</del> <sup>0.91</sup>	Heel or elbow protector, each (rental)
E0191UE	<del>7.00</del> <sup>6.66</sup>	Heel or elbow protector, each (used durable medical equipment)
E0193KH, KI	<del>625.46</del> <sup>694.99</sup>	Powered air flotation bed (low air loss therapy) (capped rental)
E0193KJ	<del>469.09</del> <sup>521.24</sup>	Powered air flotation bed (low air loss therapy) (capped rental)
E0194KH, KI	<del>3,058.05</del> <sup>2,904.50</sup>	Air fluidized bed (capped rental)
E0194KJ	<del>2,293.53</del> <sup>2,178.38</sup>	Air fluidized bed (capped rental)

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Code	Rate	Description
E0196KH, KI	<del>25.95</del> <del>24.64</del>	Gel pressure mattress (capped rental)
E0196KJ	<del>19.46</del> <del>18.48</del>	Gel pressure mattress (capped rental)
E0196NU	<del>259.51</del> <del>258.74</del>	Gel pressure mattress (new equipment purchase)
E0196UE	<del>194.63</del> <del>194.05</del>	Gel pressure mattress (used durable medical equipment purchase)
E0197NU	<del>164.20</del> <del>168.40</del>	Air pressure pad for mattress, standard mattress length and width (new equipment)
<del>E0197RR</del>	<del>19.78</del> <del>23.20</del>	<del>Air pressure pad for mattress, standard mattress length and width (rental)</del>
E0197UE	<del>134.52</del> <del>147.65</del>	Air pressure pad for mattress, standard mattress length and width (used durable medical equipment)
<del>E0197KH, KI</del>	<del>19.78</del>	<del>Air pressure pad for mattress, standard mattress length and width (capped rental) (for Medicare billing only)</del>
<del>E0197KJ</del>	<del>14.83</del>	<del>Air pressure pad for mattress, standard mattress length and width (capped rental) (for Medicare billing only)</del>
E0198NU	<del>177.06</del> <del>168.40</del>	Water pressure pad for mattress, standard mattress length and width
<del>E0198RR</del>	<del>17.71</del> <del>17.42</del>	<del>Water pressure pad for mattress, standard mattress length and width</del>
E0198UE	<del>132.80</del> <del>127.56</del>	Water pressure pad for mattress, standard mattress length and width
<del>E0198KH, KI</del>	<del>17.71</del>	<del>Water pressure pad for mattress, standard mattress length and width (capped rental) (for Medicare billing only)</del>
<del>E0198KJ</del>	<del>13.28</del>	<del>Water pressure pad for mattress, standard mattress length and width (capped rental) (for Medicare billing only)</del>
E0199NU	<del>25.67</del> <del>25.26</del>	Dry pressure pad for mattress, standard mattress length and width
E0199RR	<del>2.57</del> <del>2.52</del>	Dry pressure pad for mattress, standard mattress length and width
E0199UE	<del>19.24</del> <del>18.93</del>	Dry pressure pad for mattress, standard mattress length and width
<b>Heat/Cold Application</b>		
E0200NU	<del>63.33</del> <del>60.14</del>	Heat lamp, without stand (table model), includes bulb, or infrared element
E0200RR	<del>8.60</del> <del>8.17</del>	Heat lamp, without stand (table model), includes bulb, or infrared element
E0200UE	<del>47.52</del> <del>45.13</del>	Heat lamp, without stand (table model), includes bulb, or infrared element
E0202RR	125.00	Phototherapy (bilirubin) light with photometer (per episode)
E0203	AAC+30%	Therapeutic lightbox, minimum 10,000 lux, table top model
E0205NU	<del>155.01</del> <del>147.22</del>	Heat lamp, with stand, includes bulb, or infrared element (new equipment)
E0205RR	<del>17.05</del> <del>16.19</del>	Heat lamp, with stand, includes bulb, or infrared element (rental)
E0205UE	<del>116.25</del> <del>110.41</del>	Heat lamp, with stand, includes bulb, or infrared element (used durable medical equipment)
E0210NU	<del>30.68</del> <del>29.13</del>	Electric heat pad, standard (new equipment)



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Code	Rate	Description
E0210RR	<del>2.50</del> <del>2.37</del>	Electric heat pad, standard (rental)
E0210UE	<del>23.00</del> <del>21.85</del>	Electric heat pad, standard (used durable medical equipment)
E0215NU	<del>56.58</del> <del>53.74</del>	Electric heat pad, moist (new equipment)
E0215RR	<del>5.92</del> <del>5.62</del>	Electric heat pad, moist (rental)
E0215UE	<del>42.45</del> <del>40.32</del>	Electric heat pad, moist (used durable medical equipment)
E0217NU	<del>466.53</del> <del>443.40</del>	Water circulating heat pad with pump (new equipment)
E0217RR	<del>51.94</del> <del>49.33</del>	Water circulating heat pad with pump (rental)
E0217UE	<del>349.87</del> <del>332.30</del>	Water circulating heat pad with pump (used durable medical equipment)
E0218	AAC+30%	Water circulating cold pad with pump
<del>E0220NU</del>	<del>6.43</del>	<del>Hot water bottle (new equipment)</del>
<del>E0220RR</del>	<del>0.67</del>	<del>Hot water bottle (rental)</del>
<del>E0220UE</del>	<del>4.80</del>	<del>Hot water bottle (used durable medical equipment)</del>
E0221	1,690.77	Infrared heating pad system
E0225NU	<del>310.42</del> <del>294.84</del>	Hydrocollator unit, includes pads (new equipment)
E0225RR	<del>30.60</del> <del>29.07</del>	Hydrocollator unit, includes pads (rental)
E0225UE	<del>232.82</del> <del>221.12</del>	Hydrocollator unit, includes pads (used durable medical equipment)
<del>E0230NU</del>	<del>6.43</del>	<del>Ice cap or collar (new equipment)</del>
<del>E0230RR</del>	<del>0.72</del>	<del>Ice cap or collar (rental)</del>
<del>E0230UE</del>	<del>4.81</del>	<del>Ice cap or collar (used durable medical equipment)</del>
E0231	AAC+30%	Non-contact wound warming device (temperature control unit, AC adapter and power cord) for use with warming card and wound cover
E0232	AAC+30%	Warming card for use with the non contact wound warming device and non contact wound warming wound cover
E0235KH, KI	<del>14.82</del> <del>14.07</del>	Paraffin bath unit, portable (see medical supply code A4265 for paraffin) (capped rental)
E0235KJ	<del>11.11</del> <del>10.55</del>	Paraffin bath unit, portable (see medical supply code A4265 for paraffin) (capped rental)
E0235NU	<del>148.16</del> <del>147.71</del>	Paraffin bath unit, portable (see medical supply code A4265 for paraffin) (new equipment purchase)
E0235UE	<del>111.12</del> <del>110.78</del>	Paraffin bath unit, portable (see medical supply code A4265 for paraffin) (used durable medical equipment)
E0236KH, KI	<del>41.57</del> <del>39.49</del>	Pump for water circulating pad (capped rental)
E0236KJ	<del>31.18</del> <del>29.62</del>	Pump for water circulating pad (capped rental)
E0236NU	<del>415.74</del> <del>414.66</del>	Pump for water circulating pad (new equipment purchase)
E0236UE	<del>311.80</del> <del>310.99</del>	Pump for water circulating pad (used durable medical equipment purchase)
<del>E0238NU</del>	<del>20.50</del>	<del>Non-electric heat pad, moist (new equipment)</del>
<del>E0238RR</del>	<del>2.33</del>	<del>Non-electric heat pad, moist (rental)</del>



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Code	Rate	Description
<del>E0238UE</del>	<del>15.08</del>	<del>Non-electric heat pad, moist (used durable medical equipment)</del>
E0239NU	<del>422.70</del> <del>401.47</del>	Hydrocollator unit, portable ( <del>capped rental</del> <u>new equipment</u> )
E0239RR	<del>42.28</del> <del>40.15</del>	Hydrocollator unit, portable ( <del>capped rental</del> )
E0239UE	<del>317.03</del> <del>301.42</del>	Hydrocollator unit, portable (used durable medical equipment)
<u>Bath and Toilet Aids</u>		
E0240NU	AAC+30%	Bath/shower chair, with or without wheels, any size (new equipment)
E0240RR	I.C.	Bath/shower chair, with or without wheels, any size (rental)
E0240UE	I.C.	Bath/shower chair, with or without wheels, any size (used durable medical equipment)
E0241	<del>32.36</del> <del>32.36</del>	Bath tub wall rail, each
E0242	<del>69.79</del> <del>69.79</del>	Bath tub rail, floor base
E0243	<del>38.14</del> <del>38.14</del>	Toilet rail, each
E0244	<del>60.76</del> <del>60.76</del>	Raised toilet seat
E0244UD	AAC+30%	Raised toilet seat (bariatric equipment)
E0245	42.37	Tub stool or bench
E0245UD	AAC+30%	Tub stool or bench (bariatric equipment)
E0246	99.65	Transfer tub rail attachment
E0247NU	AAC+30%	Transfer bench, for tub or toilet with or without commode opening (new equipment)
E0247RR	I.C.	Transfer bench, for tub or toilet with or without commode opening (rental)
E0247UE	I.C.	Transfer bench, for tub or toilet with or without commode opening (used durable medical equipment)
E0248NU	AAC+30%	Transfer bench, heavy duty, for tub or toilet with or without commode opening (new equipment)
E0248RR	I.C.	Transfer bench, heavy duty, for tub or toilet with or without commode opening (rental)
E0248UE	I.C.	Transfer bench, heavy duty, for tub or toilet with or without commode opening (used durable medical equipment)
E0249NU	<del>93.60</del> <del>88.89</del>	Pad for water circulating heat unit (new equipment)
E0249RR	<del>10.29</del> <del>9.78</del>	Pad for water circulating heat unit (rental)
E0249UE	<del>70.20</del> <del>66.67</del>	Pad for water circulating heat unit (used durable medical equipment)
<u>Hospital Beds and Accessories</u>		
E0250KH, KI	<del>67.97</del> <del>75.20</del>	Hospital bed, fixed height, with any type side rails, with mattress (capped rental)
E0250KJ	<del>50.97</del> <del>56.40</del>	Hospital bed, fixed height, with any type side rails, with mattress (capped rental)
E0250NU	<del>679.66</del> <del>789.59</del>	Hospital bed, fixed height, with any type side rails, with mattress (new equipment purchase)
E0250UE	<del>509.75</del> <del>592.20</del>	Hospital bed, fixed height, with any type side rails, with mattress (used durable medical equipment purchase)
E0250RB	AAC+30%	Hospital bed, fixed height, with any type side rails, with mattress

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Code	Rate	Description
E0251KH, KI	<del>52.92</del> <del>56.98</del>	(replacement of a part of DME furnished as part of a repair) Hospital bed, fixed height, with any type side rails, without mattress (capped rental)
E0251KJ	<del>39.69</del> <del>42.74</del>	Hospital bed, fixed height, with any type side rails, without mattress (capped rental)
E0251NU	<del>529.21</del> <del>598.33</del>	Hospital bed, fixed height, with any type side rails, without mattress (new equipment purchase)
E0251UE	<del>396.91</del> <del>448.75</del>	Hospital bed, fixed height, with any type side rails, without mattress (used durable medical equipment purchase)
E0251RB	AAC+30%	Hospital bed, fixed height, with any type side rails, without mattress (replacement of a part of DME furnished as part of a repair)
E0255KH, KI	<del>79.03</del> <del>90.37</del>	Hospital bed, variable height, hi-lo, with any type side rails, with mattress (capped rental)
E0255KJ	<del>59.27</del> <del>67.78</del>	Hospital bed, variable height, hi-lo, with any type side rails, with mattress (capped rental)
E0255NU	<del>790.33</del> <del>948.94</del>	Hospital bed, variable height, hi-lo, with any type side rails, with mattress (new equipment purchase)
E0255UE	<del>592.75</del> <del>711.68</del>	Hospital bed, variable height, hi-lo, with any type side rails, with mattress (used durable medical equipment purchase)
E0255RB	AAC+30%	Hospital bed, variable height, hi-lo, with any type side rails, with mattress (replacement of a part of DME furnished as part of a repair)
E0256KH, KI	<del>66.78</del> <del>64.12</del>	Hospital bed, variable height, hi-lo, with any type side rails, without mattress (capped rental)
E0256KJ	<del>50.08</del> <del>48.09</del>	Hospital bed, variable height, hi-lo, with any type side rails, without mattress (capped rental)
E0256NU	<del>585.31</del> <del>673.24</del>	Hospital bed, variable height, hi-lo, with any type side rails, without mattress (new equipment purchase)
E0256UE	<del>438.98</del> <del>504.94</del>	Hospital bed, variable height, hi-lo, with any type side rails, without mattress (used durable medical equipment purchase)
E0256RB	AAC+30%	Hospital bed, variable height, hi-lo, with any type side rails, without mattress (replacement of a part of a DME furnished as part of a repair)
E0260KH, KI	<del>89.03</del> <del>408.05</del>	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress (capped rental)
E0260KJ	<del>66.77</del> <del>81.04</del>	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress (capped rental)
E0260NU	<del>890.29</del> <del>143.45</del>	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress (new equipment purchase)
E0260UE	<del>667.72</del> <del>850.94</del>	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress (used durable medical equipment purchase)
E0260RB	AAC+30%	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress (replacement of a part of a DME furnished as part of a repair)
E0261KH,	<del>87.11</del> <del>405.3</del>	Hospital bed, semi-electric (head and foot adjustment), with any type

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Code	Rate	Description
KI	4	side rails, without mattress (capped rental)
E0261KJ	<del>65.33</del> 79.01	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress (capped rental)
E0261NU	<del>871.08</del> 1.10	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress (new equipment purchase)
E0261UE	<del>653.31</del> 829.56	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress (used durable medical equipment purchase)
E0261RB	AAC+30%	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress
E0265KH, KI	<del>138.78</del> 153.76	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress (capped rental)
E0265KJ	<del>104.08</del> 115.32	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress (capped rental)
E0265NU	<del>1,387.80</del> 1.6	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress (new equipment purchase)
E0265UE	<del>1,040.85</del> 1.2	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress (used durable medical equipment purchase)
E0265RB	AAC+30%	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress (replacement of a part of a DME furnished as part of a repair)
E0266KH, KI	<del>122.24</del> 136.61	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress (capped rental)
E0266KJ	<del>91.68</del> 102.46	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress (capped rental)
E0266NU	<del>1,222.39</del> 1.4	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress (new equipment purchase)
E0266UE	<del>916.79</del> 1.07	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress (used durable medical equipment)
E0266RB	AAC+30%	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress (replacement of a part of a DME furnished as part of a repair)
E0270	AAC+30%	Hospital bed, institutional type includes: oscillating, circulating and Stryker frame, with mattress
E0271NU	<del>142.77</del> 170.81	Mattress, innerspring (new equipment)
E0271RR	<del>14.63</del> 17.74	Mattress, innerspring (rental)
E0271UE	<del>109.88</del> 133.43	Mattress, innerspring (used durable medical equipment)
E0272NU	<del>140.42</del> 155.67	Mattress, foam rubber (new equipment)
E0272RR	<del>14.41</del> 16.25	Mattress, foam rubber (rental)

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Code	Rate	Description
E0272UE	<del>105.03</del> <del>116.49</del>	Mattress, foam rubber (used durable medical equipment)
E0273	44.73	Bed board
E0274NU	60.99	Over-bed table (new equipment)
E0274RR	6.10	Over-bed table (rental)
E0274UE	45.74	Over-bed table (used durable medical equipment)
E0275NU	<del>13.06</del> <del>13.01</del>	Bed pan, standard, metal or plastic (new equipment)
E0275RR	<del>1.31</del> <del>1.30</del>	Bed pan, standard, metal or plastic (rental)
E0275UE	<del>9.81</del> <del>9.77</del>	Bed pan, standard, metal or plastic (used durable medical equipment)
E0276NU	<del>10.57</del> <del>10.09</del>	Bed pan, fracture, metal or plastic (new equipment)
E0276RR	<del>1.24</del> <del>1.35</del>	Bed pan, fracture, metal or plastic (rental)
E0276UE	<del>8.14</del> <del>7.98</del>	Bed pan, fracture, metal or plastic (used durable medical equipment)
E0277KH, KI	<del>391.46</del> <del>541.14</del>	Powered pressure-reducing air mattress (capped rental)
E0277KJ	<del>293.59</del> <del>405.86</del>	Powered pressure-reducing air mattress (capped rental)
E0277NU	<del>3,914.59</del> <del>5,682.01</del>	Powered pressure-reducing air mattress (new equipment purchase)
E0277UE	<del>2,935.94</del> <del>2,615.51</del>	Powered pressure-reducing air mattress (used durable medical equipment purchase)
E0280NU	<del>26.72</del> <del>28.13</del>	Bed cradle, any type (new equipment)
E0280RR	<del>2.67</del> <del>2.80</del>	Bed cradle, any type (rental)
E0280UE	<del>20.04</del> <del>21.10</del>	Bed cradle, any type (used durable medical equipment)
E0290KH, KI	<del>53.72</del> <del>57.49</del>	Hospital bed, fixed height, without side rails, with mattress (capped rental)
E0290KJ	<del>40.29</del> <del>43.12</del>	Hospital bed, fixed height, without side rails, with mattress (capped rental)
E0290NU	<del>537.20</del> <del>603.69</del>	Hospital bed, fixed height, without side rails, with mattress (new equipment purchase)
E0290UE	<del>402.90</del> <del>452.77</del>	Hospital bed, fixed height, without side rails, with mattress (used durable medical equipment purchase)
E0290RB	AAC+30%	Hospital bed, fixed height, without side rails, with mattress (replacement of a part of a DME furnished as part of a repair)
E0291KH, KI	<del>39.20</del> <del>41.77</del>	Hospital bed, fixed height, without side rails, without mattress (capped rental)
E0291KJ	<del>29.40</del> <del>31.33</del>	Hospital bed, fixed height, without side rails, without mattress (capped rental)
E0291NU	<del>392.02</del> <del>438.57</del>	Hospital bed, fixed height, without side rails, without mattress (new equipment purchase)
E0291UE	<del>294.02</del> <del>328.93</del>	Hospital bed, fixed height, without side rails, without mattress (used durable medical equipment purchase)
E0291RB	AAC+30%	Hospital bed, fixed height, without side rails, without mattress (replacement of a part of a DME furnished as part of a repair)
E0292KH,	<del>60.36</del> <del>64.65</del>	Hospital bed, variable height, hi-lo, without side rails, with mattress

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Code	Rate	Description
KI		(capped rental)
E0292KJ	<del>45.27</del> <del>48.49</del>	Hospital bed, variable height, hi-lo, without side rails, with mattress (capped rental)
E0292NU	<del>603.59</del> <del>678.84</del>	Hospital bed, variable height, hi-lo, without side rails, with mattress (new equipment purchase)
E0292UE	<del>452.69</del> <del>509.43</del>	Hospital bed, variable height, hi-lo, without side rails, with mattress (used durable medical equipment purchase)
E0292RB	AAC+30%	Hospital bed, variable height, hi-lo, without side rails, with mattress (replacement of a part of a DME furnished as part of a repair)
E0293KH, KI	<del>51.37</del> <del>55.04</del>	Hospital bed, variable height, hi-lo, without side rails, without mattress (capped rental)
E0293KJ	<del>38.52</del> <del>41.26</del>	Hospital bed, variable height, hi-lo, without side rails, without mattress (capped rental)
E0293NU	<del>513.66</del> <del>577.63</del>	Hospital bed, variable height, hi-lo, without side rails, without mattress (new equipment purchase)
E0293UE	<del>385.24</del> <del>433.22</del>	Hospital bed, variable height, hi-lo, without side rails, without mattress (used durable medical equipment purchase)
E0293	AAC+30%	Hospital bed, variable height, hi-lo, without side rails, without mattress (replacement of a part of a DME furnished as part of a repair)
E0294KH, KI	<del>86.05</del> <del>100.50</del>	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress (capped rental)
E0294KJ	<del>64.53</del> <del>75.38</del>	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress (capped rental)
E0294NU	<del>860.46</del> <del>1,055.29</del>	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress (new equipment purchase)
E0294UE	<del>645.34</del> <del>791.47</del>	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress (used durable medical equipment purchase)
E0294RB	AAC+30%	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress (replacement of a part of a DME furnished as part of a repair)
E0295KH, KI	<del>83.79</del> <del>97.96</del>	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress (capped rental)
E0295KJ	<del>62.84</del> <del>73.47</del>	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress (capped rental)
E0295NU	<del>837.93</del> <del>1,028.64</del>	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress (new equipment purchase)
E0295UE	<del>628.45</del> <del>771.45</del>	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress (used durable medical equipment purchase)
E0295RB	AAC+30%	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress (replacement of a part of a DME furnished as part of a repair)
E0296KH, KI	<del>132.98</del> <del>126.34</del>	Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress (capped rental)

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Code	Rate	Description
E0296KJ	<del>99.74</del> <u>94.73</u>	Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress (capped rental)
E0296NU	<del>1,329.83</del> <u>1.3</u>	Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress (new equipment purchase)
E0296UE	<del>997.37</del> <u>994.69</u>	Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress (used durable medical equipment purchase)
E0296RB	AAC+30%	Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress (replacement of a part of a DME furnished as part of a repair)
E0297KH, KI	<del>96.78</del> <u>108.2</u>	Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress (capped rental)
E0297KJ	<del>72.59</del> <u>81.16</u>	Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress (capped rental)
E0297NU	<del>967.81</del> <u>1.13</u>	Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress (new equipment purchase)
E0297UE	<del>725.86</del> <u>852.48</u>	Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress (used durable medical equipment purchase)
E0297RB	AAC+30%	Hospital bed, total electric (head, foot and height adjustments), without side rails, without (replacement of a part of a DME furnished as part of a repair)
E0300NU	AAC+30%	Pediatric crib, hospital grade, fully enclosed, <u>with or without top enclosure</u> (new equipment)
E0300RR	I.C.	Pediatric crib, hospital grade, fully enclosed, <u>with or without top enclosure</u> (rental)
E0300UE	I.C.	Pediatric crib, hospital grade, fully enclosed, <u>with or without top enclosure</u> (used durable medical equipment)
E0300RB	AAC+30%	Pediatric crib, hospital grade, fully enclosed, <u>with or without top enclosure</u> (replacement of a part of a DME furnished as part of a repair)
<u>E0300KH, KI</u>	<u>227.41</u>	<u>Pediatric crib, hospital grade, fully enclosed, with or without top enclosure (capped rental) (for Medicare billing only)</u>
<u>E0300KJ</u>	<u>170.56</u>	<u>Pediatric crib, hospital grade, fully enclosed, with or without top enclosure (capped rental) (for Medicare billing only)</u>
E0301KH, KI	<del>185.10</del> <u>208.25</u>	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 (capped rental)
E0301KJ	<del>138.82</del> <u>156.49</u>	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 (capped rental)
E0301NU	<del>1,850.96</del> <u>2.4</u>	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 (new equipment purchase)



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Code	Rate	Description
E0301UE	<del>1,388.22</del> <sup>1,639.97</sup>	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 (used durable medical equipment)
E0301RB	AAC+30%	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 (replacement of a part of a DME furnished as part of a repair)
E0302KH, KI	<del>499.90</del> <sup>550.35</sup>	Hospital bed, heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress (capped rental)
E0302KJ	<del>374.93</del> <sup>412.76</sup>	Hospital bed, heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress (capped rental)
E0302NU	<del>4,999.02</del> <sup>5,778.67</sup>	Hospital bed, heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress (new equipment purchase)
E0302UE	<del>3,749.27</del> <sup>4,334.00</sup>	Hospital bed, heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress (used durable medical equipment)
E0302RB	AAC+30%	Hospital bed, heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress (replacement of a part of a DME furnished as part of a repair)
E0303KH, KI	<del>204.80</del> <sup>233.84</sup>	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 (capped rental)
E0303KJ	<del>153.60</del> <sup>175.38</sup>	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 (capped rental)
E0303NU	<del>2,047.99</del> <sup>2,455.27</sup>	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 (new equipment purchase)
E0303UE	<del>1,535.99</del> <sup>1,841.45</sup>	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 (used durable medical equipment purchase)
E0303RB	AAC+30%	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 (replacement of a part of a DME furnished as part of a repair)
E0304KH, KI	<del>535.17</del> <sup>592.84</sup>	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress (capped rental)
E0304KJ	<del>401.38</del> <sup>444.63</sup>	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress (capped rental)



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Code	Rate	Description
E0304NU	<del>5,351.69</del> <del>6.2</del> <del>24.83</del>	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress (new equipment purchase)
E0304UE	<del>4,013.76</del> <del>4.6</del> <del>68.62</del>	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress (used durable medical equipment purchase) (used durable medical equipment purchase)
E0304RB	AAC+30%	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress (replacement of a part of a DME furnished as part of a repair)
E0305KH, KI	<del>12.27</del> <del>13.69</del>	Bed side rails, half length (capped rental)
E0305KJ	<del>9.20</del> <del>10.26</del>	Bed side rails, half length (capped rental)
E0305NU	<del>122.66</del> <del>143.69</del>	Bed side rails, half length (new equipment purchase)
E0305UE	<del>91.99</del> <del>107.7</del> <del>7</del>	Bed side rails, half length (used durable medical equipment purchase)
E0310NU	<del>128.61</del> <del>142.32</del>	Bed side rails, full length (new equipment)
E0310RR	<del>14.59</del> <del>17.51</del>	Bed side rails, full length (rental)
E0310UE	<del>96.46</del> <del>106.7</del> <del>5</del>	Bed side rails, full length (used durable medical equipment)
E0315NU	74.32	Bed accessory: board, table, or support device, any type (new equipment)
E0315RR	7.43	Bed accessory: board, table, or support device, any type (rental)
E0315UE	55.74	Bed accessory: board, table, or support device, any type (used durable medical equipment)
E0316KH, KI	<del>157.89</del> <del>162.53</del>	Safety enclosure frame/canopy for use with hospital bed, any type (capped rental)
E0316KJ	<del>118.42</del> <del>121.90</del>	Safety enclosure frame/canopy for use with hospital bed, any type (capped rental)
E0316NU	<del>1,578.88</del> <del>1.7</del> <del>06.55</del>	Safety enclosure frame/canopy for use with hospital bed, any type (new equipment purchase)
E0316UE	<del>1,184.16</del> <del>1.2</del> <del>79.91</del>	Safety enclosure frame/canopy for use with hospital bed, any type (used durable medical equipment purchase)
E0325NU	<del>8.69</del> <del>9.03</del>	Urinal; male, jug-type, any material (new equipment)
E0325RR	<del>1.11</del> <del>1.35</del>	Urinal; male, jug-type, any material (rental)
E0325UE	<del>6.09</del> <del>5.97</del>	Urinal; male, jug-type, any material (used durable medical equipment)
E0326NU	<del>9.17</del> <del>9.38</del>	Urinal; female, jug-type, any material (new equipment)
E0326RR	<del>0.99</del> <del>1.06</del>	Urinal; female, jug-type, any material (rental)
E0326UE	<del>6.89</del> <del>7.02</del>	Urinal; female, jug-type, any material (used durable medical equipment)
E0328	AAC+30%	Hospital bed, pediatric, manual, 360 degree side enclosures, top of

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Code	Rate	Description
		headboard, footboard and side rails up to 24 inches above the spring, includes mattress
<u>E0328UA</u>	<u>AAC+30%</u>	<u>Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress (Medicaid level of care 10, use for adults for safety beds)</u>
E0329	AAC+30%	Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress
<u>E0329UA</u>	<u>AAC+30%</u>	<u>Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress (Medicaid level of care 10, use for adults for safety beds)</u>
E0350	AAC+30%	Control unit for electronic bowel irrigation/evacuation system
E0352	AAC+20%	Disposable pack (water reservoir bag, speculum, valving mechanism and collection bag/box) for use with the electronic bowel irrigation/evacuation system
E0370	AAC+20%	Air pressure elevator for heel
E0371KH, KI	<del>286.02341</del> 91	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width (capped rental)
E0371KJ	<del>214.51256</del> 43	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width (capped rental)
E0371NU	<del>2,860.173</del> 5 90.08	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width (new equipment purchase)
E0371UE	<del>2,145.122</del> 6 92.56	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width (used durable medical equipment purchase)
E0372KH, KI	<del>315.53414</del> 89	Powered air overlay for mattress, standard mattress length and width (capped rental)
E0372KJ	<del>236.65311</del> 46	Powered air overlay for mattress, standard mattress length and width (capped rental)
E0372NU	<del>3,155.294</del> 3 56.29	Powered air overlay for mattress, standard mattress length and width (new equipment purchase)
E0372UE	<del>2,366.463</del> 2 67.22	Powered air overlay for mattress, standard mattress length and width (used durable medical equipment purchase)
E0373KH, KI	<del>376.82472</del> 68	Nonpowered advanced pressure reducing mattress (capped rental)
E0373KJ	<del>282.62354</del> 51	Nonpowered advanced pressure reducing mattress (capped rental)
E0373NU	<del>3,768.224</del> 9 63.19	Nonpowered advanced pressure reducing mattress (new equipment purchase)
E0373UE	<del>2,826.173</del> 7 22.39	Nonpowered advanced pressure reducing mattress (used durable medical equipment purchase)
<u>Oxygen and Related Respiratory Equipment</u>		

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Code	Rate	Description
E0424RR	<del>119.48</del> <sup>158.24</sup>	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing (rental)
E0425	AAC+30%	Stationary compressed gas system, purchase; includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing
E0430	AAC+30%	Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing
E0431RR	<del>21.34</del> <sup>25.89</sup>	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing (rental)
E0433RR	<del>40.26</del> <sup>46.47</sup>	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
E0434RR	<del>21.34</del> <sup>25.89</sup>	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing (rental)
E0435	AAC+30%	Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing and refill adaptor
E0439RR	<del>119.48</del> <sup>158.24</sup>	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing (rental)
E0439QF	<del>119.48</del> <sup>158.24</sup>	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing (rental) (prescribed amount of oxygen exceeds 4 LPM and portable oxygen is prescribed)
E0439QG	<del>119.48</del> <sup>158.24</sup>	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing (rental) (prescribed amount of oxygen is greater than 4 LPM)
E0440	AAC+30%	Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing
E0441	<del>58.57</del> <sup>69.70</sup>	Oxygen contents, gaseous (for use with owned gaseous stationary systems or when both a stationary and portable gaseous system are owned), one month's supply = 1 unit
E0442	<del>58.57</del> <sup>69.70</sup>	Oxygen contents, liquid (for use with owned liquid stationary systems or when both a stationary and portable liquid system are owned), one month's supply = 1 unit
E0443RR	<del>57.33</del> <sup>69.70</sup>	Portable oxygen contents, gaseous (for use only with portable gaseous systems when no stationary gas or liquid system is used), one month's supply = 1 unit (rental)
E0444RR	<del>57.33</del> <sup>69.70</sup>	Portable oxygen contents, liquid (for use only with portable liquid systems when no stationary gas or liquid system is used), one month's supply = 1 unit (rental)

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Code	Rate	Description
E0445NU	856.30	Oximeter device for measuring blood oxygen levels non-invasively (new equipment)
E0445RR	85.63	Oximeter device for measuring blood oxygen levels non-invasively (rental)
E0445UE	642.23	Oximeter device for measuring blood oxygen levels non-invasively (used durable medical equipment)
<u>E0446</u>	<u>AAC+30%</u>	<u>Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories</u>
<del>E0450RR</del>	<del>851.91</del>	<del>Volume control ventilator, without pressure support mode, may include pressure control mode, used with invasive interface (e.g., tracheostomy tube) (rental, months seven and beyond)</del>
<del>E0450U2</del>	<del>1,002.25</del>	<del>Volume control ventilator, without pressure support mode, may include pressure control mode, used with invasive interface (e.g., tracheostomy tube) (rental, first six months)</del>
E0455	AAC+20%	Oxygen tent, excluding croup or pediatric tents
E0457NU	548.45	Chest shell (cuirass) (new equipment)
E0457RR	54.84	Chest shell (cuirass) (rental)
E0457UE	411.31	Chest shell (cuirass) (used durable medical equipment)
E0459KH, KI	45.42	Chest wrap (capped rental)
E0459KJ	34.06	Chest wrap (capped rental)
E0459NU	476.86	Chest wrap (new equipment purchase)
E0459UE	357.65	Chest wrap (used durable medical equipment purchase)
<del>E0460RR</del>	<del>556.50</del>	<del>Negative pressure ventilator; portable or stationary (rental)</del>
<del>E0461RR</del>	<del>851.91</del>	<del>Volume control ventilator, without pressure support mode, may include pressure control mode, used with non-invasive interface (rental, months seven and beyond)</del>
<del>E0461U2</del>	<del>1,002.25</del>	<del>Volume control ventilator, without pressure support mode, may include pressure control mode, used with non-invasive interface (rental, first six months)</del>
E0462KH, KI	<del>232.76</del> 221.06	Rocking bed with or without side rails (capped rental)
E0462KJ	<del>174.57</del> 165.79	Rocking bed with or without side rails (capped rental)
E0462NU	<del>2,327.56</del> 2,321.12	Rocking bed with or without side rails (new equipment purchase)
E0462UE	<del>1,745.67</del> 1,740.84	Rocking bed with or without side rails (used durable medical equipment purchase)
<del>E0463RR</del>	<del>1,255.19</del>	<del>Pressure support ventilator with volume control mode, may include pressure control mode, used with invasive interface (e.g., tracheostomy tube) (rental, months seven and beyond)</del>
<del>E0463U2</del>	<del>1,476.70</del>	<del>Pressure support ventilator with volume control mode, may include pressure control mode, used with invasive interface (e.g., tracheostomy tube) (rental, first six months)</del>

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Code	Rate	Description
<del>E0464RR</del>	<del>1,255.19</del>	<del>Pressure support ventilator with volume control mode, may include pressure control mode, used with noninvasive interface (e.g., mask) (rental, months seven and beyond)</del>
<del>E0464U2</del>	<del>1,476.70</del>	<del>Pressure support ventilator with volume control mode, may include pressure control mode, used with noninvasive interface (e.g., mask) (rental, first six months)</del>
<del>E0465RR</del>	<del>896.95</del>	<del>Home ventilator, any type, used with invasive interface (e.g., tracheostomy tube) (rental, months seven and beyond)</del>
<del>E0465U2</del>	<del>1,055.23</del>	<del>Home ventilator, any type, used with invasive interface (e.g., tracheostomy tube) (rental, first six months)</del>
<del>E0466RR</del>	<del>896.95</del>	<del>Home ventilator, any type, used with non-invasive interface (e.g., mask, chest shell) (rental, months seven and beyond)</del>
<del>E0466U2</del>	<del>1,055.23</del>	<del>Home ventilator, any type, used with non-invasive interface (e.g., mask, chest shell) (rental, first six months)</del>
E0470KH, KI	<del>146.83</del> <del>188.78</del>	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) (capped rental) (humidifier not included)
E0470KJ	<del>110.12</del> <del>141.58</del>	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) (capped rental) (humidifier not included)
E0470NU	<del>1,468.29</del> <del>1,982.14</del>	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) (new equipment) (humidifier not included)
E0470UE	<del>1,101.22</del> <del>1,486.60</del>	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) (used durable medical equipment purchase) (humidifier not included)
E0471KH, KI	<del>392.40</del> <del>523.04</del>	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) (capped rental) (humidifier not included)
E0471KJ	<del>294.30</del> <del>392.28</del>	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) (capped rental) (humidifier not included)
E0471NU	<del>3,924.03</del> <del>5,491.96</del>	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) (new equipment purchase) (humidifier not included)
E0471UE	<del>2,943.02</del> <del>4,191.41</del>	Respiratory assist device, bi-level pressure capability, with back-up

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Code	Rate	Description
	<del>18.97</del>	rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) (used durable medical equipment purchase) (humidifier not included)
E0472KH, KI	<del>431.07523.04</del>	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) (capped rental) (humidifier not included)
E0472KJ	<del>323.30392.28</del>	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) (capped rental) (humidifier not included)
E0472NU	<del>4,310.695.491.96</del>	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) (new equipment purchase) (humidifier not included)
E0472UE	<del>3,233.024.118.97</del>	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) (used durable medical equipment purchase) (humidifier not included)
E0480KH, KI	<del>41.2939.22</del>	Percussor, electric or pneumatic, home model (capped rental)
E0480KJ	<del>30.9729.41</del>	Percussor, electric or pneumatic, home model (capped rental)
E0480NU	<del>412.93411.80</del>	Percussor, electric or pneumatic, home model (new equipment purchase)
E0480UE	<del>309.70308.85</del>	Percussor, electric or pneumatic, home model (used durable medical equipment purchase)
E0481	AAC+30%	Intrapulmonary percussive ventilation system and related accessories
E0482KH, KI	<del>404.09383.79</del>	Cough stimulating device, alternating positive and negative airway pressure (capped rental)
E0482KJ	<del>303.07287.84</del>	Cough stimulating device, alternating positive and negative airway pressure (capped rental)
E0482NU	<del>4,040.904.029.82</del>	Cough stimulating device, alternating positive and negative airway pressure (new equipment purchase)
E0482UE	<del>3,030.683.022.36</del>	Cough stimulating device, alternating positive and negative airway pressure (used durable medical equipment purchase)
E0483KH, KI	<del>999.01948.85</del>	High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each (capped rental)
E0483KJ	<del>749.25711.63</del>	High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each (capped rental)
E0483NU	<del>9,990.059.962.89</del>	High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each (new equipment purchase)
E0483UE	<del>7,492.547.4</del>	High frequency chest wall oscillation air-pulse generator system,



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Code	Rate	Description
E0484NU	<del>72.17</del> <del>34.71</del> <del>32.95</del>	(includes hoses and vest), each (used durable medical equipment) Oscillatory positive expiratory pressure device, non-electric, any type, each (new equipment)
E0484RR	<del>3.46</del> <del>3.29</del>	Oscillatory positive expiratory pressure device, non-electric, any type, each (rental)
E0484UE	<del>26.04</del> <del>24.73</del>	Oscillatory positive expiratory pressure device, non-electric, any type, each (used durable medical equipment)
E0485 <u>NU</u>	AAC+30%	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes fitting and adjustment ( <u>new equipment</u> )
<u>E0485RR</u>	<u>I.C.</u>	<u>Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes fitting and adjustment (rental)</u>
<u>E0485UE</u>	<u>I.C.</u>	<u>Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes fitting and adjustment (used durable medical equipment)</u>
E0486	AAC+30%	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment ( <u>new equipment</u> )
<u>E0486</u>	<u>I.C.</u>	<u>Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment (rental)</u>
<u>E0486</u>	<u>I.C.</u>	<u>Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment (used durable medical equipment)</u>
E0487	AAC+30%	Spirometer, electronic, includes all accessories
<u>IPPB Machines</u>		
E0500RR	<del>103.14</del> <del>97.9</del> <del>7</del>	IPPB machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source (rental)
<u>Humidifiers/Compressors/Nebulizers for Use with Oxygen IPPB Equipment</u>		
E0550KH, KI	<del>40.04</del> <del>38.03</del>	Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery (capped rental)
E0550KJ	<del>30.03</del> <del>28.52</del>	Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery (capped rental)
E0550NU	<del>400.44</del> <del>399.30</del>	Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery (new equipment purchase)
E0550UE	<del>300.33</del> <del>299.48</del>	Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery (used durable medical equipment purchase)
E0555	AAC+30%	Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmeter
E0560NU	<del>138.91</del> <del>131.95</del>	Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery (new equipment)
E0560RR	<del>16.28</del> <del>15.46</del>	Humidifier, durable for supplemental humidification during IPPB

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Code	Rate	Description
		treatment or oxygen delivery (rental)
E0560UE	<del>104.18</del> <sup>98.96</sup>	Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery (used durable medical equipment)
E0561NU	<del>73.66</del> <sup>87.16</sup>	Humidifier, non-heated, used with positive airway pressure device (new equipment)
E0561RR	<del>7.36</del> <sup>8.70</sup>	Humidifier, non-heated, used with positive airway pressure device (rental)
E0561UE	<del>55.24</del> <sup>65.36</sup>	Humidifier, non-heated, used with positive airway pressure device (used durable medical equipment)
E0562NU	<del>189.83</del> <sup>245.34</sup>	Humidifier, heated, used with positive airway pressure device (new equipment)
E0562RR	<del>18.97</del> <sup>24.53</sup>	Humidifier, heated, used with positive airway pressure device (rental)
E0562UE	<del>142.37</del> <sup>184.00</sup>	Humidifier, heated, used with positive airway pressure device (used durable medical equipment)
E0565KH, KI	<del>50.84</del> <sup>54.45</sup>	Compressor, air power source for equipment which is not self-contained or cylinder driven (capped rental)
E0565KJ	<del>38.13</del> <sup>40.84</sup>	Compressor, air power source for equipment which is not self-contained or cylinder driven (capped rental)
E0565NU	<del>508.39</del> <sup>571.74</sup>	Compressor, air power source for equipment which is not self-contained or cylinder driven (new equipment purchase)
E0565UE	<del>381.29</del> <sup>428.80</sup>	Compressor, air power source for equipment which is not self-contained or cylinder driven (used durable medical equipment)
E0570KH, KI	<del>12.32</del> <sup>14.38</sup>	Nebulizer, with compressor (capped rental)
E0570KJ	<del>9.24</del> <sup>10.79</sup>	Nebulizer, with compressor (capped rental)
E0570NU	<del>123.17</del> <sup>151.04</sup>	Nebulizer, with compressor (new equipment purchase)
E0570UE	<del>92.37</del> <sup>113.26</sup>	Nebulizer, with compressor (used durable medical equipment purchase)
<del>E0571KH, KI</del>	<del>26.75</del>	<del>Aerosol compressor, battery powered, for use with small volume nebulizer (capped rental)</del>
<del>E0571KJ</del>	<del>20.06</del>	<del>Aerosol compressor, battery powered, for use with small volume nebulizer (capped rental)</del>
<del>E0571NU</del>	<del>280.87</del>	<del>Aerosol compressor, battery powered, for use with small volume nebulizer (new equipment purchase)</del>
<del>E0571UE</del>	<del>210.65</del>	<del>Aerosol compressor, battery powered, for use with small volume nebulizer (used durable medical equipment)</del>
E0572KH, KI	<del>34.83</del> <sup>33.99</sup>	Aerosol compressor, adjustable pressure, light duty for intermittent use (capped rental)
E0572KJ	<del>26.12</del> <sup>25.49</sup>	Aerosol compressor, adjustable pressure, light duty for intermittent use (capped rental)
E0572NU	<del>348.33</del> <sup>356.94</sup>	Aerosol compressor, adjustable pressure, light duty for intermittent use (new equipment purchase)
E0572UE	<del>261.25</del> <sup>267.</sup>	Aerosol compressor, adjustable pressure, light duty for intermittent

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Code	Rate	Description
	<del>68</del>	use (used durable medical equipment purchase)
E0574KH, KI	<del>37.8335.93</del>	Ultrasonic/electronic aerosol generator with small volume nebulizer (capped rental)
E0574KJ	<del>28.3826.95</del>	Ultrasonic/electronic aerosol generator with small volume nebulizer (capped rental)
E0574NU	<del>378.34377.</del>	Ultrasonic/electronic aerosol generator with small volume nebulizer (new equipment purchase)
E0574UE	<del>283.75282.</del>	Ultrasonic/electronic aerosol generator with small volume nebulizer (used durable medical equipment purchase)
<del>E0575RRE05</del> <del>75KH, KI</del>	<del>96.5891.73</del>	Nebulizer, ultrasonic, large volume ( <del>capped rental</del> rental)
<del>E0575KJ</del>	<del>72.43</del>	<del>Nebulizer, ultrasonic, large volume (capped rental rental)</del>
<del>E0575NU</del>	<del>965.77</del>	<del>Nebulizer, ultrasonic, large volume (new equipment purchase)</del>
<del>E0575UE</del>	<del>724.33</del>	<del>Nebulizer, ultrasonic, large volume (used durable medical equipment purchase)</del>
E0580NU	<del>107.29403.</del>	Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter (new equipment)
E0580RR	<del>10.7410.34</del>	Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter (rental)
E0580UE	<del>80.4677.32</del>	Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter (used durable medical equipment)
E0585KH, KI	<del>28.0126.60</del>	Nebulizer, with compressor and heater (capped rental)
E0585KJ	<del>21.0119.95</del>	Nebulizer, with compressor and heater (capped rental)
E0585NU	<del>280.08279.</del>	Nebulizer, with compressor and heater (new equipment purchase)
E0585UE	<del>210.06209.</del>	Nebulizer, with compressor and heater (used durable medical equipment purchase)
<u>Suction Pumps/Room and Vaporizers</u>		
E0600KH, KI	<del>43.0340.87</del>	Respiratory suction pump, home model, portable or stationary, electric (capped rental)
E0600KJ	<del>32.2730.65</del>	Respiratory suction pump, home model, portable or stationary, electric (capped rental)
E0600NU	<del>430.27429.</del>	Respiratory suction pump, home model, portable or stationary, electric (new equipment purchase)
E0600UE	<del>322.70321.</del>	Respiratory suction pump, home model, portable or stationary, electric (used durable medical equipment)
E0601KH, KI	<del>60.5079.00</del>	Continuous <u>positive</u> airway pressure (CPAP) device (capped rental) (humidifier not included)
E0601KJ	<del>45.3859.25</del>	Continuous <u>positive</u> airway pressure (CPAP) device (capped rental) (humidifier not included)
E0601NU	<del>605.03829.</del>	Continuous <u>positive</u> airway pressure (CPAP) device (new equipment purchase) (humidifier not included)
E0601UE	<del>453.77622.</del>	Continuous <u>positive</u> airway pressure (CPAP) device (used durable

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Code	Rate	Description
	<del>14</del>	medical equipment purchase) (humidifier not included)
E0602NU	<del>27.74</del> <del>26.35</del>	Breast pump, manual, any type (new equipment)
E0602RR	<del>2.79</del> <del>2.64</del>	Breast pump, manual, any type (rental)
E0602UE	<del>20.81</del> <del>19.76</del>	Breast pump, manual, any type (used durable medical equipment)
E0603NU	213.20	Breast pump, electric (AC and/or DC), any type
<del>E0604NU</del> <del>E0604RR</del>	<del>70.00</del> <del>363.9</del>	Breast pump, <del>heavy duty</del> , hospital grade, <del>piston operated</del> , <del>pulsatile</del> <del>vacuum suction/release cycles</del> , <del>vacuum regulator</del> , <del>supplies</del> , <del>transformer</del> , electric (AC and /-or DC), <del>any type</del> (rental) <del>new</del> <del>equipment purchase</del> )
E0605NU	<del>24.84</del> <del>23.59</del>	Vaporizer, room type (new equipment)
E0605RR	<del>2.50</del> <del>2.37</del>	Vaporizer, room type (rental)
E0605UE	<del>18.65</del> <del>17.71</del>	Vaporizer, room type (used durable medical equipment)
E0606KH, KI	<del>21.57</del> <del>20.48</del>	Postural drainage board (capped rental)
E0606KJ	<del>16.18</del> <del>15.36</del>	Postural drainage board (capped rental)
E0606NU	<del>215.73</del> <del>215.00</del>	Postural drainage board (new equipment purchase)
E0606UE	<del>161.80</del> <del>161.25</del>	Postural drainage board (used durable medical equipment purchase)
<u>Monitoring Equipment Devices</u>		
E0607NU	<del>62.78</del> <del>59.64</del>	Home blood glucose monitor (new equipment)
E0607RR	<del>6.27</del> <del>5.96</del>	Home blood glucose monitor (rental)
E0607UE	<del>47.08</del> <del>44.72</del>	Home blood glucose monitor (used durable medical equipment)
<u>Pacemaker Monitor</u>		
E0610NU	<del>189.98</del> <del>180.45</del>	Pacemaker monitor, self-contained, (checks battery depletion, includes audible and visible check systems) (new equipment)
E0610RR	<del>20.03</del> <del>19.03</del>	Pacemaker monitor, self-contained, (checks battery depletion, includes audible and visible check systems) (rental)
E0610UE	<del>142.50</del> <del>135.35</del>	Pacemaker monitor, self-contained, (checks battery depletion, includes audible and visible check systems) (used durable medical equipment)
E0615NU	<del>449.92</del> <del>427.35</del>	Pacemaker monitor, self contained, checks battery depletion and other pacemaker components, includes digital/visible check systems (new equipment)
E0615RR	<del>54.97</del> <del>52.22</del>	Pacemaker monitor, self contained, checks battery depletion and other pacemaker components, includes digital/visible check systems (rental)
E0615UE	<del>337.47</del> <del>320.52</del>	Pacemaker monitor, self contained, checks battery depletion and other pacemaker components, includes digital/visible check systems (used durable medical equipment)
E0616	AAC+30%	Implantable cardiac event recorder with memory, activator and programmer
E0617KH, KI	<del>285.70</del> <del>271.36</del>	External defibrillator with integrated electrocardiogram analysis (capped rental)

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Code	Rate	Description
E0617KJ	<del>214.28203.</del> 52	External defibrillator with integrated electrocardiogram analysis (capped rental)
E0617NU	<del>2,857.022.8</del> 49.31	External defibrillator with integrated electrocardiogram analysis (new equipment purchase)
E0617UE	<del>2,142.772.1</del> 36.98	External defibrillator with integrated electrocardiogram analysis (used durable medical equipment purchase)
E0617KHKF , KIKF	<del>317.22301.</del> 28	External defibrillator with integrated electrocardiogram analysis (capped rental) (FDA class III device)
E0617KJF,	<del>237.92225.</del> 96	External defibrillator with integrated electrocardiogram analysis (capped rental) (FDA class III device)
E0617NUKF	<del>3,172.203.1</del> 63.47	External defibrillator with integrated electrocardiogram analysis (new equipment purchase) (FDA class III device)
E0617UEKF	<del>2,379.152.3</del> 72.60	External defibrillator with integrated electrocardiogram analysis (used durable medical equipment purchase) (FDA class III device)
E0618KH, KI	<del>263.46250.</del> 21	Apnea monitor, without recording feature (capped rental)
E0618KJ	<del>195.45187.</del> 66	Apnea monitor, without recording feature (capped rental)
E0619KH, KI	224.28	Apnea monitor, with recording feature (capped rental)
E0619KJ	168.21	Apnea monitor, with recording feature (capped rental)
E0620NU	<del>821.53780.</del> 39	Skin piercing device for collection of capillary blood, laser, each (new equipment)
<del>E0620RR</del>	<del>82.1578.03</del>	<del>Skin piercing device for collection of capillary blood, laser, each (rental)</del>
E0620UE	<del>616.15585.</del> 29	Skin piercing device for collection of capillary blood, laser, each (used durable medical equipment)
<del>E0620KH, KI</del>	<del>81.27</del>	<del>Skin piercing device for collection of capillary blood, laser, each (capped rental) (for Medicare billing only)</del>
<del>E0620KJ</del>	<del>60.95</del>	<del>Skin piercing device for collection of capillary blood, laser, each (capped rental) (for Medicare billing only)</del>
<u>Patient Lifts</u>		
E0621NU	<del>80.2585.67</del>	Sling or seat, patient lift, canvas or nylon (new equipment)
E0621RR	<del>7.858.25</del>	Sling or seat, patient lift, canvas or nylon (rental)
E0621UE	<del>60.3664.58</del>	Sling or seat, patient lift, canvas or nylon (used durable medical equipment)
E0625NU	AAC+30%	Patient lift, bathroom or toilet, not otherwise classified (new equipment)
E0625RR	I.C.	Patient lift, bathroom or toilet, not otherwise classified (rental)
E0625UE	I.C.	Patient lift, bathroom or toilet, not otherwise classified (used durable medical equipment)
E0627NU	<del>278.85301.</del> 06	Seat lift mechanism, <del>electric, any type incorporated into a combination lift chair mechanism</del> (new equipment)
E0627RR	<del>27.8930.12</del>	Seat lift mechanism, <del>electric, any type incorporated into a</del>

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Code	Rate	Description
		<del>combination lift chair mechanism</del> (rental)
E0627UE	<del>209.14225.</del> 80	Seat lift mechanism, <del>electric, any type incorporated into a</del> <del>combination lift chair mechanism</del> (used durable medical equipment)
<del>E0628NU</del>	<del>287.97301.</del> 06	<del>Separate seat lift mechanism for use with patient owned furniture-</del> <del>electric (new equipment)</del>
<del>E0628RR</del>	<del>28.8030.12</del>	<del>Separate seat lift mechanism for use with patient owned furniture-</del> <del>electric (rental)</del>
<del>E0628UE</del>	<del>215.99225.</del> 80	<del>Separate seat lift mechanism for use with patient owned furniture-</del> <del>electric (used durable medical equipment)</del>
E0629NU	<del>279.55295.</del> 46	<del>Separate seat lift mechanism, for use with patient owned furniture-</del> non-electric, <del>any type</del> (new equipment)
E0629RR	<del>27.9629.52</del>	<del>Separate seat lift mechanism, for use with patient owned furniture-</del> non-electric, <del>any type</del> (rental)
E0629UE	<del>209.65221.</del> 35	<del>Separate seat lift mechanism, for use with patient owned furniture-</del> non-electric, <del>any type</del> (used durable medical equipment)
E0630KH, KI	<del>77.4590.93</del>	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s) (capped rental)
E0630KJ	<del>58.0968.20</del>	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s) (capped rental)
E0630NU	<del>774.52954.</del> 80	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s) (new equipment purchase)
E0630UE	<del>580.89716.</del> 40	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s) (used durable medical equipment purchase)
E0630RB	AAC+30%	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s) (replacement of a part of a DME furnished as part of a repair)
E0635KH, KI	<del>106.66109.</del> 24	Patient lift, electric with seat or sling (capped rental)
E0635KJ	<del>79.9981.94</del>	Patient lift, electric with seat or sling (capped rental)
E0635NU	<del>1,066.581.1</del> 46.68	Patient lift, electric with seat or sling (new equipment purchase)
E0635UE	<del>799.94860.</del> 04	Patient lift, electric with seat or sling (used durable medical equipment purchase)
E0635RB	AAC+30%	Patient lift, electric with seat or sling (replacement of a part of a DME furnished as part of a repair)
E0635U1	AAC+35%	Patient lift, electric with seat or sling (nonstandard lift involving customization, special orders, or special sizing requirements)
E0636KH, KI	<del>1,107.2694</del> 1.20	Multipositional patient support system, with integrated lift, patient accessible controls (capped rental)
E0636KJ	<del>830.45705.</del> 90	Multipositional patient support system, with integrated lift, patient accessible controls (capped rental)
E0636NU	<del>11,072.609.</del> 882.56	Multipositional patient support system, with integrated lift, patient accessible controls (new equipment purchase)
E0636UE	<del>8,304.457.4</del>	Multipositional patient support system, with integrated lift, patient



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Code	Rate	Description
E0636RB	<del>11.92</del> AAC+30%	accessible controls (used durable medical equipment purchase) Multipositional patient support system, with integrated lift, patient accessible controls (replacement of a part of a DME furnished as part of a repair)
E0637NU	2,104.97	Combination sit to stand system, any size including pediatric, with seat lift feature, with or without wheels (new equipment)
E0637RR	210.51	Combination sit to stand system, any size including pediatric, with seat lift feature, with or without wheels (rental)
E0637UE	1,578.72	Combination sit to stand system, any size including pediatric, with seat lift feature, with or without wheels (used durable medical equipment)
E0638NU	853.57	Standing frame system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels (new equipment)
E0638RR	85.36	Standing frame system, one position (e.g., upright, supine or prone stander), any size, with or without wheels (rental)
E0638UE	640.18	Standing frame system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels (used durable medical equipment)
E0639KH, KI E0639KJ	<del>123.32</del> AAC +35% <del>92.49</del>	Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories) ( <del>capped rental</del> ) <u>Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories) (capped rental)</u>
E0639NU	<del>1,233.20</del>	<u>Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories) (new equipment)</u>
E0639UE	<del>924.90</del>	<u>Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories) (used durable medical equipment purchase)</u>
E0640KH, KI E0640KJ	<del>123.32</del> AAC +35% <del>92.49</del>	Patient lift, fixed system, includes all components/accessories ( <del>capped rental</del> ) <u>Patient lift, fixed system, includes all components/accessories (capped rental)</u>
E0640NU	<del>1,233.20</del>	<u>Patient lift, fixed system, includes all components/accessories (new equipment)</u>
E0640UE	<del>924.90</del>	<u>Patient lift, fixed system, includes all components/accessories (used durable medical equipment purchase)</u>
E0641	AAC+30%	Standing frame system, multi-position (e.g. three-way stander), any size including pediatric, with or without wheels
E0642	AAC+30%	Standing frame system, mobile (dynamic stander), any size including pediatric
<u><del>Pneumatic Compressor and Appliances Devices</del></u>		
E0650NU	<del>676.77</del> <del>642.80</del>	Pneumatic compressor, non-segmental home model (new equipment)
E0650RR	<del>83.51</del> <del>79.34</del>	Pneumatic compressor, non-segmental home model (rental)

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Code	Rate	Description
E0650UE	<del>507.58</del> <del>482.09</del>	Pneumatic compressor, non-segmental home model (used durable medical equipment)
E0651NU	<del>733.56</del> <del>696.74</del>	Pneumatic compressor, segmental home model without calibrated gradient pressure (new equipment purchase)
E0651RR	<del>86.90</del> <del>82.54</del>	Pneumatic compressor, segmental home model without calibrated gradient pressure (rental)
E0651UE	<del>550.19</del> <del>522.55</del>	Pneumatic compressor, segmental home model without calibrated gradient pressure (used durable medical equipment)
E0652NU	<del>4,981.67</del> <del>4.7</del> <del>31.54</del>	Pneumatic compressor, segmental home model with calibrated gradient pressure (new equipment)
E0652RR	<del>418.49</del> <del>397.49</del>	Pneumatic compressor, segmental home model with calibrated gradient pressure (rental)
E0652UE	<del>3,732.92</del> <del>3.5</del> <del>45.49</del>	Pneumatic compressor, segmental home model with calibrated gradient pressure (used durable medical equipment)
E0655NU	<del>95.61</del> <del>90.81</del>	Non-segmental pneumatic appliance for use with pneumatic compressor, half arm (new equipment)
E0655RR	<del>10.13</del> <del>9.61</del>	Non-segmental pneumatic appliance for use with pneumatic compressor, half arm (rental)
E0655UE	<del>71.71</del> <del>68.10</del>	Non-segmental pneumatic appliance for use with pneumatic compressor, half arm (used durable medical equipment)
E0656NU	<del>542.98</del> <del>515.61</del>	Segmental pneumatic appliance for use with pneumatic compressor, trunk (new equipment)
<del>E0656RR</del>	<del>54.30</del> <del>51.50</del>	<del>Segmental pneumatic appliance for use with pneumatic compressor, trunk (rental)</del>
E0656UE	<del>407.24</del> <del>386.76</del>	Segmental pneumatic appliance for use with pneumatic compressor, trunk (used durable medical equipment)
<del>E0656KH,</del> <del>KI</del>	<del>54.30</del>	<del>Segmental pneumatic appliance for use with pneumatic compressor, trunk (rental) (for Medicare billing only)</del>
<del>E0656KJ</del>	<del>40.72</del>	<del>Segmental pneumatic appliance for use with pneumatic compressor, trunk (rental) (for Medicare billing only)</del>
E0657NU	<del>510.09</del> <del>484.40</del>	Segmental pneumatic appliance for use with pneumatic compressor, chest (new equipment)
<del>E0657RR</del>	<del>51.01</del> <del>48.36</del>	<del>Segmental pneumatic appliance for use with pneumatic compressor, chest (rental)</del>
E0657UE	<del>382.57</del> <del>363.32</del>	Segmental pneumatic appliance for use with pneumatic compressor, chest (used durable medical equipment)
<del>E0657KH,</del> <del>KI</del>	<del>51.01</del>	<del>Segmental pneumatic appliance for use with pneumatic compressor, chest (capped rental) (for Medicare billing only)</del>
<del>E0657KJ</del>	<del>38.26</del>	<del>Segmental pneumatic appliance for use with pneumatic compressor, chest (capped rental) (for Medicare billing only)</del>
E0660NU	<del>148.69</del> <del>141.23</del>	Non-segmental pneumatic appliance for use with pneumatic compressor, full leg (new equipment)
E0660RR	<del>13.28</del> <del>12.61</del>	Non-segmental pneumatic appliance for use with pneumatic compressor, full leg (rental)

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Code	Rate	Description
E0660UE	<del>111.53</del> <sup>105.92</sup>	Non-segmental pneumatic appliance for use with pneumatic compressor, full leg (used durable medical equipment)
E0665NU	<del>128.73</del> <sup>122.26</sup>	Non-segmental pneumatic appliance for use with pneumatic compressor, full arm (new equipment)
E0665RR	<del>12.42</del> <sup>11.80</sup>	Non-segmental pneumatic appliance for use with pneumatic compressor, full arm (rental)
E0665UE	<del>96.66</del> <sup>91.82</sup>	Non-segmental pneumatic appliance for use with pneumatic compressor, full arm (used durable medical equipment)
E0666NU	<del>129.77</del> <sup>123.23</sup>	Non-segmental pneumatic appliance for use with pneumatic compressor, half leg (new equipment)
E0666RR	<del>13.37</del> <sup>12.70</sup>	Non-segmental pneumatic appliance for use with pneumatic compressor, half leg (rental)
E0666UE	<del>97.34</del> <sup>92.45</sup>	Non-segmental pneumatic appliance for use with pneumatic compressor, half leg (used durable medical equipment)
E0667NU	<del>258.60</del> <sup>245.62</sup>	Segmental pneumatic appliance for use with pneumatic compressor, full leg
E0667RR	<del>34.36</del> <sup>32.63</sup>	Segmental pneumatic appliance for use with pneumatic compressor, full leg
E0667UE	<del>193.95</del> <sup>184.21</sup>	Segmental pneumatic appliance for use with pneumatic compressor, full leg
E0668NU	<del>415.23</del> <sup>394.37</sup>	Segmental pneumatic appliance for use with pneumatic compressor, full arm (new equipment)
E0668RR	<del>40.98</del> <sup>38.92</sup>	Segmental pneumatic appliance for use with pneumatic compressor, full arm (rental)
E0668UE	<del>311.43</del> <sup>295.79</sup>	Segmental pneumatic appliance for use with pneumatic compressor, full arm (used durable rental equipment)
E0669NU	<del>163.57</del> <sup>155.35</sup>	Segmental pneumatic appliance for use with pneumatic compressor, half leg (new equipment)
E0669RR	<del>16.36</del> <sup>15.54</sup>	Segmental pneumatic appliance for use with pneumatic compressor, half leg (rental)
E0669UE	<del>122.68</del> <sup>116.53</sup>	Segmental pneumatic appliance for use with pneumatic compressor, half leg (used durable rental equipment)
<u>E0670NU</u>	<u>1,004.05</u>	<u>Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk (new equipment purchase)</u>
<u>E0670RR</u>	<u>126.45</u>	<u>Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk (rental)</u>
<u>E0670UE</u>	<u>753.00</u>	<u>Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk (used durable medical equipment purchase)</u>
E0671NU	<del>390.30</del> <sup>370.70</sup>	Segmental gradient pressure pneumatic appliance, full leg (new equipment)
E0671RR	<del>39.05</del> <sup>37.08</sup>	Segmental gradient pressure pneumatic appliance, full leg (rental)
E0671UE	<del>292.71</del> <sup>278.02</sup>	Segmental gradient pressure pneumatic appliance, full leg (used durable rental equipment)

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Code	Rate	Description
E0672NU	<del>303.25288.</del> 04	Segmental gradient pressure pneumatic appliance, full arm (new equipment)
E0672RR	<del>30.3428.81</del>	Segmental gradient pressure pneumatic appliance, full arm (rental)
E0672UE	<del>227.46216.</del> 04	Segmental gradient pressure pneumatic appliance, full arm (used durable medical equipment)
E0673NU	<del>251.99239.</del> 34	Segmental gradient pressure pneumatic appliance, half leg (new equipment)
E0673RR	<del>25.2023.94</del>	Segmental gradient pressure pneumatic appliance, half leg (rental)
E0673UE	<del>189.02179.</del> 53	Segmental gradient pressure pneumatic appliance, half leg (used durable medical equipment)
E0675KH, KI	<del>361.35343.</del> 21	Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system) (capped rental)
E0675KJ	<del>271.01257.</del> 41	Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system) (capped rental)
E0675NU	<del>3,613.523.6</del> 03.74	Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system) (new equipment purchase)
E0675UE	<del>2,710.142.7</del> 02.80	Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system) (used durable medical equipment purchase)
E0676	AAC+30%	Intermittent limb compression device (includes all accessories), not otherwise specified
<b>Ultraviolet Cabinet Light</b>		
E0691NU	<del>844.39801.</del> 99	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection; treatment area two square feet or less (new equipment)
E0691RR	<del>84.4380.20</del>	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection; treatment area two square feet or less (rental)
E0691UE	<del>633.29601.</del> 49	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection; treatment area two square feet or less (used durable medical equipment purchase)
E0692NU	<del>1,060.321.0</del> 07.07	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, four foot panel (new equipment)
E0692RR	<del>106.02100.</del> 70	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, four foot panel (rental)
E0692UE	<del>795.23755.</del> 31	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, four foot panel (used durable medical equipment)
E0693NU	<del>1,307.081.2</del> 41.45	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, six foot panel (new equipment)
E0693RR	<del>130.71124.</del> 15	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, six foot panel (rental)
E0693UE	<del>980.31931.</del>	Ultraviolet light therapy system panel, includes bulbs/lamps, timer

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Code	Rate	Description
E0694NU	<del>09</del> <del>4,160.293</del> <del>9</del>	and eye protection, six foot panel (used durable medical equipment) Ultraviolet multidirectional light therapy system in six foot cabinet, includes bulbs/lamps, timer and eye protection (new equipment)
E0694RR	<del>51.40</del> <del>416.02395</del> <del>14</del>	Ultraviolet multidirectional light therapy system in six foot cabinet, includes bulbs/lamps, timer and eye protection (rental)
E0694UE	<del>3,120.242</del> <del>9</del> <del>63.58</del>	Ultraviolet multidirectional light therapy system in six foot cabinet, includes bulbs/lamps, timer and eye protection (used durable medical equipment)
<u>Safety Equipment</u>		
E0700	AAC+30%	Safety equipment (e.g., belt, harness or vest)
E0705NU	<del>45.7948</del> <del>99</del>	Transfer device, any type, each (new equipment)
E0705RR	<del>4.635</del> <del>01</del>	Transfer device, any type, each (rental)
E0705UE	<del>33.9736</del> <del>02</del>	Transfer device, any type, each (used durable medical equipment)
<u>Restraints</u>		
E0710	AAC+20%	Restraints, any type (body, chest, wrist or ankle)
<u><del>Transcutaneous and Neuromuscular Electrical Nerve Stimulators and Devices—TENS</del></u>		
E0720NU	<del>268.58328</del> <del>07</del>	Transcutaneous electrical nerve stimulation (TENS) device, two lead, localized stimulation (new equipment)
E0730NU	<del>251.77330</del> <del>73</del>	Transcutaneous electrical nerve stimulation (TENS) device, four or more leads, for multiple nerve stimulation (new equipment)
E0731NU	<del>245.57270</del> <del>59</del>	Form fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from the patient's skin by layers of fabric) (new equipment)
E0740NU	<del>491.47466</del> <del>66</del>	<del>Incontinence treatment system, Non-implanted</del> pelvic floor stimulator, <del>monitor, sensor and/or trainer complete system</del> (new equipment)
E0740RR	<del>49.1546</del> <del>67</del>	<del>Incontinence treatment system, pelvic floor stimulator, monitor,</del> <del>sensor and/or trainer (rental)</del>
E0740UE	<del>368.60350</del> <del>02</del>	<del>Incontinence treatment system, Non-implanted</del> pelvic floor stimulator, <del>monitor, sensor and/or trainer complete system</del> (used durable medical equipment)
<u>E0740KH,</u> <u>KI</u>	<u>49.15</u>	<u>Non-implanted Incontinence treatment system, pelvic floor stimulator,</u> <u>monitor, sensor and/or trainer (capped rental) (for Medicare billing</u> <u>only)</u>
<u>E0740KJ</u>	<u>36.86</u>	<u>Non-implanted Incontinence treatment system, pelvic floor</u> <u>stimulator, monitor, sensor and/or trainer capped rental) (for</u> <u>Medicare billing only)</u>
E0744KH, KI	<del>86.0581</del> <del>73</del>	Neuromuscular stimulator for scoliosis (capped rental)
E0744KJ	<del>64.5361</del> <del>30</del>	Neuromuscular stimulator for scoliosis (capped rental)
E0744NU	<del>860.46858</del> <del>14</del>	Neuromuscular stimulator for scoliosis (new equipment purchase)
E0744UE	<del>645.35643</del> <del>60</del>	Neuromuscular stimulator for scoliosis (new equipment purchase)
E0745KH,	<del>84.1279</del> <del>89</del>	Neuromuscular stimulator, electronic shock unit (capped rental)

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Code	Rate	Description
KI		
E0745KJ	<del>63.09</del> <sup>59.92</sup>	Neuromuscular stimulator, electronic shock unit (capped rental)
E0745NU	<del>841.16</del> <sup>838.86</sup>	Neuromuscular stimulator, electronic shock unit (new equipment purchase)
E0745UE	<del>630.87</del> <sup>629.45</sup>	Neuromuscular stimulator, electronic shock unit (used durable medical equipment purchase)
E0746	AAC+30%	Electromyography (EMG), biofeedback device
E0747NUKF	<del>3,127.88</del> <sup>2,970.83</sup>	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications (new equipment) (FDA class III device)
E0747RRKF	<del>310.82</del> <sup>295.22</sup>	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications (rental) (FDA class III device)
E0747UEKF	<del>2,323.96</del> <sup>2,207.27</sup>	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications (used durable medical equipment) (FDA class III device)
E0748NUKF	<del>3,656.03</del> <sup>3,472.45</sup>	Osteogenesis stimulator, electrical, non-invasive, spinal applications (new equipment) (FDA class III device)
E0748RRKF	<del>365.59</del> <sup>347.24</sup>	Osteogenesis stimulator, electrical, non-invasive, spinal applications (rental) (FDA class III device)
E0748UEKF	<del>2,742.02</del> <sup>2,604.35</sup>	Osteogenesis stimulator, electrical, non-invasive, spinal applications (used durable medical equipment) (FDA class III device)
E0749KHKF	<del>267.21</del> <sup>253.80</sup>	Osteogenesis stimulator, electrical, surgically implanted (capped rental) (FDA class III device)
E0749KJKF	<del>200.41</del> <sup>190.35</sup>	Osteogenesis stimulator, electrical, surgically implanted (capped rental) (FDA class III device)
E0749NUKF	<del>2,672.15</del> <sup>2,649.92</sup>	Osteogenesis stimulator, electrical, surgically implanted (new equipment purchase) (FDA class III device)
E0749UEKF	<del>2,004.11</del> <sup>1,998.69</sup>	Osteogenesis stimulator, electrical, surgically implanted (used durable medical equipment purchase) (FDA class III device)
E0755	AAC+30%	Electronic salivary reflex stimulator (intra-oral/non-invasive)
E0760NUKF	<del>3,038.10</del> <sup>2,885.55</sup>	Ostogenesis stimulator, low intensity ultrasound, non-invasive (new equipment) (FDA class III device)
E0760RRKF	<del>303.82</del> <sup>288.57</sup>	Ostogenesis stimulator, low intensity ultrasound, non-invasive (rental) (FDA class III device)
E0760UEKF	<del>2,278.55</del> <sup>2,164.16</sup>	Ostogenesis stimulator, low intensity ultrasound, non-invasive (used durable medical equipment) (FDA class III device)
E0761	AAC+30%	Non-thermal pulsed high frequency radiowaves, high peak power electromagnetic energy treatment device
E0762NU	<del>878.22</del> <sup>834.46</sup>	Transcutaneous electrical joint stimulation device system, includes all accessories (new equipment)
<del>E0762RR</del>	<del>87.82</del> <sup>83.42</sup>	<del>Transcutaneous electrical joint stimulation device system, includes all accessories (rental)</del>
E0762UE	<del>658.67</del> <sup>625.60</sup>	Transcutaneous electrical joint stimulation device system, includes all accessories (used durable medical equipment)



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Code	Rate	Description
		<del>accessories (used durable medical equipment)</del>
<u>E0762KH,</u> <u>KI</u>	<u>87.82</u>	<u>Transcutaneous electrical joint stimulation device system, includes all</u>
<u>E0762KJ</u>	<u>65.87</u>	<u>accessories (capped rental) (for Medicare billing only)</u>
		<u>Transcutaneous electrical joint stimulation device system, includes all</u>
		<u>accessories (capped rental) (for Medicare billing only)</u>
E0764NUKF	<del>10,399.169,</del> <del>877.14</del>	Functional neuromuscular stimulator, transcutaneous stimulation of muscles of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program (new equipment) (FDA class III device)
<del>E0764RRKF</del>	<del>1,039.9298</del> <del>7.70</del>	<del>Functional neuromuscular stimulator, transcutaneous stimulation of muscles of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program (rental) (FDA class III device)</del>
E0764UEKF	<del>7,799.377,4</del> <del>07.86</del>	Functional neuromuscular stimulator, transcutaneous stimulation of muscles of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program (used durable medical equipment) (FDA class III device)
<u>E0764KHKF</u> <u>, KIKF</u>	<u>1,039.92</u>	<u>Functional neuromuscular stimulator, transcutaneous stimulation of muscles of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program (capped rental) (FDA class III device) (for Medicare billing only)</u>
<u>E0764KJKF</u>	<u>779.93</u>	<u>Functional neuromuscular stimulator, transcutaneous stimulation of muscles of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program (capped rental) (FDA class III device) (for Medicare billing only)</u>
E0765NU	<del>79.0675.09</del>	FDA approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting (new equipment)
E0765RR	<del>7.917.52</del>	FDA approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting (rental)
E0765UE	<del>59.3156.34</del>	FDA approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting (used durable medical equipment)
<u>E0766RRKF</u>	<u>307.46</u>	<u>Electrical stimulation device used for cancer treatment, includes all accessories, any type (rental) (FDA Class III device)</u>
E0769	AAC+30%	Electrical stimulation or electromagnetic wound treatment device, not otherwise classified
E0770NU	AAC+30%	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified (new equipment)
<u>Infusion Supplies</u>		
E0776NU	<del>125.81427.</del> <del>77</del>	IV pole (new equipment)
E0776RR	<del>14.6246.64</del>	IV pole (rental)

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Code	Rate	Description
E0776UE	<del>93.41</del> <u>94.01</u>	IV pole (used durable medical equipment)
E0776NUBA	<del>68.49</del> <u>84.03</u>	IV pole (new equipment) (item furnished in conjunction with parenteral enteral nutrition (PEN) services)
E0776RRBA	<del>13.62</del> <u>21.27</u>	IV pole (rental) (item furnished in conjunction with parenteral enteral nutrition (PEN) services)
E0776UEBA	<del>51.37</del> <u>63.03</u>	IV pole (used durable medical equipment) (item furnished in conjunction with parenteral enteral nutrition (PEN) services)
<del>E0776NUKE</del>	<del>97.50</del>	<del>IV pole (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
<del>E0776RRKE</del>	<del>24.68</del>	<del>IV pole (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
<del>E0776UEKE</del>	<del>73.13</del>	<del>IV pole (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E0779KH, KI	<del>15.45</del> <u>14.93</u>	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater (capped rental)
E0779KJ	<del>11.59</del> <u>11.20</u>	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater (capped rental)
E0779NU	<del>154.53</del> <u>156.81</u>	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater (new equipment purchase)
E0779UE	<del>115.90</del> <u>117.61</u>	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater (used durable medical equipment)
E0780NU	<del>9.70</del> <u>9.26</u>	Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours (new equipment)
E0781KH, KI	<del>204.36</del> <u>200.93</u>	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient (capped rental)
E0781KJ	<del>153.27</del> <u>150.70</u>	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient (capped rental)
E0781NU	<del>2,043.57</del> <u>2,109.78</u>	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient (new equipment purchase)
E0781UE	<del>1,532.68</del> <u>1,582.34</u>	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient
E0782NUKF	<del>3,429.28</del> <u>3,257.09</u>	Infusion pump, implantable, non-programmable (includes all components, e.g., pump, catheter, connectors, etc.) (new equipment) (FDA class III device)
E0782RRKF	<del>342.94</del> <u>325.73</u>	Infusion pump, implantable, non-programmable (includes all components, e.g., pump, catheter, connectors, etc.) (rental) (FDA class III device)
E0782UEKF	<del>2,571.96</del> <u>2,442.82</u>	Infusion pump, implantable, non-programmable (includes all components, e.g., pump, catheter, connectors, etc.) (used durable

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Code	Rate	Description
E0783NUKF	<del>7,693.097,3</del> <del>06.82</del>	medical equipment) (FDA class III device) Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.) (new equipment) (FDA class III device)
E0783RRKF	<del>769.33730.</del> <del>69</del>	Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.) (rental) (FDA class III device)
E0783UEKF	<del>5,769.835,4</del> <del>80.12</del>	Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.) (used durable medical equipment) (FDA class III device)
E0784KH, KI	<del>373.94438.</del> <del>45418.23</del>	External ambulatory infusion pump, insulin (capped rental)
E0784KJ	<del>280.46328.</del> <del>84 212.50</del> <del>313.50</del>	External ambulatory infusion pump, insulin (capped rental)
E0784NU	<del>3,739.414,6</del> <del>03.73</del> <del>4603.76</del> <del>37,3739.41</del>	External ambulatory infusion pump, insulin (new equipment purchase)
<u>E0784UE</u>	<u>2,804.56</u>	<u>External ambulatory infusion pump, insulin (used durable medical equipment)</u>
E0785KF	<del>444.01421.</del> <del>71</del>	Implantable intraspinal (epidural/intrathecal) catheter used with implantable infusion pump, replacement (FDA class III device)
E0786NUKF	<del>7,233.306,8</del> <del>70.11</del>	Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter) (new equipment) (FDA class III device)
E0786RRKF	<del>723.32687.</del> <del>01</del>	Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter) (rental) (FDA class III device)
E0786UEKF	<del>5,425.005,1</del> <del>52.60</del>	Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter) (used durable medical equipment) (FDA class III device)
E0791KH, KI	<del>265.68282.</del> <del>21</del>	Parenteral infusion pump, stationary, single or multi-channel (capped rental)
E0791KJ	<del>199.26211.</del> <del>66</del>	Parenteral infusion pump, stationary, single or multi-channel (capped rental)
E0791NU	<del>2,656.762,9</del> <del>63.19</del>	Parenteral infusion pump, stationary, single or multi-channel (new equipment purchase)
E0791UE	<del>1,992.572,2</del> <del>22.39</del>	Parenteral infusion pump, stationary, single or multi-channel (used durable medical equipment)
<u>Traction Equipment—All Types</u>		
E0830NU	AAC+30%	Ambulatory traction device, all types, each
<u>Traction—Cervical</u>		
E0840NU	<del>68.8465.40</del>	Traction frame, attached to headboard, cervical traction (new equipment)

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Code	Rate	Description
E0840RR	<del>13.66</del> <del>12.97</del>	Traction frame, attached to headboard, cervical traction (rental)
E0840UE	<del>51.61</del> <del>49.03</del>	Traction frame, attached to headboard, cervical traction (used durable medical equipment)
E0849NU	<del>484.33</del> <del>459.92</del>	Traction equipment, cervical, freestanding stand/frame, pneumatic, applying traction force to other than mandible (new equipment)
<del>E0849RR</del>	<del>48.43</del> <del>45.99</del>	<del>Traction equipment, cervical, freestanding stand/frame, pneumatic, applying traction force to other than mandible (rental)</del>
E0849UE	<del>363.25</del> <del>344.94</del>	Traction equipment, cervical, freestanding stand/frame, pneumatic, applying traction force to other than mandible (used durable medical equipment)
<del>E0849KH, KI</del>	<del>48.43</del>	<del>Traction equipment, cervical, freestanding stand/frame, pneumatic, applying traction force to other than mandible (capped rental) (for Medicare billing only)</del>
<del>E0849KKJ</del>	<del>36.33</del>	<del>Traction equipment, cervical, freestanding stand/frame, pneumatic, applying traction force to other than mandible (capped rental) (for Medicare billing only)</del>
E0850NU	<del>98.71</del> <del>93.76</del>	Traction stand, free standing, cervical traction (new equipment)
E0850RR	<del>11.53</del> <del>10.95</del>	Traction stand, free standing, cervical traction (rental)
E0850UE	<del>74.04</del> <del>70.33</del>	Traction stand, free standing, cervical traction (used durable medical equipment)
E0855NU	<del>472.26</del> <del>448.60</del>	Cervical traction equipment not requiring additional stand or frame (new equipment)
<del>E0855RR</del>	<del>47.23</del> <del>44.85</del>	<del>Cervical traction equipment not requiring additional stand or frame (rental)</del>
E0855UE	<del>354.20</del> <del>336.44</del>	Cervical traction equipment not requiring additional stand or frame (used durable medical equipment)
<del>E0855KH, KI</del>	<del>47.23</del>	<del>Cervical traction equipment not requiring additional stand or frame (capped rental) (for Medicare billing only)</del>
<del>E0855KJ</del>	<del>35.42</del>	<del>Cervical traction equipment not requiring additional stand or frame (capped rental) (for Medicare billing only)</del>
E0856NU	<del>144.59</del> <del>137.47</del>	Cervical traction device, <del>cervical collar</del> with inflatable air bladder(s) (new equipment)
<del>E0856RR</del>	<del>14.46</del> <del>13.76</del>	<del>Cervical traction device, cervical collar with inflatable air bladder(s) (rental)</del>
E0856UE	<del>108.44</del> <del>103.44</del>	Cervical traction device, <del>cervical collar</del> with inflatable air bladder(s) (used durable medical equipment)
<del>E0856KH, KI</del>	<del>14.46</del>	<del>Cervical traction device, cervical collar with inflatable air bladder (capped rental) (for Medicare billing only)</del>
<del>E0856KJ</del>	<del>10.85</del>	<del>Cervical traction device, cervical collar with inflatable air bladder (capped rental) (for Medicare billing only)</del>
<del>Traction—Overdoor</del>		
E0860NU	<del>36.21</del> <del>34.39</del>	Traction equipment, overdoor, cervical (new equipment)
E0860RR	<del>6.12</del> <del>5.81</del>	Traction equipment, overdoor, cervical (rental)
E0860UE	<del>27.73</del> <del>26.34</del>	Traction equipment, overdoor, cervical (used durable medical

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Code	Rate	Description
		equipment)
<u><del>Traction—Extremity</del></u>		
E0870NU	<del>109.30</del> 103. 81	Traction frame, attached to footboard, extremity traction, (e.g. buck's) (new equipment)
E0870RR	<del>12.61</del> 11.96	Traction frame, attached to footboard, extremity traction, (e.g. buck's) (rental)
E0870UE	<del>82.34</del> 78.20	Traction frame, attached to footboard, extremity traction, (e.g. buck's) (used durable medical equipment)
E0880NU	<del>117.97</del> 112. 05	Traction stand, free standing, extremity traction, (e.g., buck's) (new equipment)
E0880RR	<del>18.52</del> 17.60	Traction stand, free standing, extremity traction, (e.g., buck's) (rental)
E0880UE	<del>89.29</del> 84.80	Traction stand, free standing, extremity traction, (e.g., buck's) (used durable medical equipment)
<u><del>Traction—Pelvic</del></u>		
E0890NU	<del>113.14</del> 107. 47	Traction frame, attached to footboard, pelvic traction (new equipment)
E0890RR	<del>30.86</del> 29.30	Traction frame, attached to footboard, pelvic traction (rental)
E0890UE	<del>91.14</del> 86.56	Traction frame, attached to footboard, pelvic traction (used durable medical equipment)
E0900NU	<del>120.40</del> 114. 35	Traction stand, free standing, pelvic traction, (e.g., buck's) (new equipment)
E0900RR	<del>25.96</del> 24.65	Traction stand, free standing, pelvic traction, (e.g., buck's) (rental)
E0900UE	<del>90.33</del> 85.79	Traction stand, free standing, pelvic traction, (e.g., buck's) (used durable medical equipment)
<u><del>Trapeze Equipment, Fracture Frame, and Other Orthopedic Devices</del></u>		
E0910KH, KI	<del>13.30</del> 15.39	Trapeze bars, a/k/a patient helper, attached to bed, with grab bar (capped rental)
E0910KJ	<del>9.98</del> 11.54	Trapeze bars, a/k/a patient helper, attached to bed, with grab bar (capped rental)
E0910NU	<del>133.03</del> 161. 54	Trapeze bars, a/k/a patient helper, attached to bed, with grab bar (new equipment purchase)
E0910UE	<del>99.77</del> 121.1 6	Trapeze bars, a/k/a patient helper, attached to bed, with grab bar (used durable medical equipment purchase)
E0911KH, KI	<del>37.63</del> 38.34	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed with grab bar (capped rental)
E0911KJ	<del>28.22</del> 28.76	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed with grab bar (capped rental)
E0911NU	<del>376.30</del> 402. 61	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed with grab bar (new equipment purchase)
E0911UE	<del>282.23</del> 301. 96	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed with grab bar (used durable medical equipment purchase)
E0912KH, KI	<del>83.56</del> 88.06	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar (capped rental)

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Code	Rate	Description
E0912KJ	<del>62.67</del> <del>66.04</del>	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar (capped rental)
E0912NU	<del>835.64</del> <del>924.63</del>	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar (new equipment purchase)
E0912UE	<del>626.73</del> <del>693.47</del>	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar (used durable medical equipment purchase)
E0920KH, KI	<del>43.37</del> <del>41.18</del>	Fracture frame, attached to bed, includes weights (capped rental)
E0920KJ	<del>32.53</del> <del>30.89</del>	Fracture frame, attached to bed, includes weights (capped rental)
E0920NU	<del>433.67</del> <del>432.42</del>	Fracture frame, attached to bed, includes weights (new equipment purchase)
E0920UE	<del>325.25</del> <del>324.31</del>	Fracture frame, attached to bed, includes weights (used durable medical equipment purchase)
E0930KH, KI	<del>42.93</del> <del>40.77</del>	Fracture frame, free standing, includes weights (capped rental)
E0930KJ	<del>32.20</del> <del>30.58</del>	Fracture frame, free standing, includes weights (capped rental)
E0930NU	<del>429.25</del> <del>428.13</del>	Fracture frame, free standing, includes weights (new equipment purchase)
E0930UE	<del>321.94</del> <del>321.10</del>	Fracture frame, free standing, includes weights (used durable medical equipment)
E0935RR	<del>21.37</del> <del>20.29</del>	Continuous passive motion exercise device for use on knee only (daily rental)
E0936	AAC+30%	Continuous passive motion exercise device for use other than knee
E0940KH, KI	<del>23.36</del> <del>26.75</del>	Trapeze bar, free standing, complete with grab bar (capped rental)
E0940KJ	<del>17.52</del> <del>20.06</del>	Trapeze bar, free standing, complete with grab bar (capped rental)
E0940NU	<del>233.58</del> <del>280.87</del>	Trapeze bar, free standing, complete with grab bar (new equipment purchase)
E0940UE	<del>175.19</del> <del>210.65</del>	Trapeze bar, free standing, complete with grab bar (used durable medical equipment purchase)
E0941KH, KI	<del>34.29</del> <del>32.93</del>	Gravity assisted traction device, any type (capped rental)
E0941KJ	<del>25.72</del> <del>24.79</del>	Gravity assisted traction device, any type (capped rental)
E0941NU	<del>342.89</del> <del>345.75</del>	Gravity assisted traction device, any type (new equipment purchase)
E0941UE	<del>257.17</del> <del>259.32</del>	Gravity assisted traction device, any type (used durable medical equipment purchase)
E0942NU	<del>18.65</del> <del>17.71</del>	Cervical head harness/halter (new equipment)
E0942RR	<del>1.88</del> <del>1.78</del>	Cervical head harness/halter (rental)
E0942UE	<del>13.97</del> <del>13.28</del>	Cervical head harness/halter (used durable medical equipment)
E0944NU	<del>43.10</del> <del>40.94</del>	Pelvic belt/harness/boot (new equipment)
E0944RR	<del>3.73</del> <del>3.54</del>	Pelvic belt/harness/boot (rental)



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Code	Rate	Description
E0944UE	<del>32.33</del> <del>30.70</del>	Pelvic belt/harness/boot (used durable medical equipment)
E0945NU	<del>41.65</del> <del>39.56</del>	Extremity belt/harness (new equipment)
E0945RR	<del>3.54</del> <del>3.37</del>	Extremity belt/harness (rental)
E0945UE	<del>32.23</del> <del>30.63</del>	Extremity belt/harness (used durable medical equipment)
E0946KH, KI	<del>55.60</del> <del>52.80</del>	Fracture, frame, dual with cross bars, attached to bed, (e.g. balken, 4 poster) (capped rental)
E0946KJ	<del>41.70</del> <del>39.60</del>	Fracture, frame, dual with cross bars, attached to bed, (e.g. balken, 4 poster) (capped rental)
E0946NU	<del>555.99</del> <del>554.42</del>	Fracture, frame, dual with cross bars, attached to bed, (e.g. balken, 4 poster) (new equipment purchase)
E0946UE	<del>416.99</del> <del>415.82</del>	Fracture, frame, dual with cross bars, attached to bed, (e.g. balken, 4 poster) (used durable medical equipment purchase)
E0947NU	<del>569.88</del> <del>541.26</del>	Fracture frame, attachments for complex pelvic traction (new equipment)
E0947RR	<del>59.08</del> <del>56.13</del>	Fracture frame, attachments for complex pelvic traction (rental)
E0947UE	<del>427.40</del> <del>405.94</del>	Fracture frame, attachments for complex pelvic traction (used durable medical equipment)
E0948NU	<del>551.21</del> <del>523.53</del>	Fracture frame, attachments for complex cervical traction (new equipment)
E0948RR	<del>55.10</del> <del>52.33</del>	Fracture frame, attachments for complex cervical traction
E0948UE	<del>388.76</del> <del>369.23</del>	Fracture frame, attachments for complex cervical traction (used durable medical equipment)
Wheelchair Accessories (see also K0001-K0109)		
E0950NU	<del>81.53</del> <del>79.96</del>	Wheelchair accessory, tray, each (new equipment) (standard tray)
E0950U1	AAC+35%	Wheelchair accessory, tray, each (nonstandard tray for customized mobility system)
<del>E0950NUKE</del>	<del>92.78</del>	<del>Wheelchair accessory, tray, each (new equipment) (standard tray) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E0950RR	<del>8.16</del> <del>8.01</del>	Wheelchair accessory, tray, each (rental)
<del>E0950RRKE</del>	<del>9.29</del>	<del>Wheelchair accessory, tray, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E0950UE	<del>61.15</del> <del>59.98</del>	Wheelchair accessory, tray, each (used durable medical equipment)
<del>E0950UEKE</del>	<del>69.59</del>	<del>Wheelchair accessory, tray, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E0951NU	<del>14.31</del> <del>14.46</del>	Heel loop/holder, any type, with or without ankle strap, each (new equipment)
<del>E0951NUKE</del>	<del>17.93</del>	<del>Heel loop/holder, any type, with or without ankle strap, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E0951RR	<del>1.55</del> <del>1.77</del>	Heel loop/holder, any type, with or without ankle strap, each (rental)
<del>E0951RRKE</del>	<del>2.06</del>	<del>Heel loop/holder, any type, with or without ankle strap, each (rental)</del>

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Code	Rate	Description
E0951UE	<del>10.73</del> 11.58	<del>(bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del> Heel loop/holder, any type, with or without ankle strap, each (used durable medical equipment)
<del>E0951UEKE</del>	<del>13.44</del>	<del>Heel loop/holder, any type, with or without ankle strap, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E0952NU	<del>15.72</del> 15.29	Toe loop/holder, any type, each (new equipment)
<del>E0952NUKE</del>	<del>17.73</del>	<del>Toe loop/holder, any type, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E0952RR	<del>1.70</del> 1.77	Toe loop/holder, any type, each (rental)
<del>E0952RRKE</del>	<del>2.06</del>	<del>Toe loop/holder, any type, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E0952UE	<del>11.78</del> 11.46	Toe loop/holder, any type, each (used durable medical equipment)
<del>E0952UEKE</del>	<del>13.29</del>	<del>Toe loop/holder, any type, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E0955NU	<del>160.42</del> 182.97	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each (new equipment)
<del>E0955NUKE</del>	<del>212.29</del>	<del>Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
<del>E0955RR</del>	<del>16.05</del> 18.31	<del>Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each (rental)</del>
<del>E0955RRKE</del>	<del>21.24</del>	<del>Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E0955UE	<del>120.31</del> 137.23	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each (used durable medical equipment)
<del>E0955KH, KI</del>	<del>16.05</del>	<del>Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each (capped rental) (for Medicare billing only)</del>
<del>E0955KJ</del>	<del>12.04</del>	<del>Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each (capped rental) (for Medicare billing only)</del>
<del>E0955UEKE</del>	<del>159.21</del>	<del>Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E0956NU	<del>86.78</del> 89.21	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each (new equipment)

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Code	Rate	Description
<del>E0965NUKE</del>	<del>103.51</del>	<del>Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E0956RR	<del>8.688.93</del>	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each (rental)
<del>E0965RRKE</del>	<del>10.36</del>	<del>Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E0956UE	<del>65.0966.91</del>	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each (used durable medical equipment)
<del>E0965UEKE</del>	<del>77.63</del>	<del>Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E0957NU	<del>122.46124.83</del>	Wheelchair accessory, medial thigh support, any type, including any type mounting hardware (new equipment)
<del>E0957NUKE</del>	<del>144.83</del>	<del>Wheelchair accessory, medial thigh support, any type, including any type mounting hardware (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E0957RR	<del>12.2512.48</del>	Wheelchair accessory, medial thigh support, any type, including any type mounting hardware (rental)
<del>E0957RRKE</del>	<del>14.48</del>	<del>Wheelchair accessory, medial thigh support, any type, including any type mounting hardware (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E0957UE	<del>91.8593.62</del>	Wheelchair accessory, medial thigh support, any type, including any type mounting hardware (used durable medical equipment)
<del>E0957UEKE</del>	<del>108.62</del>	<del>Wheelchair accessory, medial thigh support, any type, including any type mounting hardware (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E0958KH, KI	<del>40.9238.94</del>	Manual wheelchair accessory, one-arm drive attachment, each (capped rental)
E0958KJ	<del>30.6929.20</del>	Manual wheelchair accessory, one-arm drive attachment, each (capped rental)
E0958NU	<del>409.20408.87</del>	Manual wheelchair accessory, one-arm drive attachment, each (new equipment purchase)
E0958UE	<del>306.90306.65</del>	Manual wheelchair accessory, one-arm drive attachment, each (used durable medical equipment purchase)
E0959NU	<del>45.4646.42</del>	Manual wheelchair accessory, adapter for amputee, each (new

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Code	Rate	Description
		equipment)
E0959RR	<del>4.264.11</del>	Manual wheelchair accessory, adapter for amputee, each (rental)
E0959UE	<del>34.2635.13</del>	Manual wheelchair accessory, adapter for amputee, each (used durable medical equipment)
E0960NU	<del>76.1382.34</del>	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware, each (new equipment)
<del>E0960NUKE</del>	<del>95.53</del>	<del>Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E0960RR	<del>7.628.24</del>	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware, each (rental)
<del>E0960RRKE</del>	<del>9.56</del>	<del>Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E0960UE	<del>57.1161.76</del>	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware, each (used durable medical equipment)
<del>E0960UEKE</del>	<del>71.65</del>	<del>Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E0961NU	<del>25.1731.23</del>	Manual wheelchair accessory, wheel lock brake extension (handle), each (new equipment)
E0961RR	<del>2.332.77</del>	Manual wheelchair accessory, wheel lock brake extension (handle), each (rental)
E0961UE	<del>13.5313.26</del>	Manual wheelchair accessory, wheel lock brake extension (handle), each (used durable medical equipment)
E0966NU	<del>72.7774.94</del>	Manual wheelchair accessory, headrest extension, each (new equipment)
E0966RR	<del>6.996.95</del>	Manual wheelchair accessory, headrest extension, each (rental)
E0966UE	<del>54.5856.20</del>	Manual wheelchair accessory, headrest extension, each (used durable medical equipment)
E0967NU	<del>68.9368.97</del>	Manual wheelchair accessory, hand rim with projections, any type, <u>replacement only</u> , each (new equipment)
E0967RR	<del>6.906.90</del>	Manual wheelchair accessory, hand rim with projections, any type, <u>replacement only</u> , each (rental)
E0967UE	<del>51.6951.71</del>	Manual wheelchair accessory, hand rim with projections, any type, <u>replacement only</u> , each (used durable medical equipment)
E0968KH, KI	<del>18.7317.79</del>	Commode seat, wheelchair (capped rental)
E0968KJ	<del>14.0513.34</del>	Commode seat, wheelchair (capped rental)
E0968NU	<del>187.30186.</del>	Commode seat, wheelchair (new equipment purchase)

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Code	Rate	Description
E0968UE	<del>140.48</del> <sup>80</sup>	Commode seat, wheelchair (used durable medical equipment purchase)
E0969NU	<del>173.16</del> <sup>40</sup>	Narrowing device, wheelchair (new equipment)
E0969RR	<del>14.61</del> <sup>46</sup>	Narrowing device, wheelchair (rental)
E0969UE	<del>129.88</del> <sup>35</sup>	Narrowing device, wheelchair (used durable medical equipment)
E0970NU	33.84	No.2 footplates, except for elevating leg rest (new equipment) (see K0037 & K0042)
E0970RR	3.04	No.2 footplates, except for elevating leg rest (rental)
E0970UE	25.38	No.2 footplates, except for elevating leg rest (used durable medical equipment)
E0971NU	<del>39.76</del> <sup>45</sup>	Manual wheelchair accessory, anti-tipping device, each (new equipment)
E0971RR	<del>3.98</del> <sup>4</sup>	Manual wheelchair accessory, anti-tipping device, each (rental)
E0971UE	<del>29.83</del> <sup>4</sup>	Manual wheelchair accessory, anti-tipping device, each (used durable medical equipment)
E0972NU	54.89	Wheelchair accessory, transfer board or device, each (new equipment)
E0972RR	5.61	Wheelchair accessory, transfer board or device, each (rental)
E0972UE	40.36	Wheelchair accessory, transfer board or device, each (used durable medical equipment)
E0973NU	<del>79.05</del> <sup>5</sup>	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each (new equipment)
E0973NUKE	<del>120.72</del>	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E0973RR	<del>6.86</del> <sup>8</sup>	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each (rental)
E0973RRKE	9.78	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E0973UE	<del>59.29</del> <sup>78</sup>	Wheelchair accessory, adjustable height detachable armrest, complete assembly, each (used durable medical equipment)
E0973UEKE	90.54	Wheelchair accessory, adjustable height detachable armrest, complete assembly, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E0974NU	<del>76.25</del> <sup>77</sup>	Manual wheelchair accessory, anti-rollback device, each (new equipment)
E0974RR	<del>7.44</del> <sup>7</sup>	Manual wheelchair accessory, anti-rollback device, each (rental)

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Code	Rate	Description
E0974UE	<del>57.19</del> <u>58.32</u>	Manual wheelchair accessory, anti-rollback device, each (used durable medical equipment)
E0974UD	AAC+35%	Manual wheelchair accessory, anti-rollback device, each (bariatric equipment)
E0978NU	<del>31.42</del> <u>38.64</u>	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each (new equipment)
<del>E0978NUKE</del>	<del>44.84</del>	<del>Wheelchair accessory, positioning belt/safety belt/pelvic strap, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E0978RR	<del>3.15</del> <u>3.87</u>	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each (rental)
<del>E0978RRKE</del>	<del>4.49</del>	<del>Wheelchair accessory, positioning belt/safety belt/pelvic strap, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E0978UE	<del>23.39</del> <u>28.65</u>	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each (used durable medical equipment)
<del>E0978UEKE</del>	<del>33.24</del>	<del>Wheelchair accessory, positioning belt/safety belt/pelvic strap, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
<del>E0979NU</del>	<del>32.64</del>	<del>Belt, safety with velcro closure, wheelchair (new equipment)</del>
<del>E0979RR</del>	<del>3.26</del>	<del>Belt, safety with velcro closure, wheelchair (rental)</del>
<del>E0979UE</del>	<del>24.48</del>	<del>Belt, safety with velcro closure, wheelchair (used durable medical equipment)</del>
E0980NU	<del>36.54</del> <u>34.71</u>	Safety vest, wheelchair (new equipment)
E0980RR	<del>3.66</del> <u>3.47</u>	Safety vest, wheelchair (rental)
E0980UE	<del>27.25</del> <u>25.89</u>	Safety vest, wheelchair (used durable medical equipment)
E0981NU	<del>41.68</del> <u>42.67</u>	Wheelchair accessory, seat upholstery, replacement only, each (new equipment)
<del>E0981NUKE</del>	<del>49.51</del>	<del>Wheelchair accessory, seat upholstery, replacement only, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E0981RR	<del>3.86</del> <u>3.69</u>	Wheelchair accessory, seat upholstery, replacement only, each (rental)
<del>E0981RRKE</del>	<del>4.28</del>	<del>Wheelchair accessory, seat upholstery, replacement only, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E0981UE	<del>31.42</del> <u>32.31</u>	Wheelchair accessory, seat upholstery, replacement only, each (used durable medical equipment)
<del>E0981UEKE</del>	<del>37.49</del>	<del>Wheelchair accessory, seat upholstery, replacement only, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E0981UC	AAC+35%	Wheelchair accessory, seat upholstery, replacement only, each



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Code	Rate	Description
E0982NU	<del>45.83</del> 46.63	(pediatric specialized rehabilitation equipment) Wheelchair accessory, back upholstery, replacement only, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
<del>E0982NUKE</del>	<del>54.11</del>	<del>Wheelchair accessory, back upholstery, replacement only, each (new equipment)</del>
E0982RR	<del>4.17</del> 3.96	Wheelchair accessory, back upholstery, replacement only, each (rental)
<del>E0982RRKE</del>	<del>4.60</del>	<del>Wheelchair accessory, back upholstery, replacement only, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E0982UE	<del>34.38</del> 34.97	Wheelchair accessory, back upholstery, replacement only, each (used durable medical equipment)
<del>E0982UEKE</del>	<del>40.57</del>	<del>Wheelchair accessory, back upholstery, replacement only, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E0983KH, KI	<del>276.31</del> 262.43	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control (capped rental)
E0983KJ	<del>207.23</del> 196.82	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control (capped rental)
E0983NU	<del>2,763.10</del> 2,755.51	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control (new equipment purchase)
E0983UE	<del>2,072.33</del> 2,066.64	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control (used durable medical equipment purchase)
E0984NU	<del>1,946.70</del> 1,948.99	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control (new equipment)
<del>E0984RR</del>	<del>194.67</del> 184.89	<del>Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control (rental)</del>
E0984UE	<del>1,460.03</del> 1,486.74	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control (used durable medical equipment)
<del>E0984KH, KI</del>	<del>194.67</del>	<del>Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control (capped rental) (for Medicare billing only)</del>
<del>E0984KJ</del>	<del>146.00</del>	<del>Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control (capped rental) (for Medicare billing only)</del>
E0985NU	<del>213.95</del> 212.99	Wheelchair accessory, seat lift mechanism (new equipment)
<del>E0985RR</del>	<del>21.40</del> 21.32	<del>Wheelchair accessory, seat lift mechanism (rental)</del>
E0985UE	<del>160.46</del> 159.	Wheelchair accessory, seat lift mechanism (used durable medical

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Code	Rate	Description
	<del>73</del>	equipment)
<del>E0985KH,</del>	<del>21.40</del>	<del>Wheelchair accessory, seat lift mechanism (capped rental) (for</del>
<del>KI</del>		<del>Medicare billing only)</del>
<del>E0985KJ</del>	<del>18.31</del>	<del>Wheelchair accessory, seat lift mechanism (capped rental) (for</del>
		<del>Medicare billing only)</del>
E0986NU	<del>5,377.60</del> <del>5.4</del>	Manual wheelchair accessory, push <u>rim</u> activated power assist
	<del>07.45</del>	system, each (new equipment)
<del>E0986RR</del>	<del>537.76</del> <del>5.10</del>	<del>Manual wheelchair accessory, push rim activated power assist</del>
	<del>75</del>	<del>system, each (rental)</del>
E0986UE	<del>4,033.20</del> <del>3.8</del>	Manual wheelchair accessory, push <u>rim</u> activated power assist
	<del>30.64</del>	system, each (used durable medical equipment)
<del>E0986KH,</del>	<del>537.76</del>	<del>Manual wheelchair accessory, push activated power assist, each</del>
<del>KI</del>		<del>(capped rental) (for Medicare billing only)</del>
<del>E0986KJ</del>	<del>403.32</del>	<del>Manual wheelchair accessory, push activated power assist, each</del>
		<del>(capped rental) (for Medicare billing only)</del>
<del>E0988KH,</del>	<del>314.76</del>	<del>Manual wheelchair accessory, lever-activated, wheel drive, pair</del>
<del>KI</del>		<del>(capped rental)</del>
<del>E0988KJ</del>	<del>236.07</del>	<del>Manual wheelchair accessory, lever-activated, wheel drive, pair</del>
		<del>(capped rental)</del>
<del>E0988NU</del>	<del>3,147.60</del>	<del>Manual wheelchair accessory, lever-activated, wheel drive, pair (new</del>
		<del>equipment)</del>
<del>E0988UE</del>	<del>2,360.70</del>	<del>Manual wheelchair accessory, lever-activated, wheel drive, pair (used</del>
		<del>durable medical equipment)</del>
E0990NU	<del>89.61</del> <del>406.2</del>	Wheelchair accessory, elevating leg rest, complete assembly, each
	<del>7</del>	(new equipment)
<del>E0990NUKE</del>	<del>423.30</del>	<del>Wheelchair accessory, elevating leg rest, complete assembly, each</del>
		<del>(new equipment) (bid under round one of the DMEPOS competitive</del>
		<del>bidding program for use with noncompetitive bid base equipment)</del>
E0990RR	<del>9.67</del> <del>44.96</del>	Wheelchair accessory, elevating leg rest, complete assembly, each
		(rental)
<del>E0990RRKE</del>	<del>13.88</del>	<del>Wheelchair accessory, elevating leg rest, complete assembly, each</del>
		<del>(rental) (bid under round one of the DMEPOS competitive bidding</del>
		<del>program for use with noncompetitive bid base equipment)</del>
E0990UE	<del>68.96</del> <del>83.03</del>	Wheelchair accessory, elevating leg rest, complete assembly, each
		(used durable medical equipment)
<del>E0990UEKE</del>	<del>96.34</del>	<del>Wheelchair accessory, elevating leg rest, complete assembly, each</del>
		<del>(used durable medical equipment) (bid under round one of the</del>
		<del>DMEPOS competitive bidding program for use with noncompetitive</del>
		<del>bid base equipment)</del>
E0992NU	<del>88.26</del> <del>99.94</del>	Manual wheelchair accessory, solid seat insert (new equipment)
E0992RR	<del>7.95</del> <del>8.32</del>	Manual wheelchair accessory, solid seat insert (rental)
E0992UE	<del>66.20</del> <del>74.94</del>	Manual wheelchair accessory, solid seat insert (used durable medical
		equipment)
E0994NU	<del>19.48</del> <del>48.54</del>	Arm rest, each (new equipment)

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E0994RR	<del>1.97</del> 1.87	Arm rest, each (rental)
E0994UE	<del>14.62</del> 13.89	Arm rest, each (used durable medical equipment)
E0995NU	<del>24.62</del> 23.38	Wheelchair accessory, calf rest/pad, <u>replacement only</u> , each (new equipment)
<del>E0995NUKE</del>	<del>27.13</del>	<del>Wheelchair accessory, calf rest/pad, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E0995RR	<del>2.51</del> 2.41	Wheelchair accessory, calf rest/pad, <u>replacement only</u> , each (rental)
<del>E0995RRKE</del>	<del>2.79</del>	<del>Wheelchair accessory, calf rest/pad, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E0995UE	<del>18.45</del> 17.53	Wheelchair accessory, calf rest/pad, <u>replacement only</u> , each (used durable medical equipment)
<del>E0995UEKE</del>	<del>20.33</del>	<del>Wheelchair accessory, calf rest/pad, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E1002NU	<del>3,644.60</del> 3.6	Wheelchair accessory, power seating system, tilt only (new equipment)
<del>E1002NUKE</del>	<del>4,255.87</del>	<del>Wheelchair accessory, power seating system, tilt only (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
<del>E1002RR</del>	<del>364.46</del> 366.81	<del>Wheelchair accessory, power seating system, tilt only (rental)</del>
<del>E1002RRKE</del>	<del>425.59</del>	<del>Wheelchair accessory, power seating system, tilt only (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E1002UE	<del>2,733.45</del> 2.7	Wheelchair accessory, power seating system, tilt only (used durable medical equipment)
<del>E1002KH, KI</del>	<del>364.46</del>	<del>Wheelchair accessory, power seating system, tilt only (capped rental) (for Medicare billing only)</del>
<del>E1002KJ</del>	<del>273.35</del>	<del>Wheelchair accessory, power seating system, tilt only (capped rental) (for Medicare billing only)</del>
<del>E1002UEKE</del>	<del>3,191.90</del>	<del>Wheelchair accessory, power seating system, tilt only (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E1003NU	<del>4,098.00</del> 3.9	Wheelchair accessory, power seating system, recline only, without shear reduction (new equipment)
<del>E1003NUKE</del>	<del>4,610.87</del>	<del>Wheelchair accessory, power seating system, recline only, without shear reduction (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
<del>E1003RR</del>	<del>409.80</del> 397.42	<del>Wheelchair accessory, power seating system, recline only, without shear reduction (rental)</del>

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Code	Rate	Description
<del>E1003RRKE</del>	<del>461.10</del>	<del>Wheelchair accessory, power seating system, recline only, without shear reduction (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E1003UE	<u>3,073.502,9</u> <del>80.60</del>	Wheelchair accessory, power seating system, recline only, without shear reduction (used durable medical equipment)
<del>E1003KH, KI</del>	<del>409.80</del>	<del>Wheelchair accessory, power seating system, recline only, without shear reduction (capped rental) (for Medicare billing only)</del>
<del>E1003KJ</del>	<del>307.35</del>	<del>Wheelchair accessory, power seating system, recline only, without shear reduction (capped rental) (for Medicare billing only)</del>
<del>E1003UEKE</del>	<del>3,458.15</del>	<del>Wheelchair accessory, power seating system, recline only, without shear reduction (used durable medical equipment (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E1004NU	<u>4,524.304,4</u> <del>06.49</del>	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction (new equipment)
<del>E1004NUKE</del>	<del>5,112.50</del>	<del>Wheelchair accessory, power seating system, recline only, with mechanical shear reduction (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
<del>E1004RR</del>	<del>452.43440.</del> <del>64</del>	<del>Wheelchair accessory, power seating system, recline only, with mechanical shear reduction (rental)</del>
<del>E1004RRKE</del>	<del>511.25</del>	<del>Wheelchair accessory, power seating system, recline only, with mechanical shear reduction (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E1004UE	<u>3,393.233,3</u> <del>04.85</del>	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction (used durable medical equipment)
<del>E1004KH, KI</del>	<del>452.43</del>	<del>Wheelchair accessory, power seating system, recline only, with mechanical shear reduction (capped rental) (for Medicare billing only)</del>
<del>E1004KJ</del>	<del>339.32</del>	<del>Wheelchair accessory, power seating system, recline only, with mechanical shear reduction (capped rental) (for Medicare billing only)</del>
<del>E1004UEKE</del>	<del>3,834.36</del>	<del>Wheelchair accessory, power seating system, recline only, with mechanical shear reduction (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E1005NU	<u>4,922.604,7</u> <del>69.68</del>	Wheelchair accessory, power seating system, recline only, with power shear reduction (new equipment)
<del>E1005NUKE</del>	<del>5,533.88</del>	<del>Wheelchair accessory, power seating system, recline only, with power shear reduction (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>

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Code	Rate	Description
<del>E1005RR</del>	<del>492.26476.96</del>	<del>Wheelchair accessory, power seating system, recline only, with power shear reduction (rental)</del>
<del>E1005RRKE</del>	<del>553.38</del>	<del>Wheelchair accessory, power seating system, recline only, with power shear reduction (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E1005UE	3,691.953,577.27	Wheelchair accessory, power seating system, recline only, with power shear reduction (used durable medical equipment)
<del>E1005KH, KI</del>	<del>492.26</del>	<del>Wheelchair accessory, power seating system, recline only, with power shear reduction (capped rental) (for Medicare billing only)</del>
<del>E1005KJ</del>	<del>369.20</del>	<del>Wheelchair accessory, power seating system, recline only, with power shear reduction (capped rental) (for Medicare billing only)</del>
<del>E1005UEKE</del>	<del>4,150.42</del>	<del>Wheelchair accessory, power seating system, recline only, with power shear reduction (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E1006NU	6,049.105,842.41	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction (new equipment)
<del>E1006NUKE</del>	<del>6,778.49</del>	<del>Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
<del>E1006RR</del>	<del>604.91584.22</del>	<del>Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction (rental)</del>
<del>E1006RRKE</del>	<del>677.83</del>	<del>Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E1006UE	4,536.834,381.81	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction (used durable medical equipment)
<del>E1006KH, KI</del>	<del>604.91</del>	<del>Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction (capped rental) (for Medicare billing only)</del>
<del>E1006KJ</del>	<del>453.68</del>	<del>Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction (capped rental) (for Medicare billing only)</del>
<del>E1006UEKE</del>	<del>5,083.87</del>	<del>Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E1007NU	7,855.707,940.85	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction (new equipment)
<del>E1007NUKE</del>	<del>9,178.33</del>	<del>Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction (used durable medical equipment)</del>

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Code	Rate	Description
<del>E1007RR</del>	<del>785.57791.09</del>	<del>(bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
<del>E1007RRKE</del>	<del>917.84</del>	<del>Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction (rental)</del>
<del>E1007RRKE</del>	<del>917.84</del>	<del>Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E1007UE	5,891.785,933.13	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction (used durable medical equipment)
<del>E1007KH, KI</del>	<del>785.57</del>	<del>Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction (capped rental) (for Medicare billing only)</del>
<del>E1007KJ</del>	<del>589.18</del>	<del>Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction (capped rental) (for Medicare billing only)</del>
<del>E1007UEKE</del>	<del>6,883.74</del>	<del>Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E1008NU	7,950.907,941.56	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction (new equipment)
<del>E1008NUKE</del>	<del>9,179.15</del>	<del>(bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
<del>E1008RR</del>	<del>795.09791.15</del>	<del>Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction (rental)</del>
<del>E1008RRKE</del>	<del>917.91</del>	<del>(bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E1008UE	5,963.185,933.68	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction (used durable medical equipment)
<del>E1008UEKE</del>	<del>6,884.38</del>	<del>(bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
<del>E1008KH, KI</del>	<del>795.09</del>	<del>Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction (capped rental) (for Medicare billing only)</del>
<del>E1008KJ</del>	<del>596.32</del>	<del>Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction (capped rental) (for Medicare billing only)</del>
E1009NU	AAC+35%	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and legrest, each (new equipment)
E1009RR	I.C.	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and



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Code	Rate	Description
E1009UE	I.C.	legrest, each (rental) Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and legrest, each (used durable medical equipment)
E1010NU	<del>1,059.50</del> <del>13</del>	Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair (new equipment)
<del>E1010NUKE</del>	<del>1,200.98</del>	<del>Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
<del>E1010RR</del>	<del>105.95</del> <del>51</del>	<del>Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair (rental)</del>
<del>E1010RRKE</del>	<del>120.10</del>	<del>Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E1010UE	<del>794.63</del> <del>36</del>	Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair (used durable medical equipment)
<del>E1010KH, KI</del>	<del>105.95</del>	<del>Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair (capped rental) (for Medicare billing only) (for Medicare billing only)</del>
<del>E1010KJ</del>	<del>79.46</del>	<del>Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair (capped rental) (for Medicare billing only) (for Medicare billing only)</del>
<del>E1010UEKE</del>	<del>900.75</del>	<del>Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E1011NU	AAC+35%	Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair) (new equipment)
E1011RR	I.C.	Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair) (rental)
E1011UE	I.C.	Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair) (used durable medical equipment)
<del>E1012KH, KI</del>	<del>94.99</del>	<del>Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each (capped rental)</del>
<del>E1012KJ</del>	<del>71.24</del>	<del>Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each (capped rental)</del>
<del>E1012NU</del>	<del>949.90</del>	<del>Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type,</del>

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Code	Rate	Description
<del>E1012UE</del>	<del>712.43</del>	<del>each (new equipment)</del> <del>Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each (used durable medical equipment)</del>
E1014NU	<del>403.80</del> <del>383.40</del>	Reclining back, addition to pediatric size wheelchair (new equipment)
<del>E1014RR</del>	<del>40.38</del> <del>38.35</del>	<del>Reclining back, addition to pediatric size wheelchair (rental)</del>
E1014UE	<del>302.85</del> <del>287.54</del>	Reclining back, addition to pediatric size wheelchair (used durable medical equipment)
<del>E1014KH, KI</del>	<del>40.38</del>	<del>Reclining back, addition to pediatric size wheelchair (capped rental) (for Medicare billing only)</del>
<del>E1014KJ</del>	<del>30.29</del>	<del>Reclining back, addition to pediatric size wheelchair (capped rental) (for Medicare billing only)</del>
E1015NU	<del>121.49</del> <del>120.44</del>	Shock absorber for manual wheelchair, each (new equipment)
E1015RR	<del>12.14</del> <del>12.03</del>	Shock absorber for manual wheelchair, each (rental)
E1015UE	<del>91.11</del> <del>90.32</del>	Shock absorber for manual wheelchair, each (used durable medical equipment)
E1016NU	<del>110.79</del> <del>118.84</del>	Shock absorber for power wheelchair, each (new equipment)
<del>E1016NUKE</del>	<del>137.88</del>	<del>Shock absorber for power wheelchair, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E1016RR	<del>11.09</del> <del>11.89</del>	Shock absorber for power wheelchair, each (rental)
<del>E1016RRKE</del>	<del>13.80</del>	<del>Shock absorber for power wheelchair, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E1016UE	<del>83.09</del> <del>89.12</del>	Shock absorber for power wheelchair, each (used durable medical equipment)
<del>E1016UEKE</del>	<del>103.40</del>	<del>Shock absorber for power wheelchair, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E1017NU	AAC+35%	Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each (new equipment)
E1017RR	I.C.	Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each (rental)
E1017UE	I.C.	Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each (used durable medical equipment)
E1018NU	AAC+35%	Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each (new equipment)
E1018RR	I.C.	Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each (rental)
E1018UE	I.C.	Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each (used durable medical equipment)

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Code	Rate	Description
E1020NU	<del>205.35</del> 220.29	Residual limb support system for wheelchair, <u>any type</u> (new equipment)
<del>E1020NUKE</del>	<del>255.58</del>	<del>Residual limb support system for wheelchair (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
<del>E1020RR</del>	<del>20.53</del> 22.01	<del>Residual limb support system for wheelchair, <u>any type</u> (rental)</del>
<del>E1020RRKE</del>	<del>25.54</del>	<del>Residual limb support system for wheelchair (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E1020UE	<del>154.01</del> 165.24	Residual limb support system for wheelchair, <u>any type</u> (used durable medical equipment)
<del>E1020KH, KI</del>	<del>20.53</del>	<del>Residual limb support system for wheelchair, <u>any type</u> (capped rental) (for Medicare billing only)</del>
<del>E1020KJ</del>	<del>15.40</del>	<del>Residual limb support system for wheelchair, <u>any type</u> (capped rental) (for Medicare billing only)</del>
<del>E1020UEKE</del>	<del>191.68</del>	<del>Residual limb support system for wheelchair (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E1028NU	<del>165.19</del> 186.92	Wheelchair accessory, manual swingaway, retractable, or removable mounting hardware (new equipment)
<del>E1028NUKE</del>	<del>216.87</del>	<del>Wheelchair accessory, manual swingaway, retractable, or removable mounting hardware (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
<del>E1028RR</del>	<del>16.52</del> 18.69	<del>Wheelchair accessory, manual swingaway, retractable, or removable mounting hardware (rental)</del>
<del>E1028RRKE</del>	<del>21.68</del>	<del>Wheelchair accessory, manual swingaway, retractable, or removable mounting hardware (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E1028UE	<del>123.90</del> 140.48	Wheelchair accessory, manual swingaway, retractable, or removable mounting hardware (used durable medical equipment)
<del>E1028KH, KI</del>	<del>16.52</del>	<del>Wheelchair accessory, manual swingaway, retractable, or removable mounting hardware (capped rental) (for Medicare billing only)</del>
<del>E1028RRKJ</del>	<del>12.39</del>	<del>Wheelchair accessory, manual swingaway, retractable, or removable mounting hardware (capped rental) (for Medicare billing only) (rental)</del>
<del>E1028UEKE</del>	<del>162.63</del>	<del>Wheelchair accessory, manual swingaway, retractable, or removable mounting hardware (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E1029NU	<del>349.30</del> 334.43	Wheelchair accessory, manual ventilator tray, fixed (new equipment)
<del>E1029NUKE</del>	<del>388.02</del>	<del>Wheelchair accessory, manual ventilator tray, fixed (new equipment)</del>

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Code	Rate	Description
		<del>(bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
<del>E1029RR</del>	<del>34.9333.44</del>	<del>Wheelchair accessory, manual ventilator tray, fixed (rental)</del>
<del>E1029RRKE</del>	<del>38.80</del>	<del>Wheelchair accessory, manual ventilator tray, fixed (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E1029UE	<del>261.98250.</del> 82	Wheelchair accessory, manual ventilator tray, fixed (used durable medical equipment)
<del>E1029KH,</del> <del>KI</del>	<del>34.93</del>	<del>Wheelchair accessory, manual ventilator tray, fixed (capped rental) (for Medicare billing only)</del>
<del>E1029KJ</del>	<del>26.20</del>	<del>Wheelchair accessory, manual ventilator tray, fixed (capped rental) (for Medicare billing only)</del>
<del>E1029UEKE</del>	<del>291.01</del>	<del>Wheelchair accessory, manual ventilator tray, fixed (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E1030NU	<del>1,096.601.0</del> 54.57	Wheelchair accessory, manual ventilator tray, gimbaled (new equipment)
<del>E1030NUKE</del>	<del>1,223.53</del>	<del>Wheelchair accessory, manual ventilator tray, gimbaled (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
<del>E1030RR</del>	<del>109.66105.</del> 46	<del>Wheelchair accessory, manual ventilator tray, gimbaled (rental)</del>
<del>E1030RRKE</del>	<del>122.36</del>	<del>Wheelchair accessory, manual ventilator tray, gimbaled (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E1030UE	<del>822.45790.</del> 93	Wheelchair accessory, manual ventilator tray, gimbaled (used durable medical equipment)
<del>E1030KH,</del> <del>KI</del>	<del>109.66</del>	<del>Wheelchair accessory, manual ventilator tray, gimbaled (capped rental) (for Medicare billing only)</del>
<del>E1030KJ</del>	<del>82.25</del>	<del>Wheelchair accessory, manual ventilator tray, gimbaled (capped rental) (for Medicare billing only)</del>
<del>E1030UEKE</del>	<del>917.66</del>	<del>Wheelchair accessory, manual ventilator tray, gimbaled (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
<u>Rollabout Chair</u>		
<del>E1031KH,</del> <del>KI</del>	<del>40.2143.81</del>	<del>Rollabout chair, any and all types with castors 5 inches or greater (capped rental)</del>
<del>E1031KJ</del>	<del>30.1632.86</del>	<del>Rollabout chair, any and all types with castors 5 inches or greater (capped rental)</del>
E1031NU	<del>402.14459.</del> 99	Rollabout chair, any and all types with castors 5 inches or greater (new equipment purchase)
E1031UE	<del>301.61345.</del>	Rollabout chair, any and all types with castors 5 inches or greater

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Code	Rate	Description
	<del>00</del>	(used durable medical equipment purchase)
E1035KH, KI	<del>551.35643</del> 86	Multi-positional patient transfer system, with integrated seat, operated by care giver (capped rental)
E1035KJ	<del>413.52482</del> 89	Multi-positional patient transfer system, with integrated seat, operated by care giver (capped rental)
E1035NU	<del>5,513.5367</del> 60.53	Multi-positional patient transfer system, with integrated seat, operated by care giver (new equipment purchase)
E1035UE	<del>4,135.1550</del> 70.40	Multi-positional patient transfer system, with integrated seat, operated by care giver (used durable medical equipment purchase)
E1036KH, KI	<del>783.481C</del>	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity great than 300 lbs (capped rental)
E1036KJ	<del>587.611C</del>	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity great than 300 lbs (capped rental)
E1036NU	<del>7,834.79A</del> <del>AC+30%</del>	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity great than 300 lbs (new equipment purchase)
E1036UE	<del>5,876.091C</del> -	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity great than 300 lbs (used durable medical equipment purchase)
E1037KH, KI	<del>93.2196.82</del>	Transport chair, pediatric size (capped rental)
E1037KJ	<del>69.9172.62</del>	Transport chair, pediatric size (capped rental)
E1037NU	<del>932.114.04</del> 6.65	Transport chair, pediatric size (new equipment purchase)
E1037UE	<del>699.08762</del> 49	Transport chair, pediatric size (used durable medical equipment purchase)
E1038KH, KI	<del>14.8946.09</del>	Transport chair, adult size, patient weight capacity up to and including 300 pounds (capped rental)
E1038KJ	<del>11.1742.07</del>	Transport chair, adult size, patient weight capacity up to and including 300 pounds (capped rental)
E1038NU	<del>148.92468</del> 95	Transport chair, adult size, patient weight capacity up to and including 300 pounds (new equipment purchase)
E1038UE	<del>111.69426</del> 74	Transport chair, adult size, patient weight capacity up to and including 300 pounds (used durable medical equipment purchase)
E1039KH, KI	<del>29.7630.52</del>	Transport chair, adult size, heavy duty, patient weight capacity greater than 300 pounds (capped rental)
E1039KJ	<del>22.3222.89</del>	Transport chair, adult size, heavy duty, patient weight capacity greater than 300 pounds (capped rental)
E1039NU	<del>297.59320</del> 50	Transport chair, adult size, heavy duty, patient weight capacity greater than 300 pounds (new equipment purchase)
E1039UE	<del>223.19240</del> 37	Transport chair, adult size, heavy duty, patient weight capacity greater than 300 pounds (used durable medical equipment purchase)

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Code	Rate	Description
<del>Wheelchairs—Fully Reclining</del>		
E1050KH, KI	<del>81.34</del> <u>90.89</u>	Fully-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests (capped rental)
E1050KJ	<del>61.00</del> <u>68.17</u>	Fully-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests (capped rental)
E1050NU	<del>813.37</del> <u>954.34</u>	Fully-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests (new equipment purchase)
E1050UE	<del>610.03</del> <u>715.76</u>	Fully-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests (used durable medical equipment purchase)
E1060KH, KI	<del>118.46</del> <u>132.37</u>	Fully-reclining wheelchair, detachable arms, desk or full length, swing away detachable elevating legrests (capped rental)
E1060KJ	<del>88.84</del> <u>99.28</u>	Fully-reclining wheelchair, detachable arms, desk or full length, swing away detachable elevating legrests (capped rental)
E1060NU	<del>1,184.56</del> <u>1,389.88</u>	Fully-reclining wheelchair, detachable arms, desk or full length, swing away detachable elevating legrests (new equipment purchase)
E1060UE	<del>888.42</del> <u>1,042.41</u>	Fully-reclining wheelchair, detachable arms, desk or full length, swing away detachable elevating legrests (used durable medical equipment purchase)
<del>E1065NU</del>	<del>2,325.80</del>	<del>Power attachment (to convert any wheelchair to motorized wheelchair, e.g., solo) (new equipment)</del>
<del>E1065RR</del>	<del>179.73</del>	<del>Power attachment (to convert any wheelchair to motorized wheelchair, e.g., solo) (rental)</del>
<del>E1065UE</del>	<del>1,744.35</del>	<del>Power attachment (to convert any wheelchair to motorized wheelchair, e.g., solo) (used durable medical equipment purchase)</del>
<del>E1066NU</del>	<del>210.90</del>	<del>Battery charger (new equipment)</del>
<del>E1066RR</del>	<del>21.14</del>	<del>Battery charger (rental)</del>
<del>E1066UE</del>	<del>158.18</del>	<del>Battery charger (used durable medical equipment)</del>
<del>E1069NU</del>	<del>70.00</del>	<del>Deep cycle battery (new equipment)</del>
<del>E1069RR</del>	<del>7.00</del>	<del>Deep cycle battery (rental)</del>
<del>E1069UE</del>	<del>52.50</del>	<del>Deep cycle battery (used durable medical equipment)</del>
E1070KH, KI	<del>102.93</del> <u>97.76</u>	Fully-reclining wheelchair, detachable arms (desk or full length) swing away detachable footrest (capped rental)
E1070KJ	<del>77.20</del> <u>73.32</u>	Fully-reclining wheelchair, detachable arms (desk or full length) swing away detachable footrest (capped rental)
E1070NU	<del>1,029.27</del> <u>1,026.46</u>	Fully-reclining wheelchair, detachable arms (desk or full length) swing away detachable footrest (new equipment purchase)
E1070UE	<del>771.95</del> <u>769.85</u>	Fully-reclining wheelchair, detachable arms (desk or full length) swing away detachable footrest (used durable medical equipment purchase)
E1083KH, KI	<del>68.33</del> <u>64.91</u>	Hemi-wheelchair, fixed full length arms, swing away detachable elevating leg rest (capped rental)
E1083KJ	<del>51.25</del> <u>48.68</u>	Hemi-wheelchair, fixed full length arms, swing away detachable elevating leg rest (capped rental)



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Code	Rate	Description
E1083NU	<del>683.32</del> <del>681.51</del>	Hemi-wheelchair, fixed full length arms, swing away detachable elevating leg rest (new equipment purchase)
E1083UE	<del>512.49</del> <del>511.13</del>	Hemi-wheelchair, fixed full length arms, swing away detachable elevating leg rest (used durable medical equipment purchase)
E1084KH, KI	<del>90.75</del> <del>86.19</del>	Hemi-wheelchair, detachable arms desk or full length arms, swing away detachable elevating leg rests (capped rental)
E1084KJ	<del>68.06</del> <del>64.64</del>	Hemi-wheelchair, detachable arms desk or full length arms, swing away detachable elevating leg rests (capped rental)
E1084NU	<del>907.46</del> <del>905.00</del>	Hemi-wheelchair, detachable arms desk or full length arms, swing away detachable elevating leg rests (new equipment purchase)
E1084UE	<del>680.60</del> <del>678.75</del>	Hemi-wheelchair, detachable arms desk or full length arms, swing away detachable elevating leg rests (used durable medical equipment)
<del>E1085KH, KI</del>	<del>60.47</del>	<del>Hemi-wheelchair, fixed full length arms, swing away detachable foot rests (capped rental)</del>
<del>E1085KJ</del>	<del>45.35</del>	<del>Hemi-wheelchair, fixed full length arms, swing away detachable foot rests (capped rental)</del>
<del>E1085NU</del>	<del>634.96</del>	<del>Hemi-wheelchair, fixed full length arms, swing away detachable foot rests (new equipment purchase)</del>
<del>E1085UE</del>	<del>476.26</del>	<del>Hemi-wheelchair, fixed full length arms, swing away detachable foot rests (used durable medical equipment purchase)</del>
<del>E1086KH, KI</del>	<del>60.47</del>	<del>Hemi-wheelchair detachable arms desk or full length, swing away detachable footrests (capped rental)</del>
<del>E1086KJ</del>	<del>45.35</del>	<del>Hemi-wheelchair detachable arms desk or full length, swing away detachable footrests (capped rental)</del>
<del>E1086NU</del>	<del>634.96</del>	<del>Hemi-wheelchair detachable arms desk or full length, swing away detachable footrests (new equipment purchase)</del>
<del>E1086UE</del>	<del>476.26</del>	<del>Hemi-wheelchair detachable arms desk or full length, swing away detachable footrests (used durable medical equipment purchase)</del>
E1087KH, KI	<del>118.90</del> <del>112.91</del>	High strength lightweight wheelchair, fixed full length arms, swing away detachable elevating leg rests (capped rental)
E1087KJ	<del>89.17</del> <del>84.69</del>	High strength lightweight wheelchair, fixed full length arms, swing away detachable elevating leg rests (capped rental)
E1087NU	<del>1,188.98</del> <del>185.60</del>	High strength lightweight wheelchair, fixed full length arms, swing away detachable elevating leg rests (new equipment purchase)
E1087UE	<del>891.74</del> <del>889.90</del>	High strength lightweight wheelchair, fixed full length arms, swing away detachable elevating leg rests (used durable medical equipment purchase)
E1088KH, KI	<del>141.68</del> <del>134.56</del>	High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable elevating leg rests (capped rental)
E1088KJ	<del>106.26</del> <del>100.92</del>	High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable elevating leg rests(capped rental)
E1088NU	<del>1,416.78</del> <del>412.92</del>	High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable elevating leg rests (new equipment purchase)

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Code	Rate	Description
E1088UE	<del>1,062.594</del> <del>059.69</del>	High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable elevating leg rests (used durable medical equipment purchase)
<del>E1089KH, KI</del>	<del>106.91</del>	<del>High strength lightweight wheelchair, fixed length arms, swing away detachable footrest (capped rental)</del>
<del>E1089KJ</del>	<del>80.18</del>	<del>High strength lightweight wheelchair, fixed length arms, swing away detachable footrest (capped rental)</del>
<del>E1089NU</del>	<del>1,122.58</del>	<del>High strength lightweight wheelchair, fixed length arms, swing away detachable footrest (new equipment purchase)</del>
<del>E1089UE</del>	<del>841.93</del>	<del>High strength lightweight wheelchair, fixed length arms, swing away detachable footrest (used durable medical equipment purchase)</del>
<del>E1090KH, KI</del>	<del>106.91</del>	<del>High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable foot rests (capped rental)</del>
<del>E1090KJ</del>	<del>80.18</del>	<del>High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable foot rests (capped rental)</del>
<del>E1090NU</del>	<del>1,122.58</del>	<del>High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable foot rests (new equipment purchase)</del>
<del>E1090UE</del>	<del>841.93</del>	<del>High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable foot rests (used durable medical equipment purchase)</del>
E1092KH, KI	<del>102.65</del> <del>97.49</del>	Wide heavy duty wheel chair, detachable arms (desk or full length), swing away detachable elevating leg rests (capped rental)
E1092KJ	<del>76.99</del> <del>73.12</del>	Wide heavy duty wheel chair, detachable arms (desk or full length), swing away detachable elevating leg rests (capped rental)
E1092NU	<del>1,026.55</del> <del>1,023.70</del>	Wide heavy duty wheel chair, detachable arms (desk or full length), swing away detachable elevating leg rests (new equipment purchase)
E1092UE	<del>769.91</del> <del>767.77</del>	Wide heavy duty wheel chair, detachable arms (desk or full length), swing away detachable elevating leg rests (used durable medical equipment purchase)
E1093KH, KI	<del>88.27</del> <del>83.84</del>	Wide heavy duty wheelchair, detachable arms desk or full length arms, swing away detachable footrests (capped rental)
E1093KJ	<del>66.20</del> <del>62.88</del>	Wide heavy duty wheelchair, detachable arms desk or full length arms, swing away detachable footrests (capped rental)
E1093NU	<del>882.73</del> <del>880.36</del>	Wide heavy duty wheelchair, detachable arms desk or full length arms, swing away detachable footrests (new equipment purchase)
E1093UE	<del>662.04</del> <del>660.27</del>	Wide heavy duty wheelchair, detachable arms desk or full length arms, swing away detachable footrests (used durable medical equipment purchase)
<del>Wheelchair - Semi-Reclining</del>		
E1100KH, KI	<del>97.54</del> <del>92.65</del>	Semi-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests (capped rental)
E1100KJ	<del>73.15</del> <del>69.49</del>	Semi-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests (capped rental)
E1100NU	<del>975.38</del> <del>972.</del>	Semi-reclining wheelchair, fixed full length arms, swing away

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Code	Rate	Description
E1100UE	<del>83</del> <del>731.53729.</del>	detachable elevating leg rests (new equipment purchase) Semi-reclining wheelchair, fixed full length arms, swing away
E1110KH, KI	<del>62</del> <del>94.4990.73</del>	detachable elevating leg rests (used durable medical equipment) Semi-reclining wheelchair, detachable arms (desk or full length)
E1110KJ	<del>70.8668.05</del>	elevating leg rest (capped rental) Semi-reclining wheelchair, detachable arms (desk or full length)
E1110NU	<del>65</del> <del>944.86952.</del>	elevating leg rest (capped rental) Semi-reclining wheelchair, detachable arms (desk or full length)
E1110UE	<del>65</del> <del>708.65714.</del>	elevating leg rest (new equipment purchase) Semi-reclining wheelchair, detachable arms (desk or full length)
	<del>49</del>	elevating leg rest (used durable medical equipment purchase)
<del>Wheelchair—Standard</del>		
<del>E1130KH, KI</del>	<del>43.70</del>	<del>Standard wheelchair, fixed full length arms, fixed or swing away detachable footrests (capped rental)</del>
<del>E1130KJ</del>	<del>32.77</del>	<del>Standard wheelchair, fixed full length arms, fixed or swing away detachable footrests (capped rental)</del>
<del>E1130NU</del>	<del>458.81</del>	<del>Standard wheelchair, fixed full length arms, fixed or swing away detachable footrests (new equipment purchase)</del>
<del>E1130UE</del>	<del>344.11</del>	<del>Standard wheelchair, fixed full length arms, fixed or swing away detachable footrests (used durable medical equipment purchase)</del>
<del>E1140KH, KI</del>	<del>43.70</del>	<del>Wheelchair, detachable arms, desk or full length, swing away detachable footrests (capped rental)</del>
<del>E1140KJ</del>	<del>32.77</del>	<del>Wheelchair, detachable arms, desk or full length, swing away detachable footrests (capped rental)</del>
<del>E1140NU</del>	<del>458.81</del>	<del>Wheelchair, detachable arms, desk or full length, swing away detachable footrests (new equipment purchase)</del>
<del>E1140UE</del>	<del>344.11</del>	<del>Wheelchair, detachable arms, desk or full length, swing away detachable footrests (used durable medical equipment purchase)</del>
E1150KH, KI	<del>76.6572.81</del>	Wheelchair, detachable arms, desk or full length swing away detachable elevating legrests (capped rental)
E1150KJ	<del>57.4954.61</del>	Wheelchair, detachable arms, desk or full length swing away detachable elevating legrests (capped rental)
E1150NU	<del>766.53764.</del>	Wheelchair, detachable arms, desk or full length swing away detachable elevating legrests (new equipment purchase)
E1150UE	<del>52</del> <del>574.90573.</del>	Wheelchair, detachable arms, desk or full length swing away detachable elevating legrests (used durable medical equipment purchase)
E1160KH, KI	<del>39</del> <del>58.7455.79</del>	Wheelchair, fixed full length arms, swing away detachable elevating legrests (capped rental)
E1160KJ	<del>44.0541.84</del>	Wheelchair, fixed full length arms, swing away detachable elevating legrests (capped rental)
E1160NU	<del>587.35585.</del>	Wheelchair, fixed full length arms, swing away detachable elevating legrests (new equipment purchase)
E1160UE	<del>75</del> <del>440.51439.</del>	Wheelchair, fixed full length arms, swing away detachable elevating

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Code	Rate	Description
E1161NU	<del>34</del> <del>2,615.702</del> <del>4</del> <del>84.39</del>	legrests (used durable medical equipment purchase) Manual adult size wheelchair, includes tilt in space (new equipment)
<del>E1161RR</del>	<del>261.57248</del> <del>44</del>	<del>Manual adult size wheelchair, includes tilt in space (rental)</del>
E1161UE	<del>1,961.781</del> <del>8</del> <del>63.30</del>	Manual adult size wheelchair, includes tilt in space (used durable medical equipment)
<del>E1161KH,</del> <del>KI</del>	<del>261.57</del>	<del>Manual adult size wheelchair, includes tilt in space (capped rental)</del> <del>(for Medicare billing only)</del>
<del>E1161KJ</del>	<del>196.18</del>	<del>Manual adult size wheelchair, includes tilt in space (capped rental)</del> <del>(for Medicare billing only)</del>
<del>Wheelchair—Amputee</del>		
E1170KH, KI	<del>83.0379</del> <del>71</del>	Amputee wheelchair, fixed full length arms, swing away detachable elevating legrests (capped rental)
E1170KJ	<del>62.2759</del> <del>78</del>	Amputee wheelchair, fixed full length arms, swing away detachable elevating legrests (capped rental)
E1170NU	<del>830.28836</del> <del>99</del>	Amputee wheelchair, fixed full length arms, swing away detachable elevating legrests (new equipment purchase)
E1170UE	<del>622.71627</del> <del>74</del>	Amputee wheelchair, fixed full length arms, swing away detachable elevating legrests (used durable medical equipment purchase)
E1171KH, KI	<del>75.3271</del> <del>54</del>	Amputee wheelchair, fixed full length arms, without footrests or legrest (capped rental)
E1171KJ	<del>56.4953</del> <del>65</del>	Amputee wheelchair, fixed full length arms, without footrests or legrest (capped rental)
E1171NU	<del>753.19751</del> <del>43</del>	Amputee wheelchair, fixed full length arms, without footrests or legrest (new equipment purchase)
E1171UE	<del>564.89563</del> <del>35</del>	Amputee wheelchair, fixed full length arms, without footrests or legrest (used durable medical equipment purchase)
E1172KH, KI	<del>92.0687</del> <del>42</del>	Amputee wheelchair, detachable arms (desk or full length) without footrests or legrest (capped rental)
E1172KJ	<del>69.0565</del> <del>57</del>	Amputee wheelchair, detachable arms (desk or full length) without footrests or legrest (capped rental)
E1172NU	<del>920.55917</del> <del>94</del>	Amputee wheelchair, detachable arms (desk or full length) without footrests or legrest (new equipment purchase)
E1172UE	<del>690.41688</del> <del>45</del>	Amputee wheelchair, detachable arms (desk or full length) without footrests or legrest (used durable medical equipment purchase)
E1180KH, KI	<del>95.2390</del> <del>45</del>	Amputee wheelchair, detachable arms (desk or full length) swing away detachable footrests (capped rental)
E1180KJ	<del>71.4267</del> <del>84</del>	Amputee wheelchair, detachable arms (desk or full length) swing away detachable footrests (capped rental)
E1180NU	<del>952.26949</del> <del>71</del>	Amputee wheelchair, detachable arms (desk or full length) swing away detachable footrests (new equipment purchase)
E1180UE	<del>714.20712</del> <del>28</del>	Amputee wheelchair, detachable arms (desk or full length) swing away detachable footrests (used durable medical equipment purchase)

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Code	Rate	Description
E1190KH, KI	<del>101.4296.3</del> <del>2</del>	Amputee wheelchair, detachable arms (desk or full length) swing away detachable elevating legrests (capped rental)
E1190KJ	<del>76.0772.24</del>	Amputee wheelchair, detachable arms (desk or full length) swing away detachable elevating legrests (capped rental)
E1190NU	<del>1,014.221.0</del> <del>11.38</del>	Amputee wheelchair, detachable arms (desk or full length) swing away detachable elevating legrests (new equipment purchase)
E1190UE	<del>760.67758.</del> <del>54</del>	Amputee wheelchair, detachable arms (desk or full length) swing away detachable elevating legrests (used durable medical equipment purchase)
E1195KH, KI	<del>118.05112.</del> <del>12</del>	Heavy duty wheelchair, fixed full length arms, swing away detachable elevating legrests (capped rental)
E1195KJ	<del>88.5484.09</del>	Heavy duty wheelchair, fixed full length arms, swing away detachable elevating legrests (capped rental)
E1195NU	<del>1,180.481.1</del> <del>77.30</del>	Heavy duty wheelchair, fixed full length arms, swing away detachable elevating legrests (new equipment purchase)
E1195UE	<del>885.36882.</del> <del>97</del>	Heavy duty wheelchair, fixed full length arms, swing away detachable elevating legrests (used durable medical equipment purchase)
E1200KH, KI	<del>81.7677.66</del>	Amputee wheelchair, fixed full length arms, swing away detachable footrest (capped rental)
E1200KJ	<del>60.6658.24</del>	Amputee wheelchair, fixed full length arms, swing away detachable footrest (capped rental)
E1200NU	<del>808.78815.</del> <del>39</del>	Amputee wheelchair, fixed full length arms, swing away detachable footrest (new equipment purchase)
E1200UE	<del>606.58611.</del> <del>54</del>	Amputee wheelchair, fixed full length arms, swing away detachable footrest (used durable medical equipment purchase)
<del>Wheelchair—Special Size</del>		
<del>E1220KH, KI</del>	<del>331.28</del>	<del>Wheelchair, specially sized or constructed, (indicate brand name, model number, if any) and justification (capped rental)</del>
<del>E1220KJ</del>	<del>248.46</del>	<del>Wheelchair, specially sized or constructed, (indicate brand name, model number, if any) and justification (capped rental)</del>
<del>E1220NU</del>	<del>3,478.43</del>	<del>Wheelchair, specially sized or constructed, (indicate brand name, model number, if any) and justification (new equipment purchase)</del>
<del>E1220UE</del>	<del>2,608.82</del>	<del>Wheelchair, specially sized or constructed, (indicate brand name, model number, if any) and justification (used durable medical equipment purchase)</del>
E1221KH, KI	<del>44.6542.41</del>	Wheelchair with fixed arm, footrests (capped rental)
E1221KJ	<del>33.4931.80</del>	Wheelchair with fixed arm, footrests (capped rental)
E1221NU	<del>446.51445.</del> <del>27</del>	Wheelchair with fixed arm, footrests (new equipment purchase)
E1221UE	<del>334.88333.</del> <del>95</del>	Wheelchair with fixed arm, footrests (used durable medical equipment purchase)
E1222KH,	<del>63.7060.50</del>	Wheelchair with fixed arm, elevating legrests (capped rental)

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Code	Rate	Description
KI		
E1222KJ	<del>47.78</del> 45.38	Wheelchair with fixed arm, elevating legrests (capped rental)
E1222NU	<del>636.99</del> 635.28	Wheelchair with fixed arm, elevating legrests (new equipment purchase)
E1222UE	<del>477.74</del> 476.46	Wheelchair with fixed arm, elevating legrests (used durable medical equipment)
E1223KH, KI	<del>69.55</del> 66.06	Wheelchair with detachable arms, footrests (capped rental)
E1223KJ	<del>52.16</del> 49.55	Wheelchair with detachable arms, footrests (capped rental)
E1223NU	<del>695.47</del> 693.65	Wheelchair with detachable arms, footrests (new equipment purchase)
E1223UE	<del>521.60</del> 520.24	Wheelchair with detachable arms, footrests (used durable medical equipment)
E1224KH, KI	<del>76.25</del> 72.43	Wheelchair with detachable arms, elevating legrests (capped rental)
E1224KJ	<del>57.19</del> 54.32	Wheelchair with detachable arms, elevating legrests (capped rental)
E1224NU	<del>762.54</del> 760.50	Wheelchair with detachable arms, elevating legrests (new equipment purchase)
E1224UE	<del>571.91</del> 570.37	Wheelchair with detachable arms, elevating legrests (used durable medical equipment)
E1225KH, KI	<del>32.66</del> 34.29	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each (capped rental)
E1225KJ	<del>24.50</del> 25.72	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each (capped rental)
E1225NU	<del>326.57</del> 360.03	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each (new equipment purchase)
E1225UE	<del>244.93</del> 270.03	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees) (used durable medical equipment)
E1226NU	<del>375.26</del> 413.94	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each (new equipment)
E1226RR	<del>38.16</del> 42.60	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each (rental)
E1226UE	<del>281.43</del> 310.43	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each (used durable medical equipment)
E1227NU	<del>260.76</del> 247.67	Special height arms for wheelchair (new equipment)
E1227RR	<del>26.09</del> 24.77	Special height arms for wheelchair (rental)
E1227UE	<del>195.59</del> 185.78	Special height arms for wheelchair (used durable medical equipment)
E1228KH, KI	<del>30.98</del> 29.42	Special back height for wheelchair (capped rental)
E1228KJ	<del>23.24</del> 22.07	Special back height for wheelchair (capped rental)



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Code	Rate	Description
E1228NU	<del>309.80</del> <del>308.94</del>	Special back height for wheelchair (new equipment purchase)
E1228UE	<del>232.35</del> <del>231.68</del>	Special back height for wheelchair (used durable medical equipment purchase)
E1229	AAC+35%	Wheelchair, pediatric size, not otherwise specified
E1230NU	<del>2,473.38</del> <del>2,472.00</del>	Power operated vehicle (three or four wheel nonhighway) specify brand name and model number (new equipment)
E1230RR	<del>243.26</del> <del>242.53</del>	Power operated vehicle (three or four wheel nonhighway) specify brand name and model number (rental)
E1230UE	<del>1,956.14</del> <del>1,954.54</del>	Power operated vehicle (three or four wheel nonhighway) specify brand name and model number (used durable medical equipment)
E1231NU	AAC+35%	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system (new equipment)
E1231RR	I.C.	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system (rental)
E1231UE	I.C.	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system (used durable medical equipment)
E1232NU	<del>2,364.20</del> <del>2,362.22</del>	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system (new equipment)
<del>E1232RR</del>	<del>236.42</del> <del>234.54</del>	<del>Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system (rental)</del>
E1232UE	<del>1,773.15</del> <del>1,771.84</del>	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system (used durable medical equipment)
<del>E1232KH, KI</del>	<del>236.42</del>	<del>Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system (capped rental) (for Medicare billing only)</del>
<del>E1232KJ</del>	<del>177.32</del>	<del>Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system (capped rental) (for Medicare billing only)</del>
E1233NU	<del>2,449.50</del> <del>2,447.26</del>	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system (new equipment)
<del>E1233RR</del>	<del>244.95</del> <del>242.65</del>	<del>Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system (rental)</del>
E1233UE	<del>1,837.13</del> <del>1,834.44</del>	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system (used durable medical equipment)
<del>E1233KH, KI</del>	<del>244.95</del>	<del>Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system (capped rental) (for Medicare billing only)</del>
<del>E1233KJ</del>	<del>183.71</del>	<del>Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system (capped rental) (for Medicare billing only)</del>
E1234NU	<del>2,132.60</del> <del>2,130.25</del>	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system (new equipment)
<del>E1234RR</del>	<del>213.26</del> <del>211.56</del>	<del>Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system (rental)</del>
E1234UE	<del>1,599.45</del> <del>1,597.49</del>	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system (used durable medical equipment)
<del>E1234KH,</del>	<del>213.26</del>	<del>Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without</del>

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Code	Rate	Description
<del>KI</del>		<del>seating system (capped rental) (for Medicare billing only)</del>
<del>E1234KJ</del>	<del>159.95</del>	<del>Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system (capped rental) (for Medicare billing only)</del>
E1235NU	2,053.60 <del>1.9</del> 50.30	Wheelchair, pediatric size, rigid, adjustable, with seating system (new equipment)
<del>E1235RR</del>	<del>205.36</del> <del>195.04</del>	<del>Wheelchair, pediatric size, rigid, adjustable, with seating system (rental)</del>
E1235UE	1,540.20 <del>1.4</del> 62.72	Wheelchair, pediatric size, rigid, adjustable, with seating system (used durable medical equipment)
<del>E1235KH,</del>	<del>205.36</del>	<del>Wheelchair, pediatric size, rigid, adjustable, with seating system (capped rental) (for Medicare billing only)</del>
<del>KI</del>		
<del>E1235KJ</del>	<del>154.02</del>	<del>Wheelchair, pediatric size, rigid, adjustable, with seating system (capped rental) (for Medicare billing only)</del>
E1236NU	1,811.60 <del>1.7</del> 20.67	Wheelchair, pediatric size, folding, adjustable, with seating system (new equipment)
<del>E1236RR</del>	<del>181.16</del> <del>172.06</del>	<del>Wheelchair, pediatric size, folding, adjustable, with seating system (rental)</del>
E1236UE	1,358.70 <del>1.2</del> 90.50	Wheelchair, pediatric size, folding, adjustable, with seating system (used durable medical equipment)
<del>E1236KH,</del>	<del>181.16</del>	<del>Wheelchair, pediatric size, folding, adjustable, with seating system (capped rental) (for Medicare billing only)</del>
<del>KI</del>		
<del>E1236KJ</del>	<del>135.87</del>	<del>Wheelchair, pediatric size, folding, adjustable, with seating system (capped rental) (for Medicare billing only)</del>
E1237NU	1,827.50 <del>1.7</del> 35.70	Wheelchair, pediatric size, rigid, adjustable, without seating system (new equipment)
<del>E1237RR</del>	<del>182.75</del> <del>173.57</del>	<del>Wheelchair, pediatric size, rigid, adjustable, without seating system (rental)</del>
E1237UE	1,370.63 <del>1.3</del> 01.79	Wheelchair, pediatric size, rigid, adjustable, without seating system (used durable medical equipment)
<del>E1237KH,</del>	<del>182.75</del>	<del>Wheelchair, pediatric size, rigid, adjustable, without seating system (capped rental) (for Medicare billing only)</del>
<del>KI</del>		
<del>E1237KJ</del>	<del>137.06</del>	<del>Wheelchair, pediatric size, rigid, adjustable, without seating system (capped rental) (for Medicare billing only)</del>
E1238NU	1,811.60 <del>1.7</del> 20.67	Wheelchair, pediatric size, folding, adjustable, without seating system (new equipment)
<del>E1238RR</del>	<del>181.16</del> <del>172.06</del>	<del>Wheelchair, pediatric size, folding, adjustable, without seating system (rental)</del>
E1238UE	1,358.70 <del>1.2</del> 90.50	Wheelchair, pediatric size, folding, adjustable, without seating system (used durable medical equipment)
<del>E1238KH,</del>	<del>181.16</del>	<del>Wheelchair, pediatric size, folding, adjustable, without seating system (capped rental) (for Medicare billing only)</del>
<del>KI</del>		
<del>E1238KJ</del>	<del>135.87</del>	<del>Wheelchair, pediatric size, folding, adjustable, without seating system (capped rental) (for Medicare billing only)</del>
E1239	AAC+35%	Power wheelchair, pediatric size, not otherwise specified

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Code	Rate	Description
<del>Wheelchair—Lightweight</del>		
E1240KH, KI	<del>96.81</del> 91.94	Lightweight wheelchair, detachable arms, (desk or full length) swing away detachable, elevating legrest (capped rental)
E1240KJ	<del>72.60</del> 68.96	Lightweight wheelchair, detachable arms, (desk or full length) swing away detachable, elevating legrest (capped rental)
E1240NU	<del>968.07</del> 965.42	Lightweight wheelchair, detachable arms, (desk or full length) swing away detachable, elevating legrest (new equipment purchase)
E1240UE	<del>726.05</del> 724.06	Lightweight wheelchair, detachable arms, (desk or full length) swing away detachable, elevating legrest (used durable medical equipment purchase)
<del>E1250KH, KI</del>	<del>71.67</del>	<del>Lightweight wheelchair, fixed full length arms, swing away detachable footrest (capped rental)</del>
<del>E1250KJ</del>	<del>53.75</del>	<del>Lightweight wheelchair, fixed full length arms, swing away detachable footrest (capped rental)</del>
<del>E1250NU</del>	<del>752.56</del>	<del>Lightweight wheelchair, fixed full length arms, swing away detachable footrest (new equipment purchase)</del>
<del>E1250UE</del>	<del>564.42</del>	<del>Lightweight wheelchair, fixed full length arms, swing away detachable footrest (used durable medical equipment purchase)</del>
<del>E1260KH, KI</del>	<del>71.67</del>	<del>Lightweight wheelchair, detachable arms (desk or full length) swing away detachable footrest (capped rental)</del>
<del>E1260KJ</del>	<del>53.75</del>	<del>Lightweight wheelchair, detachable arms (desk or full length) swing away detachable footrest (capped rental)</del>
<del>E1260NU</del>	<del>752.56</del>	<del>Lightweight wheelchair, detachable arms (desk or full length) swing away detachable footrest (new equipment purchase)</del>
<del>E1260UE</del>	<del>564.42</del>	<del>Lightweight wheelchair, detachable arms (desk or full length) swing away detachable footrest (used durable medical equipment purchase)</del>
E1270KH, KI	<del>74.18</del> 70.46	Lightweight wheelchair, fixed full length arms, swing away detachable elevating legrests (capped rental)
E1270KJ	<del>55.63</del> 52.84	Lightweight wheelchair, fixed full length arms, swing away detachable elevating legrests (capped rental)
E1270NU	<del>741.80</del> 739.79	Lightweight wheelchair, fixed full length arms, swing away detachable elevating legrests (new equipment purchase)
E1270UE	<del>556.35</del> 554.84	Lightweight wheelchair, fixed full length arms, swing away detachable elevating legrests (used durable medical equipment)
<del>Wheelchair—Heavy Duty</del>		
E1280KH, KI	<del>123.34</del> 117.45	Heavy duty wheelchair, detachable arms (desk or full length) elevating legrests (capped rental)
E1280KJ	<del>92.50</del> 87.86	Heavy duty wheelchair, detachable arms (desk or full length) elevating legrests (capped rental)
E1280NU	<del>1,233.35</del> 1,230.04	Heavy duty wheelchair, detachable arms (desk or full length) elevating legrests (new equipment purchase)
E1280UE	<del>925.01</del> 922.53	Heavy duty wheelchair, detachable arms (desk or full length) elevating legrests (used durable medical equipment)
<del>E1285KH,</del>	<del>100.33</del>	<del>Heavy duty wheelchair, fixed full length arms, swing away</del>

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Code	Rate	Description
<del>KI</del>		<del>detachable footrest (capped rental)</del>
<del>E1285KJ</del>	<del>75.25</del>	<del>Heavy duty wheelchair, fixed full length arms, swing away detachable footrest (capped rental)</del>
<del>E1285NU</del>	<del>1,053.44</del>	<del>Heavy duty wheelchair, fixed full length arms, swing away detachable footrest (new equipment purchase)</del>
<del>E1285UE</del>	<del>790.08</del>	<del>Heavy duty wheelchair, fixed full length arms, swing away detachable footrest (used durable medical equipment)</del>
<del>E1290KH, KI</del>	<del>100.33</del>	<del>Heavy duty wheelchair, detachable arms (desk or full length) swing away detachable footrest (capped rental)</del>
<del>E1290KJ</del>	<del>75.25</del>	<del>Heavy duty wheelchair, detachable arms (desk or full length) swing away detachable footrest (capped rental)</del>
<del>E1290NU</del>	<del>1,053.44</del>	<del>Heavy duty wheelchair, detachable arms (desk or full length) swing away detachable footrest (new equipment purchase)</del>
<del>E1290UE</del>	<del>790.08</del>	<del>Heavy duty wheelchair, detachable arms (desk or full length) swing away detachable footrest (used durable medical equipment)</del>
E1295KH, KI	<u>114.14</u> <del>108.44</del>	Heavy duty wheelchair, fixed full length arms, elevating legrest (capped rental)
E1295KJ	<u>85.60</u> <del>81.34</del>	Heavy duty wheelchair, fixed full length arms, elevating legrest (capped rental)
E1295NU	<u>1,141.38</u> <del>1,138.29</del>	Heavy duty wheelchair, fixed full length arms, elevating legrest (new equipment purchase)
E1295UE	<u>856.04</u> <del>853.72</del>	Heavy duty wheelchair, fixed full length arms, elevating legrest (used durable medical equipment purchase)
E1296NU	<u>543.53</u> <del>516.25</del>	Special wheelchair seat height from floor (new equipment)
E1296RR	<u>55.22</u> <del>52.44</del>	Special wheelchair seat height from floor (rental)
E1296UE	<u>407.65</u> <del>387.49</del>	Special wheelchair seat height from floor (used durable medical equipment)
E1297NU	<u>98.30</u> <del>93.36</del>	Special wheelchair seat depth, by upholstery (new equipment)
E1297RR	<u>10.92</u> <del>10.37</del>	Special wheelchair seat depth, by upholstery (rental)
E1297UE	<u>73.71</u> <del>70.04</del>	Special wheelchair seat depth, by upholstery (used durable medical equipment)
E1298NU	<u>398.11</u> <del>378.44</del>	Special wheelchair seat depth and/or width, by construction (new equipment)
E1298RR	<u>40.73</u> <del>38.69</del>	Special wheelchair seat depth and/or width, by construction (rental)
E1298UE	<u>298.57</u> <del>283.58</del>	Special wheelchair seat depth and/or width, by construction (used durable medical equipment)
<u>Whirlpool--Equipment</u>		
E1300	AAC+30%	Whirlpool, portable (overtub type)
E1310NU	<u>1,715.19</u> <del>1,629.07</del>	Whirlpool, non-portable (built-in type) (new equipment)
E1310RR	<u>146.69</u> <del>139.33</del>	Whirlpool, non-portable (built-in type) (rental)
E1310UE	<u>1,286.41</u> <del>1,229.07</del>	Whirlpool, non-portable (built-in type) (used durable medical equipment)

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Code	Rate	Description
	<del>21.81</del>	equipment)
<u>Repairs and Replacement Supplies</u>		
<u>Additional Oxygen Related Equipment</u>		
E1352	<del>AAC+20%</del>	<u>Oxygen accessory, flow regulator capable of positive inspiratory pressure</u>
E1353	<del>26.61</del>	Regulator
E1354	AAC+30%	Oxygen accessory, wheeled cart for portable cylinder or portable concentrator, any type, replacement only, each
E1355	<del>20.05</del>	Stand/rack
E1356	AAC+30%	Oxygen accessory, battery pack/cartridge for portable concentrator, any type, replacement only, each
E1357	AAC+30%	Oxygen accessory, battery charger for portable concentrator, any type, replacement only, each
E1358	AAC+30%	Oxygen accessory, dc power adapter for portable concentrator, any type, replacement only, each
E1372NU	<del>141.66</del>	Immersion external heater for nebulizer (new equipment)
E1372RR	<del>17.64</del>	Immersion external heater for nebulizer (rental)
E1372UE	<del>105.50</del>	Immersion external heater for nebulizer (used durable medical equipment)
E1390RR	<del>119.48</del>	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate (rental)
E1391RR	<del>119.48</del>	Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each (rental)
E1392RR	<del>40.26</del>	Portable oxygen concentrator, rental
E1399NU	AAC+30%	Durable medical equipment, miscellaneous (new equipment)
E1399RB	AAC+30%	Durable medical equipment, miscellaneous (replacement of a part of DME furnished as part of a repair)
E1399U1	AAC+35%	Durable medical equipment miscellaneous (used only for installation of patient lift systems with RE1-RE23)
E1399UC	AAC+35%	Durable medical equipment, miscellaneous (used for pediatric specialized rehabilitation equipment only)
E1405RR	<del>147.53</del>	Oxygen and water vapor enriching system with heated delivery (rental)
E1406RR	<del>131.89</del>	Oxygen and water vapor enriching system without heated delivery (rental)
<u>Artificial Kidney Machines and Accessories</u>		
E1500	AAC+30%	Centrifuge, for dialysis
E1510	AAC+30%	Kidney, dialysate delivery system kidney machine, pump recirculating, air removal syst, flowrate meter, power off, heater and temperature control with alarm, i.v. poles, pressure gauge, concentrate container

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Code	Rate	Description
E1520	AAC+30%	Heparin infusion pump for hemodialysis
E1530	AAC+30%	Air bubble detector for hemodialysis, each, replacement
E1540	AAC+20%	Pressure alarm for hemodialysis, each, replacement
E1550	AAC+20%	Bath conductivity meter for hemodialysis, each
E1560	AAC+20%	Blood leak detector for hemodialysis, each, replacement
E1570	AAC+30%	Adjustable chair, for esrd patients
E1575	AAC+30%	Transducer protectors/fluid barriers, for hemodialysis, any size, per 10
E1580	AAC+20%	Unipuncture control system for hemodialysis
E1590	AAC+30%	Hemodialysis machine
E1592	AAC+30%	Automatic intermittent peritoneal dialysis system
E1594	AAC+30%	Cycler dialysis machine for peritoneal dialysis
E1610	AAC+30%	Reverse osmosis water purification system, for hemodialysis
E1615	AAC+30%	Deionizer water purification system, for hemodialysis
E1620	AAC+30%	Blood pump for hemodialysis, replacement
E1625	AAC+30%	Water softening system, for hemodialysis
E1630	AAC+30%	Reciprocating peritoneal dialysis system
E1632	AAC+30%	Wearable artificial kidney, each
E1634	AAC+30%	Peritoneal dialysis clamps, each
E1635	AAC+30%	Compact (portable) travel hemodialyzer system
E1636	AAC+30%	Sorbent cartridges, for hemodialysis, per 10
E1637	AAC+30%	Hemostats, each
<del>E1638</del>	<del>AAC+30%</del>	<del>Heating pad, for peritoneal dialysis, any size, each</del>
E1639	AAC+30%	Scale, each
E1699	AAC+30%	Dialysis equipment, not otherwise specified
<u>Jaw Motion Rehabilitation System and Accessories</u>		
E1700NU	<del>293.51</del> 84	Jaw motion rehabilitation system (new equipment)
<del>E1700RR</del>	<del>29.35</del> 27.87	<del>Jaw motion rehabilitation system (rental)</del>
E1700UE	<del>220.13</del> 13	Jaw motion rehabilitation system (used durable medical equipment)
<del>E1700KH,</del>	<del>9.74</del>	<del>Jaw motion rehabilitation system (capped rental) (for Medicare</del>
<del>KI</del>		<del>billing only)</del>
<del>E1700KJ</del>	<del>21.21</del>	<del>Jaw motion rehabilitation system (capped rental) (for Medicare</del>
		<del>billing only)</del>
E1701	<del>9.64</del> 9.26	Replacement cushions for jaw motion rehabilitation system, pkg. of 6
E1702	<del>20.98</del> 20.15	Replacement measuring scales for jaw motion rehabilitation system, pkg. of 200
<u>Other Orthopedic DevicesFlexion/Extension Device</u>		
E1800KH,	<del>97.85</del> 92.94	Dynamic adjustable elbow extension/flexion device, includes soft
KI		interface material (capped rental)
E1800KJ	<del>73.39</del> 69.70	Dynamic adjustable elbow extension/flexion device, includes soft
		interface material (capped rental)
E1800NU	<del>978.52</del> 975.	Dynamic adjustable elbow extension/flexion device, includes soft



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Code	Rate	Description
E1800UE	<del>86</del> <del>733.89731</del>	interface material (new equipment purchase) Dynamic adjustable elbow extension/flexion device, includes soft
E1801KH, KI	<del>89</del> <del>121.23415</del> <del>43</del>	interface material (used durable medical equipment) Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories (capped rental)
E1801KJ	<del>90.928635</del>	Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories (capped rental)
E1801NU	<del>1,212.2712</del> <del>08.89</del>	Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories (new equipment purchase)
E1801UE	<del>909.20906</del> <del>67</del>	Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories (used durable medical equipment)
E1802KH, KI	<del>307.10291</del> <del>67</del>	Dynamic adjustable forearm pronation/supination device, includes soft interface material (capped rental)
E1802KJ	<del>230.32218</del> <del>75</del>	Dynamic adjustable forearm pronation/supination device, includes soft interface material (capped rental)
E1802NU	<del>3,070.9730</del> <del>62.52</del>	Dynamic adjustable forearm pronation/supination device, includes soft interface material (new equipment purchase)
E1802UE	<del>2,303.2222</del> <del>96.89</del>	Dynamic adjustable forearm pronation/supination device, includes soft interface material (used durable medical equipment)
E1805KH, KI	<del>118.73412</del> <del>76</del>	Dynamic adjustable wrist extension/flexion device, includes soft interface material (capped rental)
E1805KJ	<del>89.058457</del>	Dynamic adjustable wrist extension/flexion device, includes soft interface material (capped rental)
E1805NU	<del>1,187.2814</del> <del>83.99</del>	Dynamic adjustable wrist extension/flexion device, includes soft interface material (new equipment purchase)
E1805UE	<del>890.46887</del> <del>99</del>	Dynamic adjustable wrist extension/flexion device, includes soft interface material (used durable medical equipment purchase)
E1806KH, KI	<del>99.549451</del>	Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories (capped rental)
E1806KJ	<del>74.657090</del>	Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories (capped rental)
E1806NU	<del>995.35992</del> <del>55</del>	Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories (new equipment purchase)
E1806UE	<del>746.51744</del> <del>44</del>	Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories (used durable medical equipment purchase)
E1810KH,	<del>99.519451</del>	Dynamic adjustable knee extension/flexion device, includes soft

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Code	Rate	Description
KI		interface material (capped rental)
E1810KJ	<del>74.6370.88</del>	Dynamic adjustable knee extension/flexion device, includes soft interface material (capped rental)
E1810NU	<del>995.10992.37</del>	Dynamic adjustable knee extension/flexion device, includes soft interface material (new equipment purchase)
E1810UE	<del>746.32744.28</del>	Dynamic adjustable knee extension/flexion device, includes soft interface material (used durable medical equipment)
E1811KH, KI	<del>126.03419.74</del>	Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories (capped rental)
E1811KJ	<del>94.5289.78</del>	Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories (capped rental)
E1811NU	<del>1,260.304.256.94</del>	Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories (new equipment purchase)
E1811UE	<del>945.22942.68</del>	Static progressive stretch knee device, extension and/or flexion, or without with range of motion adjustment, includes all components and accessories (used durable medical equipment)
E1812KH, KI	<del>80.8076.75</del>	Dynamic knee, extension/flexion device with active resistance control (capped rental)
E1812KJ	<del>60.6057.56</del>	Dynamic knee, extension/flexion device with active resistance control (capped rental)
E1812NU	<del>808.01805.84</del>	Dynamic knee, extension/flexion device with active resistance control (new equipment purchase)
E1812UE	<del>606.01604.38</del>	Dynamic knee, extension/flexion device with active resistance control (used durable medical equipment purchase)
E1815KH, KI	<del>118.73412.76</del>	Dynamic adjustable ankle extension/flexion device, includes soft interface material (capped rental)
E1815KJ	<del>89.0584.57</del>	Dynamic adjustable ankle extension/flexion device, includes soft interface material (capped rental)
E1815NU	<del>1,187.284.483.99</del>	Dynamic adjustable ankle extension/flexion device, includes soft interface material (new equipment purchase)
E1815UE	<del>890.46887.99</del>	Dynamic adjustable ankle extension/flexion device, includes soft interface material (used durable medical equipment)
E1816KH, KI	<del>128.03421.59</del>	Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories (capped rental)
E1816KJ	<del>96.0294.49</del>	Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories (capped rental)
E1816NU	<del>1,280.274.276.72</del>	Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories (new equipment purchase)

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Code	Rate	Description
E1816UE	<del>960.20</del> <u>957.54</u>	Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories (used durable medical equipment)
E1818KH, KI	<del>130.70</del> <u>124.43</u>	Static progressive stretch forearm pronation/supination device with or without range of motion adjustment, includes cuffs (capped rental)
E1818KJ	<del>98.02</del> <u>93.40</u>	Static progressive stretch forearm pronation/supination device with or without range of motion adjustment, includes all components and accessories (capped rental)
E1818NU	<del>1,306.96</del> <u>1,303.41</u>	Static progressive stretch forearm pronation/supination device with or without range of motion adjustment, includes all components and accessories (new equipment purchase)
E1818UE	<del>980.22</del> <u>977.56</u>	Static progressive stretch forearm pronation/supination device with or without range of motion adjustment, includes all components and accessories (used durable medical equipment)
E1820NU	<del>76.81</del> <u>72.96</u>	Replacement soft interface material, dynamic adjustable extension/flexion device (new equipment)
E1820RR	<del>7.68</del> <u>7.29</u>	Replacement soft interface material, dynamic adjustable extension/flexion device (rental)
E1820UE	<del>57.62</del> <u>54.72</u>	Replacement soft interface material, dynamic adjustable extension/flexion device (used durable medical equipment)
E1821NU	<del>98.90</del> <u>93.93</u>	Replacement soft interface material/cuffs for bi-directional static progressive stretch device (new equipment)
E1821RR	<del>9.87</del> <u>9.38</u>	Replacement soft interface material/cuffs for bi-directional static progressive stretch device (rental)
E1821UE	<del>74.20</del> <u>70.47</u>	Replacement soft interface material/cuffs for bi-directional static progressive stretch device (used durable medical equipment)
E1825KH, KI	<del>118.73</del> <u>112.76</u>	Dynamic adjustable finger extension/flexion device, includes soft interface material (capped rental)
E1825KJ	<del>89.05</del> <u>84.57</u>	Dynamic adjustable finger extension/flexion device, includes soft interface material (capped rental)
E1825NU	<del>1,187.28</del> <u>1,183.99</u>	Dynamic adjustable finger extension/flexion device, includes soft interface material (new equipment purchase)
E1825UE	<del>890.46</del> <u>887.99</u>	Dynamic adjustable finger extension/flexion device, includes soft interface material (used durable medical equipment purchase)
E1830KH, KI	<del>118.73</del> <u>112.76</u>	Dynamic adjustable toe extension/flexion device, includes soft interface material (capped rental)
E1830KJ	<del>89.05</del> <u>84.57</u>	Dynamic adjustable toe extension/flexion device, includes soft interface material (capped rental)
E1830NU	<del>1,187.28</del> <u>1,183.99</u>	Dynamic adjustable toe extension/flexion device, includes soft interface material (new equipment purchase)
E1830UE	<del>890.46</del> <u>887.99</u>	Dynamic adjustable toe extension/flexion device, includes soft interface material (used durable medical equipment purchase)
<u>E1831KH, KI</u>	<u>59.71</u>	<u>Static progressive stretch toe device, extension and/or flexion, with or without range of motion adjustment, includes all components and</u>

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Code	Rate	Description
<u>E1831KJ</u>	<u>44.78</u>	<u>accessories (capped rental)</u> <u>Static progressive stretch toe device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories (capped rental)</u>
<u>E1831NU</u>	<u>626.98</u>	<u>Static progressive stretch toe device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories (new equipment purchase) (capped rental)</u>
<u>E1831UE</u>	<u>470.24</u>	<u>Static progressive stretch toe device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories (used durable medical equipment purchase) (capped rental)</u>
E1840KH, KI	<del>359.63</del> <del>341.57</del>	Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material (capped rental)
E1840KJ	<del>269.72</del> <del>256.48</del>	Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material (capped rental)
E1840NU	<del>3,596.27</del> <del>3.586.54</del>	Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material (new equipment purchase)
E1840UE	<del>2,697.20</del> <del>2.689.88</del>	Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material (used durable medical equipment purchase)
E1841KH, KI	<del>425.66</del> <del>404.30</del>	Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories (capped rental)
E1841KJ	<del>319.25</del> <del>303.23</del>	Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories (capped rental)
E1841NU	<del>4,256.63</del> <del>4.245.18</del>	Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories (new equipment purchase)
E1841UE	<del>3,192.47</del> <del>3.183.88</del>	Static progressive stretch shoulder device, with range of motion adjustment, includes all components and accessories (used durable medical equipment purchase)
<u>Other Devices</u>		
E1902	AAC+30%	Communication board, non-electronic augmentative or alternative communication device
E2000KH, KI	<del>48.71</del> <del>46.26</del>	Gastric suction pump, home model, portable or stationary, electric (capped rental)
E2000KJ	<del>36.53</del> <del>34.69</del>	Gastric suction pump, home model, portable or stationary, electric (capped rental)
E2000NU	<del>487.05</del> <del>485.70</del>	Gastric suction pump, home model, portable or stationary, electric (new equipment purchase)
E2000UE	<del>365.29</del> <del>364.27</del>	Gastric suction pump, home model, portable or stationary, electric (used durable medical equipment purchase)
E2100NU	<del>604.38</del> <del>574.</del>	Blood glucose monitor with integrated voice synthesizer (new

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Code	Rate	Description
	<del>05</del>	equipment purchase)
E2100RR	<del>60.44</del> <del>57.41</del>	Blood glucose monitor with integrated voice synthesizer (rental)
E2100UE	<del>453.30</del> <del>430.</del>	Blood glucose monitor with integrated voice synthesizer (used
	<del>54</del>	durable medical equipment)
E2101NU	<del>177.18</del> <del>168.</del>	Blood glucose monitor with integrated lancing/blood sample (new
	<del>29</del>	equipment)
E2101RR	<del>17.71</del> <del>16.83</del>	Blood glucose monitor with integrated lancing/blood sample (rental)
E2101UE	<del>132.89</del> <del>126.</del>	Blood glucose monitor with integrated lancing/blood sample (used
	<del>22</del>	durable medical equipment)
E2120KH,	<del>266.42</del> <del>253.</del>	Pulse generator system for tympanic treatment of inner ear
KI	<del>05</del>	endolymphatic fluid (capped rental)
E2120KJ	<del>199.82</del> <del>189.</del>	Pulse generator system for tympanic treatment of inner ear
	<del>78</del>	endolymphatic fluid (capped rental)
E2120NU	<del>2,664.24</del> <del>2,6</del>	Pulse generator system for tympanic treatment of inner ear
	<del>56.97</del>	endolymphatic fluid (new equipment purchase)
E2120UE	<del>1,998.18</del> <del>1,9</del>	Pulse generator system for tympanic treatment of inner ear
	<del>92.73</del>	endolymphatic fluid (used durable medical equipment)
<b>DME Wheelchair Accessory</b>		
E2201NU	<del>377.75</del> <del>391.</del>	Manual wheelchair accessory, nonstandard seat frame width, greater
	<del>76</del>	than or equal to 20 inches but less than 24 inches (new equipment)
E2201RR	<del>37.77</del> <del>39.18</del>	Manual wheelchair accessory, nonstandard seat frame width, greater
		than or equal to 20 inches but less than 24 inches (rental)
E2201UE	<del>283.31</del> <del>293.</del>	Manual wheelchair accessory, nonstandard seat frame width, greater
	<del>82</del>	than or equal to 20 inches but less than 24 inches (used durable
		medical equipment)
E2202NU	<del>483.23</del> <del>497.</del>	Manual wheelchair accessory, nonstandard seat frame width, 24-27
	<del>68</del>	inches (new equipment)
E2202RR	<del>48.32</del> <del>49.77</del>	Manual wheelchair accessory, nonstandard seat frame width, 24-27
		inches (rental)
E2202UE	<del>362.44</del> <del>373.</del>	Manual wheelchair accessory, nonstandard seat frame width, 24-27
	<del>28</del>	inches (used durable medical equipment)
E2203NU	<del>468.42</del> <del>503.</del>	Manual wheelchair accessory, nonstandard seat frame depth, greater
	<del>00</del>	than or equal to 20 inches but less than 22 inches (new equipment)
E2203RR	<del>46.84</del> <del>50.28</del>	Manual wheelchair accessory, nonstandard seat frame depth, greater
		than or equal to 20 inches but less than 22 inches (rental)
E2203UE	<del>351.30</del> <del>377.</del>	Manual wheelchair accessory, nonstandard seat frame depth, greater
	<del>24</del>	than or equal to 20 inches but less than 22 inches (used durable
		medical equipment)
E2204NU	<del>780.89</del> <del>854.</del>	Manual wheelchair accessory, nonstandard seat frame depth, 22 - 25
	<del>07</del>	inches (new equipment)
E2204RR	<del>78.09</del> <del>85.42</del>	Manual wheelchair accessory, nonstandard seat frame depth, 22 - 25
		inches (rental)
E2204UE	<del>585.67</del> <del>640.</del>	Manual wheelchair accessory, nonstandard seat frame depth, 22 - 25
	<del>55</del>	inches (used durable medical equipment)

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Code	Rate	Description
E2205NU	<del>34.19</del> 34.30	Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only, each (new equipment)
E2205RR	<del>3.41</del> 3.41	Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only, each (rental)
E2205UE	<del>25.66</del> 25.75	Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only, each (used durable medical equipment)
E2206NU	<del>40.33</del> 42.71	Manual wheelchair accessory, wheel lock assembly, complete, <del>replacement only</del> , each (new equipment)
E2206RR	<del>4.03</del> 4.26	Manual wheelchair accessory, wheel lock assembly, complete, <del>replacement only</del> , each (rental)
E2206UE	<del>30.25</del> 32.03	Manual wheelchair accessory, wheel lock assembly, complete, <del>replacement only</del> , each (used durable medical equipment)
E2207NU	<del>38.74</del> 38.69	Wheelchair accessory, crutch and cane holder, each (new equipment)
E2207RR	<del>3.88</del> 3.88	Wheelchair accessory, crutch and cane holder, each (rental)
E2207UE	<del>29.06</del> 29.02	Wheelchair accessory, crutch and cane holder, each (used durable medical equipment)
E2208NU	<del>77.79</del> 91.38	Wheelchair accessory, cylinder tank carrier, each (new equipment)
<del>E2208NUKE</del>	<del>106.01</del>	<del>Wheelchair accessory, cylinder tank carrier, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2208RR	<del>7.78</del> 9.13	Wheelchair accessory, cylinder tank carrier, each (rental)
<del>E2208RRKE</del>	<del>10.59</del>	<del>Wheelchair accessory, cylinder tank carrier, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2208UE	<del>58.34</del> 68.54	Wheelchair accessory, cylinder tank carrier, each (used durable medical equipment)
<del>E2208UEKE</del>	<del>79.51</del>	<del>Wheelchair accessory, cylinder tank carrier, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2209NU	<del>92.97</del> 96.98	Accessory, arm trough, with or without hand support, each (new equipment)
<del>E2209NUKE</del>	<del>112.52</del>	<del>Accessory, arm trough, with or without hand support, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2209RR	<del>9.31</del> 9.72	Accessory, with or without hand support, arm trough, each (rental)
<del>E2209RRKE</del>	<del>11.28</del>	<del>Accessory, with or without hand support, arm trough, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2209UE	<del>69.74</del> 72.74	Accessory, arm trough, with or without hand support, each (used durable medical equipment)
<del>E2209UEKE</del>	<del>84.40</del>	<del>Accessory, arm trough, with or without hand support, each (used</del>



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Code	Rate	Description
		<del>durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2210NU	<del>5.405.93</del>	Wheelchair accessory, bearings, any type, replacement only, each (new equipment)
<del>E2210NUKE</del>	<del>6.88</del>	<del>Wheelchair accessory, bearings, any type, replacement only, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2210RR	<del>0.500.51</del>	Wheelchair accessory, bearings, any type, replacement only, each (rental)
<del>E2210RRKE</del>	<del>0.59</del>	<del>Wheelchair accessory, bearings, any type, replacement only, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2210UE	<del>4.064.45</del>	Wheelchair accessory, bearings, any type, replacement only, each (used durable medical equipment)
<del>E2210UEKE</del>	<del>5.17</del>	<del>Wheelchair accessory, bearings, any type, replacement only, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2211NU	<del>38.0342.96</del>	Manual wheelchair accessory, pneumatic propulsion tire, any size, each (new equipment)
E2211RR	<del>3.734.16</del>	Manual wheelchair accessory, pneumatic propulsion tire, any size, each (rental)
E2211UE	<del>27.7730.77</del>	Manual wheelchair accessory, pneumatic propulsion tire, any size, each (used durable medical equipment)
E2212NU	<del>6.296.17</del>	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each (new equipment)
E2212RR	<del>0.650.64</del>	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each (rental)
E2212UE	<del>4.734.64</del>	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each (used durable medical equipment)
E2213NU	<del>30.9331.93</del>	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each (new equipment)
E2213RR	<del>3.103.20</del>	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each (rental)
E2213UE	<del>23.1823.93</del>	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each (used durable medical equipment)
E2214NU	<del>35.5037.80</del>	Manual wheelchair accessory, pneumatic caster tire, any size, each (new equipment)
E2214RR	<del>3.754.16</del>	Manual wheelchair accessory, pneumatic caster tire, any size, each (rental)
E2214UE	<del>26.6228.34</del>	Manual wheelchair accessory, pneumatic caster tire, any size, each (used durable medical equipment)

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Code	Rate	Description
E2215NU	<del>10.19</del> <u>10.08</u>	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each (new equipment)
E2215RR	<del>1.02</del> <u>1.00</u>	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each (rental)
E2215UE	<del>7.64</del> <u>7.54</u>	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each (used durable medical equipment)
E2216NU	AAC+30%	Manual wheelchair accessory, foam filled propulsion tire, any size, each (new equipment)
E2216RR	I.C.	Manual wheelchair accessory, foam filled propulsion tire, any size, each (rental)
E2216UE	I.C.	Manual wheelchair accessory, foam filled propulsion tire, any size, each (used durable medical equipment)
E2217NU	AAC+30%	Manual wheelchair accessory, foam filled caster tire, any size, each (new equipment)
E2217RR	I.C.	Manual wheelchair accessory, foam filled caster tire, any size, each (rental)
E2217UE	I.C.	Manual wheelchair accessory, foam filled caster tire, any size, each (used durable medical equipment)
E2218NU	AAC+30%	Manual wheelchair accessory, foam propulsion tire, any size, each (new equipment)
E2218RR	I.C.	Manual wheelchair accessory, foam propulsion tire, any size, each (rental)
E2218UE	I.C.	Manual wheelchair accessory, foam propulsion tire, any size, each (used durable medical equipment)
E2219NU	<del>41.68</del> <u>42.33</u>	Manual wheelchair accessory, foam caster tire, any size, each (new equipment)
E2219RR	<del>4.16</del> <u>4.22</u>	Manual wheelchair accessory, foam caster tire, any size, each (rental)
E2219UE	<del>31.26</del> <u>31.75</u>	Manual wheelchair accessory, foam caster tire, any size, each (used durable medical equipment)
E2220NU	<del>29.67</del> <u>29.95</u>	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, <u>replacement only</u> , each (new equipment)
E2220RR	<del>2.91</del> <u>2.89</u>	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, <u>replacement only</u> , each (rental)
E2220UE	<del>22.49</del> <u>22.90</u>	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, <u>replacement only</u> , each (used durable medical equipment)
E2221NU	<del>26.81</del> <u>26.83</u>	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, <u>replacement only</u> , each (new equipment)
E2221RR	<del>2.70</del> <u>2.71</u>	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, <u>replacement only</u> , each (rental)
E2221UE	<del>20.12</del> <u>20.14</u>	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, <u>replacement only</u> , each (used durable medical equipment)
E2222NU	<del>22.15</del> <u>22.11</u>	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, <u>replacement only</u> , each (new equipment)

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Code	Rate	Description
E2222RR	<del>2.20</del> 2.19	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, <u>replacement only</u> , each (rental)
E2222UE	<del>16.62</del> 16.60	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, <u>replacement only</u> , each (used durable medical equipment)
E2224NU	<del>98.55</del> 102.96	Manual wheelchair accessory, propulsion wheel excludes tire, any size, <u>replacement only</u> , each (new equipment)
E2224RR	<del>10.12</del> 10.80	Manual wheelchair accessory, propulsion wheel excludes tire, any size, <u>replacement only</u> , each (rental)
E2224UE	<del>73.92</del> 77.23	Manual wheelchair accessory, propulsion wheel excludes tire, any size, <u>replacement only</u> , each (used durable medical equipment)
E2225NU	<del>18.52</del> 18.27	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each (new equipment)
E2225RR	<del>1.85</del> 1.83	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each (rental)
E2225UE	<del>13.88</del> 13.69	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each (used durable medical equipment)
E2226NU	<del>39.54</del> 39.84	Manual wheelchair accessory, caster fork, any size, replacement only, each (new equipment)
E2226RR	<del>3.95</del> 3.98	Manual wheelchair accessory, caster fork, any size, replacement only, each (rental)
E2226UE	<del>29.65</del> 29.88	Manual wheelchair accessory, caster fork, any size, replacement only, each (used durable medical equipment)
E2227NU	<del>1,988.40</del> 1,647.56	Manual wheelchair accessory, gear reduction drive wheel, each (new equipment)
<del>E2227RR</del>	<del>198.84</del> 164.78	<del>Manual wheelchair accessory, gear reduction drive wheel, each (rental)</del>
E2227UE	<del>1,491.30</del> 1,235.61	Manual wheelchair accessory, gear reduction drive wheel, each (used durable medical equipment)
<del>E2227KH, KI</del>	<del>198.84</del>	<del>Manual wheelchair accessory, gear reduction drive wheel, each (capped rental) (for Medicare billing only)</del>
<del>E2227KJ</del>	<del>149.13</del>	<del>Manual wheelchair accessory, gear reduction drive wheel, each (capped rental) (for Medicare billing only)</del>
E2228NU	<del>994.07</del> 983.07	Manual wheelchair accessory, wheel braking system and lock, complete, each (new equipment)
<del>E2228RR</del>	<del>99.40</del> 98.30	<del>Manual wheelchair accessory, wheel braking system and lock, complete, each (rental)</del>
E2228UE	<del>745.56</del> 737.33	Manual wheelchair accessory, wheel braking system and lock, complete, each (used durable medical equipment)
<del>E2228KH, KI</del>	<del>99.40</del>	<del>Manual wheelchair accessory, wheel braking system and lock, complete, each (capped rental) (for Medicare billing only)</del>
<del>E2228KJ</del>	<del>74.55</del>	<del>Manual wheelchair accessory, wheel braking system and lock, complete, each (capped rental) (for Medicare billing only) (rental)</del>
E2230	AAC+35%	Manual wheelchair accessory, manual standing system

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Code	Rate	Description
E2231NU	<del>154.15</del> <sup>161.36</sup>	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware (new equipment)
E2231RR	<del>15.42</del> <sup>16.14</sup>	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware (rental)
E2231UE	<del>115.61</del> <sup>121.04</sup>	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware (used durable medical equipment)
E2291	AAC+35%	Back, planar, for pediatric size wheelchair including fixed attaching hardware
E2292	AAC+35%	Seat, planar, for pediatric size wheelchair including fixed attaching hardware
E2293	AAC+35%	Back, contoured, for pediatric size wheelchair including fixed attaching hardware
E2294	AAC+35%	Seat, contoured, for pediatric size wheelchair including fixed attaching hardware
E2295	AAC+35%	Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multiple positioning features
E2300	AAC+35%	<del>Power w</del> Wheelchair accessory, power seat elevation system, <u>any type</u>
E2301	AAC+35%	<del>Power w</del> Wheelchair accessory, power standing system, <u>any type</u>
E2310NU	<del>1,059.30</del> <sup>1,059.07</sup>	Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware (new equipment)
<del>E2310NUKE</del>	<del>1,228.75</del>	<del>Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
<del>E2310RR</del>	<del>110.29</del> <sup>105.90</sup>	<del>Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware (rental)</del>
<del>E2310RRKE</del>	<del>122.87</del>	<del>Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2310UE	<del>794.48</del> <sup>794.30</sup>	Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware (used durable medical

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Code	Rate	Description
<del>E2310KH, KI</del>	<del>105.93</del>	<del>equipment)</del> <del>Power wheelchair accessory, electronic connection between</del> <del>wheelchair controller and one power seating system motor, including</del> <del>all related electronics, indicator feature, mechanical function selection</del> <del>switch, and fixed mounting hardware (capped rental) (for Medicare</del> <del>billing only)</del>
<del>E2310KJ</del>	<del>79.45</del>	<del>Power wheelchair accessory, electronic connection between</del> <del>wheelchair controller and one power seating system motor, including</del> <del>all related electronics, indicator feature, mechanical function selection</del> <del>switch, and fixed mounting hardware (capped rental) (for Medicare</del> <del>billing only)</del>
<del>E2310UEKE</del>	<del>921.56</del>	<del>Power wheelchair accessory, electronic connection between</del> <del>wheelchair controller and one power seating system motor, including</del> <del>all related electronics, indicator feature, mechanical function selection</del> <del>switch, and fixed mounting hardware (used durable medical</del> <del>equipment) (bid under round one of the DMEPOS competitive</del> <del>bidding program for use with noncompetitive bid base equipment)</del>
E2311NU	<del>2,141.40</del> 44.13	Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware (new equipment)
<del>E2311NUKE</del>	<del>2,487.66</del>	<del>Power wheelchair accessory, electronic connection between</del> <del>wheelchair controller and two or more power seating system motors,</del> <del>including all related electronics, indicator feature, mechanical</del> <del>function selection switch, and fixed mounting hardware (new</del> <del>equipment) (bid under round one of the DMEPOS competitive</del> <del>bidding program for use with noncompetitive bid base equipment)</del>
<del>E2311RR</del>	<del>214.14</del> 42	<del>Power wheelchair accessory, electronic connection between</del> <del>wheelchair controller and two or more power seating system motors,</del> <del>including all related electronics, indicator feature, mechanical</del> <del>function selection switch, and fixed mounting hardware (rental)</del>
<del>E2311RRKE</del>	<del>248.78</del>	<del>Power wheelchair accessory, electronic connection between</del> <del>wheelchair controller and two or more power seating system motors,</del> <del>including all related electronics, indicator feature, mechanical</del> <del>function selection switch, and fixed mounting hardware (rental) (bid</del> <del>under round one of the DMEPOS competitive bidding program for</del> <del>use with noncompetitive bid base equipment)</del>
E2311UE	<del>1,606.05</del> 08.09	Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware (used durable medical equipment)
<del>E2311KH,</del>	<del>214.14</del>	<del>Power wheelchair accessory, electronic connection between</del>

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Code	Rate	Description
<u>KI</u>		<u>wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware (capped rental) (for Medicare billing only)</u>
<u>E2311KJ</u>	<u>160.61</u>	<u>Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware (capped rental) (for Medicare billing only)</u>
<u>E2311UEKE</u>	<u>1,865.75</u>	<u>Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</u>
<u>E2312NU</u>	<u>2,143.90</u> <u>2,020.36</u>	<u>Power wheelchair accessory, hand or chin control, interface, mini-proportional remote joystick, proportional, including fixed mounting hardware (new equipment)</u>
<u>E2312NUKC</u>	<u>2,734.30</u> <u>2,596.84</u>	<u>Power wheelchair accessory, hand or chin control, interface, mini-proportional remote joystick, proportional, including fixed mounting hardware (new equipment) (replacement of special power wheelchair interface)</u>
<u>E2312RR</u>	<u>214.39</u> <u>203.62</u>	<u>Power wheelchair accessory, hand or chin control, interface, mini-proportional remote joystick, proportional, including fixed mounting hardware (rental)</u>
<u>E2312RRKC</u>	<u>273.43</u> <u>259.69</u>	<u>Power wheelchair accessory, hand or chin control, interface, mini-proportional remote joystick, proportional, including fixed mounting hardware (rental) (replacement of special power wheelchair interface)</u>
<u>E2312UE</u>	<u>1,607.93</u> <u>1,527.08</u>	<u>Power wheelchair accessory, hand or chin control, interface, mini-proportional remote joystick, proportional, including fixed mounting hardware (used durable medical equipment)</u>
<u>E2312UEKC</u>	<u>2,050.73</u> <u>1,947.62</u>	<u>Power wheelchair accessory, hand or chin control, interface, mini-proportional remote joystick, proportional, including fixed mounting hardware (used durable medical equipment) (replacement of special power wheelchair interface)</u>
<u>E2312KH,</u> <u>KI</u>	<u>214.39</u>	<u>Power wheelchair accessory, hand or chin control, interface, mini-proportional remote joystick, proportional, including fixed mounting hardware (capped rental) (for Medicare billing only)</u>
<u>E2312KJ</u>	<u>160.79</u>	<u>Power wheelchair accessory, hand or chin control, interface, mini-proportional remote joystick, proportional, including fixed mounting hardware (capped rental) (for Medicare billing only) (for Medicare billing only)</u>
<u>E2312KHKC</u>	<u>273.43</u>	<u>Power wheelchair accessory, hand or chin control, interface, mini-</u>



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Code	Rate	Description
<del>. KIKC</del>		<del>proportional remote joystick, proportional, including fixed mounting hardware (capped rental) (replacement of special power wheelchair interface) (for Medicare billing only)</del>
<del>E2312KJKC</del>	<del>205.07</del>	<del>Power wheelchair accessory, hand or chin control, interface, mini-proportional remote joystick, proportional, including fixed mounting hardware (capped rental) (replacement of special power wheelchair interface) (for Medicare billing only)</del>
E2313NU	<del>340.60</del> <del>33</del>	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each (new equipment)
<del>E2313RR</del>	<del>34.06</del> <del>32.35</del>	<del>Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each (rental)</del>
E2313UE	<del>255.45</del> <del>242.50</del>	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each (used durable medical equipment)
<del>E2313KH, KI</del>	<del>34.06</del>	<del>Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each (capped rental) (for Medicare billing only)</del>
<del>E2313KJ</del>	<del>25.55</del>	<del>Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each (capped rental) (for Medicare billing only)</del>
E2321NU	<del>1,439.00</del> <del>1,438.14</del>	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (new equipment)
E2321NUKC	<del>1,915.10</del> <del>2,342.55</del>	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (new equipment) (replacement of special power wheelchair interface)
<del>E2321NUKE</del>	<del>1,668.56</del>	<del>Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
<del>E2321RR</del>	<del>143.90</del> <del>143.82</del>	<del>Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (rental)</del>
<del>E2321RRKC</del>	<del>191.51</del> <del>234.26</del>	<del>Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (rental) (replacement of special power wheelchair interface)</del>
<del>E2321RRKE</del>	<del>166.87</del>	<del>Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (rental) (bid under round one of</del>

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Code	Rate	Description
E2321UE	<del>1,079.25</del> 78.62	<del>the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del> Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (used durable medical equipment)
E2321UEKC	<del>1,436.33</del> 56.94	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (used durable medical equipment) (replacement of special power wheelchair interface)
<del>E2321KH, KI</del>	<del>143.90</del>	<del>Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (capped rental) (for Medicare billing only)</del>
<del>E2321KJ</del>	<del>107.93</del>	<del>Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (capped rental) (for Medicare billing only)</del>
<del>E2321KHKC, KIKC</del>	<del>191.51</del>	<del>Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (capped rental) (replacement of special power wheelchair interface) (for Medicare billing only)</del>
<del>E2321KJKC</del>	<del>143.63</del>	<del>Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (capped rental) (replacement of special power wheelchair interface) (for Medicare billing only)</del>
<del>E2321UEKE</del>	<del>1,251.43</del>	<del>Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2322NU	<del>1,316.00</del> 76.38	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (new equipment)
E2322NUKC	<del>1,950.10</del> 80.72	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (new equipment) (replacement of special power wheelchair interface)
<del>E2322NUKE</del>	<del>1,480.88</del>	<del>Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>

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Code	Rate	Description
<del>E2322RR</del>	<del>131.60</del> 127.63	<del>Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (rental)</del>
<del>E2322RRKC</del>	<del>195.01</del> 248.07	<del>Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (rental) (replacement of special power wheelchair interface)</del>
<del>E2322RRKE</del>	<del>148.08</del>	<del>Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2322UE	<del>987.00</del> 957.29	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (used durable medical equipment)
E2322UEKC	<del>1,462.58</del> 1,860.54	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (used durable medical equipment) (replacement of special power wheelchair interface)
<del>E2322KH, KI</del>	<del>131.60</del>	<del>Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (capped rental) (for Medicare billing only)</del>
<del>E2322KJ</del>	<del>98.70</del>	<del>Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (capped rental) (for Medicare billing only)</del>
<del>E2322KHKC, KIKC</del>	<del>195.01</del>	<del>Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (capped rental) (replacement of special power wheelchair interface) (for Medicare billing only)</del>
<del>E2322KJJC</del>	<del>146.26</del>	<del>Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (capped rental) (replacement of special power wheelchair interface) (for Medicare billing only)</del>
<del>E2322UEKE</del>	<del>1,110.67</del>	<del>Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (used durable medical equipment) (bid under round one of the</del>

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Code	Rate	Description
<del>E2323NU</del>	<del>64.3562.59</del>	<del>DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del> Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated (new equipment)
<del>E2323NUKE</del>	<del>72.62</del>	<del>Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
<del>E2323RR</del>	<del>6.436.26</del>	<del>Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated (rental)</del>
<del>E2323RRKE</del>	<del>7.27</del>	<del>Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
<del>E2323UE</del>	<del>48.2646.94</del>	<del>Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated (used durable medical equipment)</del>
<del>E2323UEKE</del>	<del>54.46</del>	<del>Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
<del>E2324NU</del>	<del>41.6139.66</del>	<del>Power wheelchair accessory, chin cup for chin control interface (new equipment)</del>
<del>E2324NUKE</del>	<del>46.01</del>	<del>Power wheelchair accessory, chin cup for chin control interface (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
<del>E2324RR</del>	<del>4.153.95</del>	<del>Power wheelchair accessory, chin cup for chin control interface (rental)</del>
<del>E2324RRKE</del>	<del>4.59</del>	<del>Power wheelchair accessory, chin cup for chin control interface (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
<del>E2324UE</del>	<del>31.2029.75</del>	<del>Power wheelchair accessory, chin cup for chin control interface (used durable medical equipment)</del>
<del>E2324UEKE</del>	<del>34.51</del>	<del>Power wheelchair accessory, chin cup for chin control interface (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
<del>E2325NU</del>	<del>1,257.401.218.88</del>	<del>Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware (new equipment)</del>
<del>E2325NUKE</del>	<del>1,414.17</del>	<del>Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>

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Code	Rate	Description
E2325RR	<del>125.74</del> 90	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware (rental)
<del>E2325RRKE</del>	<del>141.44</del>	<del>Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2325UE	<del>943.05</del> 17	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware (used durable medical equipment)
<del>E2325KH, KI</del>	<del>125.74</del>	<del>Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual SwingAway mounting hardware (rental) (for Medicare billing only)</del>
<del>E2325KJ</del>	<del>94.31</del>	<del>Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual SwingAway mounting hardware (rental) (for Medicare billing only)</del>
<del>E2325UEKE</del>	<del>1,060.64</del>	<del>Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2326NU	<del>326.90</del> 16	Power wheelchair accessory, breath tube kit for sip and puff interface (new equipment)
<del>E2326NUKE</del>	<del>364.50</del>	<del>Power wheelchair accessory, breath tube kit for sip and puff interface (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
<del>E2326RR</del>	<del>32.69</del> 1.43	<del>Power wheelchair accessory, breath tube kit for sip and puff interface (rental)</del>
<del>E2326RRKE</del>	<del>36.47</del>	<del>Power wheelchair accessory, breath tube kit for sip and puff interface (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2326UE	<del>245.18</del> 61	Power wheelchair accessory, breath tube kit for sip and puff interface (used durable medical equipment)
<del>E2326KH, KI</del>	<del>32.69</del>	<del>Power wheelchair accessory, breath tube kit for sip and puff interface (capped rental) (for Medicare billing only)</del>
<del>E2326KJ</del>	<del>24.52</del>	<del>Power wheelchair accessory, breath tube kit for sip and puff interface (capped rental) (for Medicare billing only)</del>
<del>E2326UEKE</del>	<del>273.36</del>	<del>Power wheelchair accessory, breath tube kit for sip and puff interface (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2327NU	<del>2,448.80</del> 20	Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction

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Code	Rate	Description
E2327NUKC	<del>3,095.10</del> 91.81	change switch, and fixed mounting hardware (new equipment) Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware (new equipment) (replacement of special power wheelchair interface)
<del>E2327NUKE</del>	<del>2,743.00</del>	<del>Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
<del>E2327RR</del>	<del>244.88</del> 236.42	<del>Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware (rental)</del>
<del>E2327RRKC</del>	<del>309.51</del> 359.18	<del>Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware (rental) (replacement of special power wheelchair interface)</del>
<del>E2327RRKE</del>	<del>274.30</del>	<del>Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2327UE	<del>1,836.60</del> 1,773.15	Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware (used durable medical equipment)
E2327UEKC	<del>2,321.33</del> 2,269.85	Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware (used durable medical equipment) (replacement of special power wheelchair interface)
<del>E2327KH, KI</del>	<del>244.88</del>	<del>Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware (capped rental) (for Medicare billing only)</del>
<del>E2327KJ</del>	<del>183.66</del>	<del>Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware (capped rental) (for Medicare billing only)</del>
<del>E2327KHKC, KIKC</del>	<del>309.51</del>	<del>Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware (capped rental) (replacement of special power wheelchair interface) (for Medicare billing only)</del>
E2327KJKC	232.13	Power wheelchair accessory, head control interface, mechanical



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Code	Rate	Description
<del>E2327UEKE</del>	<del>2,057.24</del>	<del>proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware (capped rental) (replacement of special power wheelchair interface) (for Medicare billing only)</del>
E2328NU	<del>4,633.80</del> 4,484.56	Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware (used durable medical equipment) (replacement of special power wheelchair interface) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
<del>E2328NUKE</del>	<del>5,203.09</del>	<del>Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics, and fixed mounting hardware (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
<del>E2328RR</del>	<del>463.38</del> 448.45	<del>Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics, and fixed mounting hardware (rental)</del>
<del>E2328RRKE</del>	<del>520.30</del>	<del>Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics, and fixed mounting hardware (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2328UE	<del>3,475.35</del> 3,363.43	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics, and fixed mounting hardware (used durable medical equipment)
<del>E2328KH, KI, KJ</del>	<del>463.38</del>	<del>Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics, and fixed mounting hardware (capped rental) (for Medicare billing only)</del>
E2328KJ	<del>347.54</del>	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics, and fixed mounting hardware (capped rental) (for Medicare billing only)
<del>E2328UEKE</del>	<del>3,902.33</del>	<del>Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics, and fixed mounting hardware (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2329NU	<del>1,662.20</del> 1,598.35	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics,

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Code	Rate	Description
		mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware (new equipment)
<del>E2329NUKE</del>	<del>1,854.44</del>	<del>Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with nonecompetitive bid base equipment)</del>
<del>E2329RR</del>	<del>166.22</del> 159.83	<del>Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware (rental)</del>
<del>E2329RRKE</del>	<del>185.44</del>	<del>Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware (rental) (bid under round one of the DMEPOS competitive bidding program for use with nonecompetitive bid base equipment)</del>
E2329UE	<u>1,246.65</u> 1,498.76	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware (used durable medical equipment)
<del>E2329KH, KI</del>	<del>166.22</del>	<del>Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware (capped rental) (for Medicare billing only)</del>
<del>E2329KJ</del>	<del>124.67</del>	<del>Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware (capped rental) (for Medicare billing only)</del>
<del>E2329UEKE</del>	<del>1,390.83</del>	<del>Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with nonecompetitive bid base equipment)</del>
E2330NU	<u>3,206.30</u> 3,096.99	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware (new equipment)
<del>E2330NUKE</del>	<del>3,593.19</del>	<del>Power wheelchair accessory, head control interface, proximity switch</del>

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Code	Rate	Description
<del>E2330RR</del>	<del>320.63</del> <del>309.69</del>	<del>mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del> Power wheelchair accessory, head control interface, proximity switch
<del>E2330RRKE</del>	<del>359.31</del>	<del>mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware (rental)</del> Power wheelchair accessory, head control interface, proximity switch
<del>E2330UE</del>	<del>2,404.73</del> <del>22.75</del>	<del>mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del> Power wheelchair accessory, head control interface, proximity switch
<del>E2330KH, KI</del>	<del>320.63</del>	<del>mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware (capped rental) (for Medicare billing only)</del> Power wheelchair accessory, head control interface, proximity switch
<del>E2330KJ</del>	<del>240.47</del>	<del>mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware (capped rental) (for Medicare billing only)</del> Power wheelchair accessory, head control interface, proximity switch
<del>E2330UEKE</del>	<del>2,694.91</del>	<del>mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del> Power wheelchair accessory, head control interface, proximity switch
E2331NU	AAC+35%	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware (new equipment)
E2331RR	I.C.	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware (rental)
E2331UE	I.C.	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware (used durable mental medical equipment)

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Code	Rate	Description
E2340NU	<del>396.17</del> 376. 28	Power wheelchair accessory, nonstandard seat frame width, 20-23 inches (new equipment)
E2340RR	<del>39.63</del> 37.64	Power wheelchair accessory, nonstandard seat frame width, 20-23 inches (rental)
E2340UE	<del>297.16</del> 282. 23	Power wheelchair accessory, nonstandard seat frame width, 20-23 inches (used durable medical equipment)
E2341NU	<del>594.30</del> 564. 46	Power wheelchair accessory, nonstandard seat frame width, 24-27 inches (new equipment)
E2341RR	<del>59.42</del> 56.45	Power wheelchair accessory, nonstandard seat frame width, 24-27 inches (rental)
E2341UE	<del>445.73</del> 423. 35	Power wheelchair accessory, nonstandard seat frame width, 24-27 inches (used durable medical equipment)
E2342NU	<del>495.25</del> 470. 38	Power wheelchair accessory, nonstandard seat frame depth, 20-21 inches (new equipment)
E2342RR	<del>49.52</del> 47.04	Power wheelchair accessory, nonstandard seat frame depth, 20-21 inches (rental)
E2342UE	<del>371.45</del> 352. 79	Power wheelchair accessory, nonstandard seat frame depth, 20-21 inches (used durable medical equipment)
E2343NU	<del>792.41</del> 752. 62	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches (new equipment)
E2343RR	<del>79.23</del> 75.25	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches (rental)
E2343UE	<del>594.30</del> 564. 46	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches (used durable medical equipment)
E2351NU	<del>659.43</del> 632. 26	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface (new equipment)
<del>E2351NUKE</del>	<del>733.56</del>	<del>Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2351RR	<del>65.94</del> 63.24	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface (rental)
<del>E2351RRKE</del>	<del>73.37</del>	<del>Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2351UE	<del>494.58</del> 474. 48	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface (used durable medical equipment)
<del>E2351UEKE</del>	<del>550.16</del>	<del>Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>

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Code	Rate	Description
		equipment)
<u>E2358NU</u>	<u>AAC+35%</u>	<u>Power wheelchair accessory, group 34 non-sealed lead acid battery, each (new equipment)</u>
<u>E2358RR</u>	<u>I.C.</u>	<u>Power wheelchair accessory, group 34 non-sealed lead acid battery, each (rental)</u>
<u>E2358UE</u>	<u>I.C.</u>	<u>Power wheelchair accessory, group 34 non-sealed lead acid battery, each (used durable medical equipment)</u>
<u>E2359NU</u>	<u>177.83</u>	<u>Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g. Gel cell, absorbed glassmat) (new equipment)</u>
<u>E2359RR</u>	<u>17.78</u>	<u>Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g. Gel cell, absorbed glassmat) (rental)</u>
<u>E2359UE</u>	<u>133.38</u>	<u>Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g. Gel cell, absorbed glassmat) (used durable medical equipment)</u>
E2360NU	<del>113.10</del> <u>117.96</u>	Power wheelchair accessory, 22 NF non-sealed lead acid battery, each (new equipment)
E2360RR	<del>11.34</del> <u>11.85</u>	Power wheelchair accessory, 22 NF non-sealed lead acid battery, each (rental)
E2360UE	<del>84.82</del> <u>88.47</u>	Power wheelchair accessory, 22 NF non-sealed lead acid battery, each (used durable medical equipment)
E2361NU	<del>120.25</del> <u>126.22</u>	Power wheelchair accessory, 22 NF sealed lead acid battery, each, (e.g. gel cell, absorbed glassmat) (new equipment)
<del>E2361NUKE</del>	<del>146.44</del>	<del>Power wheelchair accessory, 22 NF sealed lead acid battery, each, (e.g. gel cell, absorbed glassmat) (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2361RR	<del>12.02</del> <u>12.62</u>	Power wheelchair accessory, 22 NF sealed lead acid battery, each, (e.g. gel cell, absorbed glassmat) (rental)
<del>E2361RRKE</del>	<del>14.65</del>	<del>Power wheelchair accessory, 22 NF sealed lead acid battery, each, (e.g. gel cell, absorbed glassmat) (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2361UE	<del>90.20</del> <u>94.68</u>	Power wheelchair accessory, 22 NF sealed lead acid battery, each, (e.g. gel cell, absorbed glassmat) (used durable medical equipment)
<del>E2361UEKE</del>	<del>109.85</del>	<del>Power wheelchair accessory, 22 NF sealed lead acid battery, each, (e.g. gel cell, absorbed glassmat) (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2362NU	<del>96.25</del> <u>96.58</u>	Power wheelchair accessory, group 24 non-sealed lead acid battery, each (new equipment)
E2362RR	<del>9.62</del> <u>9.66</u>	Power wheelchair accessory, group 24 non-sealed lead acid battery, each (rental)
E2362UE	<del>72.18</del> <u>72.43</u>	Power wheelchair accessory, group 24 non-sealed lead acid battery, each (used durable medical equipment)
E2363NU	<del>157.57</del> <u>168.</u>	Power wheelchair accessory, group 24 sealed lead acid battery, each

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Code	Rate	Description
	<del>33</del>	(e.g. gel cell, absorbed glassmat) (new equipment)
<del>E2363NUKE</del>	<del>195.30</del>	<del>Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2363RR	<u>15.75</u> <del>16.84</del>	Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (rental)
<del>E2363RRKE</del>	<del>19.54</del>	<del>Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2363UE	<u>118.18</u> <del>126.25</del>	Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (used durable medical equipment)
<del>E2363UEKE</del>	<del>146.48</del>	<del>Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2364NU	<u>107.09</u> <del>117.96</del>	Power wheelchair accessory, u-1 non-sealed lead acid battery, each (new equipment)
E2364RR	<u>10.74</u> <del>11.85</del>	Power wheelchair accessory, u-1 non-sealed lead acid battery, each (rental)
E2364UE	<u>80.31</u> <del>88.47</del>	Power wheelchair accessory, u-1 non-sealed lead acid battery, each (used durable medical equipment)
E2365NU	<u>88.76</u> <del>101.54</del>	Power wheelchair accessory, u-1 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (new equipment)
<del>E2365NUKE</del>	<del>117.78</del>	<del>Power wheelchair accessory, u-1 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2365RR	<u>8.87</u> <del>10.15</del>	Power wheelchair accessory, u-1 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (rental)
<del>E2365RRKE</del>	<del>11.78</del>	<del>Power wheelchair accessory, u-1 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2365UE	<u>66.58</u> <del>76.16</del>	Power wheelchair accessory, u-1 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (used durable medical equipment)
<del>E2365UEKE</del>	<del>88.36</del>	<del>Power wheelchair accessory, u-1 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2366NU	<u>198.25</u> <del>238.58</del>	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each (new equipment)



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Code	Rate	Description
<del>E2366NUKE</del>	<del>276.80</del>	<del>Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2366RR	<u>19.86</u> <del>23.92</del>	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each (rental)
<del>E2366RRKE</del>	<del>27.75</del>	<del>Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2366UE	<u>148.69</u> <del>178.94</del>	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each (used durable medical equipment)
<del>E2366UEKE</del>	<del>207.61</del>	<del>Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2367NU	<u>346.96</u> <del>379.27</del>	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each (new equipment)
<del>E2367NUKE</del>	<del>440.03</del>	<del>Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2367RR	<u>34.70</u> <del>37.93</del>	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each (rental)
<del>E2367RRKE</del>	<del>44.01</del>	<del>Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2367UE	<u>260.23</u> <del>284.45</del>	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each (used durable medical equipment)
<del>E2367UEKE</del>	<del>330.03</del>	<del>Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2368NU	<u>426.25</u> <del>467.50</del>	Power wheelchair component, <u>drive wheel</u> motor, replacement only (new equipment)
<del>E2368NUKE</del>	<del>542.40</del>	<del>Power wheelchair component, motor, replacement only (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2368RR	<u>42.63</u> <del>46.76</del>	Power wheelchair component, <u>drive wheel</u> motor, replacement only (rental)

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Code	Rate	Description
<del>E2368RRKE</del>	<del>54.25</del>	<del>Power wheelchair component, motor, replacement only (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2368UE	<del>319.69</del> <del>350.63</del>	Power wheelchair component, <u>drive wheel</u> motor, replacement only (used durable medical equipment)
<del>E2368KH, KI</del>	<del>42.63</del>	<del>Power wheelchair component, drive wheel motor, replacement only (capped rental) (for Medicare billing only)</del>
<del>E2368-KJ</del>	<del>31.97</del>	<del>(Power wheelchair component, drive wheel motor, replacement only capped rental) (for Medicare billing only)</del>
<del>E2368UEKE</del>	<del>406.81</del>	<del>Power wheelchair component, motor, replacement only (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2369NU	<del>377.37</del> <del>407.20</del>	Power wheelchair component, <u>drive wheel</u> gear box, replacement only (new equipment)
<del>E2369NUKE</del>	<del>472.44</del>	<del>Power wheelchair component, gear box, replacement only (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
<del>E2369RR</del>	<del>37.75</del> <del>40.73</del>	<del>Power wheelchair component, drive wheel gear box, replacement only (rental)</del>
<del>E2369RRKE</del>	<del>47.25</del>	<del>Power wheelchair component, gear box, replacement only (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2369UE	<del>283.03</del> <del>305.39</del>	Power wheelchair component, <u>drive wheel</u> gear box, replacement only (used durable medical equipment)
<del>E2369UEKE</del>	<del>354.32</del>	<del>Power wheelchair component, gear box, replacement only (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
<del>E2369KH, KI</del>	<del>37.75</del>	<del>Power wheelchair component, drive wheel gear box, replacement only (capped rental) (for Medicare billing only)</del>
<del>E2369KJ</del>	<del>28.31</del>	<del>Power wheelchair component, drive wheel gear box, replacement only (capped rental) (for Medicare billing only)</del>
E2370NU	<del>655.96</del> <del>726.57</del>	Power wheelchair component, <u>integrated drive wheel</u> motor and gear box combination, replacement only (new equipment)
<del>E2370NUKE</del>	<del>842.98</del>	<del>Power wheelchair component, motor and gear box combination, replacement only (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
<del>E2370RR</del>	<del>65.60</del> <del>72.66</del>	<del>Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only (rental)</del>
<del>E2370RRKE</del>	<del>84.30</del>	<del>Power wheelchair component, motor and gear box combination, replacement only (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>

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Code	Rate	Description
E2370UE	<del>491.97</del> <sup>544.92</sup>	equipment) Power wheelchair component, <u>integrated drive wheel</u> motor and gear box combination, replacement only (used durable medical equipment)
<u>E2370KH, KI</u>	<u>65.60</u>	<u>Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only (capped rental) (for Medicare billing only)</u>
<u>E2370KJ</u>	<u>49.20</u>	<u>Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only (capped rental) (for Medicare billing only)</u>
<del>E2370UEKE</del>	<del>632.23</del>	<del>Power wheelchair component, motor and gear box combination, replacement only (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2371NU	<del>135.77</del> <sup>136.42</sup>	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each (new equipment)
<del>E2371NUKE</del>	<del>158.28</del>	<del>Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2371RR	<del>13.58</del> <sup>13.65</sup>	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each (rental)
<del>E2371RRKE</del>	<del>15.83</del>	<del>Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2371UE	<del>101.84</del> <sup>102.32</sup>	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each (used durable medical equipment)
<del>E2371UEKE</del>	<del>118.71</del>	<del>Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2372NU	AAC+35%	Power wheelchair accessory, group 27 nonsealed lead acid battery, each (new equipment)
E2372RR	I.C.	Power wheelchair accessory, group 27 nonsealed lead acid battery, each (rental)
E2372UE	I.C.	Power wheelchair accessory, group 27 nonsealed lead acid battery, each (used durable medical equipment)
E2373NU	<del>747.40</del> <sup>709.72</sup>	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware (new equipment)
E2373NUKC	<del>1,140.60</del> <sup>1,094.99</sup>	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware (new equipment) (replacement of special power wheelchair interface)
<del>E2373NUKE</del>	<del>709.72</del>	<del>Power wheelchair accessory, hand or chin control interface, compact</del>

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Code	Rate	Description
<del>E2373RR</del>	<del>74.74</del> <del>70.99</del>	<del>remote joystick, proportional, including fixed mounting hardware (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del> Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware (rental)
<del>E2373RRKC</del>	<del>114.06</del> <del>109.54</del>	<del>Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware (rental) (replacement of special power wheelchair interface)</del> Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
<del>E2373RRKE</del>	<del>70.99</del>	<del>Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del> Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware (used durable medical equipment)
E2373UE	<del>560.55</del> <del>532.34</del>	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware (used durable medical equipment) (replacement of special power wheelchair interface)
E2373UEKC	<del>855.45</del> <del>824.26</del>	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware (used durable medical equipment) (replacement of special power wheelchair interface)
<del>E2373KH, KI</del>	<del>74.74</del>	<del>Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware (capped rental) (for Medicare billing only)</del> Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware (capped rental) (for Medicare billing only)
<del>E2373KJ</del>	<del>56.06</del>	<del>Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware (capped rental) (for Medicare billing only)</del> Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware (capped rental) (replacement of special power wheelchair interface) (for Medicare billing only)
<del>E2373KHKC, KIKC</del>	<del>114.06</del>	<del>Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware (capped rental) (replacement of special power wheelchair interface) (for Medicare billing only)</del> Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware (capped rental) (replacement of special power wheelchair interface) (for Medicare billing only)
<del>E2373KJJC</del>	<del>85.55</del>	<del>Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware (capped rental) (replacement of special power wheelchair interface) (for Medicare billing only)</del> Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
<del>E2373UEKE</del>	<del>532.34</del>	<del>Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del> Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only (new equipment)
E2374NU	<del>485.70</del> <del>483.29</del>	Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only (new equipment)
<del>E2374NUKE</del>	<del>560.72</del>	<del>Power wheelchair accessory, hand or chin control interface, standard</del>

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Code	Rate	Description
<del>E2374RR</del>	<del>48.57</del> <del>48.33</del>	<del>remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del> <del>Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only (rental)</del>
<del>E2374RRKE</del>	<del>56.07</del>	<del>Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2374UE	<del>364.28</del> <del>362.48</del>	Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only (used durable medical equipment)
<del>E2374KH, KI</del>	<del>48.57</del>	<del>Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only (capped rental) (for Medicare billing only)</del>
<del>E2374KJ</del>	<del>36.43</del>	<del>Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only (capped rental) (for Medicare billing only)</del>
<del>E2374UEKE</del>	<del>420.56</del>	<del>Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2375NU	<del>747.30</del> <del>775.49</del>	Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only (new equipment)
<del>E2375NUKE</del>	<del>899.39</del>	<del>Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
<del>E2375RR</del>	<del>74.72</del> <del>77.51</del>	<del>Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only (rental)</del>
<del>E2375RRKE</del>	<del>89.93</del>	<del>Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>

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Code	Rate	Description
E2375UE	<del>560.47</del> 37	Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only (used durable medical equipment)
<del>E2375KH, KI</del>	<del>74.72</del>	<del>Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only (capped rental) (for Medicare billing only)</del>
<del>E2375KJ</del>	<del>56.04</del>	<del>Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only (capped rental) (for Medicare billing only)</del>
<del>E2375UEKE</del>	<del>674.52</del>	<del>Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2376NU	<del>1,213.90</del> 44.75	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only (new equipment)
<del>E2376NUKE</del>	<del>1,409.38</del>	<del>Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
<del>E2376RR</del>	<del>121.39</del> 48	<del>Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only (rental)</del>
<del>E2376RRKE</del>	<del>140.94</del>	<del>Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2376UE	<del>910.43</del> 08	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only (used durable medical equipment)
<del>E2376KH, KI</del>	<del>121.39</del>	<del>Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only (capped rental) (for Medicare billing only)</del>
<del>E2376KJ</del>	<del>91.04</del>	<del>Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only (capped rental) (for Medicare billing only)</del>
<del>E2376UEKE</del>	<del>1,057.06</del>	<del>Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2377NU	<del>444.20</del> 439.57	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue (new equipment)



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Code	Rate	Description
<del>E2377NUKE</del>	<del>510.00</del>	<del>Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
<del>E2377RR</del>	<del>\$44.4243.9</del>	<del>Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue (rental)</del>
<del>E2377RRKE</del>	<del>50.99</del>	<del>Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2377UE	<del>333.15329.69</del>	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue (used durable medical equipment)
<del>E2377KH, KI</del>	<del>45.77</del>	<del>Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue (capped rental) (for Medicare billing only)</del>
<del>E2377KJ</del>	<del>34.33</del>	<del>Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue (capped rental) (for Medicare billing only)</del>
<del>E2377UEKE</del>	<del>382.52</del>	<del>Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
<del>E2378NU</del>	<del>565.70</del>	<del>Power wheelchair component, actuator, replacement only (new equipment purchase)</del>
<del>E2378RR</del>	<del>56.57</del>	<del>Power wheelchair component, actuator, replacement only (rental)</del>
<del>E2378UE</del>	<del>424.28</del>	<del>Power wheelchair component, actuator, replacement only (used durable medical equipment purchase)</del>
<del>E2378KH, KI</del>	<del>56.57</del>	<del>Power wheelchair component, actuator, replacement only (rental) (for Medicare billing only)</del>
<del>E2378KJ</del>	<del>42.43</del>	<del>Power wheelchair component, actuator, replacement only (rental) (for Medicare billing only)</del>
E2381NU	<del>63.2568.94</del>	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each (new equipment)
<del>E2381NUKE</del>	<del>79.99</del>	<del>Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2381RR	<del>6.346.94</del>	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each (rental)

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Code	Rate	Description
<del>E2381RRKE</del>	<del>8.01</del>	<del>Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2381UE	<del>47.45</del> 51.71	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each (used durable medical equipment)
<del>E2381UEKE</del>	<del>60.00</del>	<del>Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2382NU	<del>18.32</del> 18.80	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each (new equipment)
<del>E2382NUKE</del>	<del>21.81</del>	<del>Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2382RR	<del>1.83</del> 1.87	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each (rental)
<del>E2382RRKE</del>	<del>2.17</del>	<del>Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2382UE	<del>13.75</del> 14.09	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each (used durable medical equipment)
<del>E2382UEKE</del>	<del>16.35</del>	<del>Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2383NU	<del>127.85</del> 137.45	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each (new equipment)
<del>E2383NUKE</del>	<del>159.47</del>	<del>Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2383RR	<del>12.79</del> 13.75	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each (rental)
<del>E2383RRKE</del>	<del>15.95</del>	<del>Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2383UE	<del>95.89</del> 103.09	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each (used durable medical equipment)

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Code	Rate	Description
<del>E2383UEKE</del>	<del>119.61</del>	<del>Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2384NU	<del>66.33</del> 73.22	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each (new equipment)
<del>E2384NUKE</del>	84.96	<del>Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2384RR	<del>6.64</del> 7.34	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each (rental)
<del>E2384RRKE</del>	8.52	<del>Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2384UE	<del>49.75</del> 54.92	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each (used durable medical equipment)
<del>E2384UEKE</del>	63.71	<del>Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2385NU	<del>43.81</del> 44.80	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each (new equipment)
<del>E2385NUKE</del>	51.98	<del>Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2385RR	<del>4.39</del> 4.49	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each (rental)
<del>E2385RRKE</del>	5.21	<del>Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2385UE	<del>32.85</del> 33.58	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each (used durable medical equipment)
<del>E2385UEKE</del>	38.97	<del>Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2386NU	<del>117.14</del> 136.21	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each (new equipment)
<del>E2386NUKE</del>	158.04	<del>Power wheelchair accessory, foam filled drive wheel tire, any size,</del>

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E2386RR	<del>11.71</del> <del>13.62</del>	<del>replacement only, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del> Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each (rental)
<del>E2386RRKE</del>	<del>15.80</del>	<del>Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2386UE	<del>87.86</del> <del>102.45</del>	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each (used durable medical equipment)
<del>E2386UEKE</del>	<del>118.51</del>	<del>Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2387NU	<del>53.36</del> <del>61.08</del>	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each (new equipment)
<del>E2387NUKE</del>	<del>70.86</del>	<del>Power wheelchair accessory, foam filled caster tire, any size, replacement only, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2387RR	<del>5.34</del> <del>6.11</del>	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each (rental)
<del>E2387RRKE</del>	<del>7.09</del>	<del>Power wheelchair accessory, foam filled caster tire, any size, replacement only, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2387UE	<del>40.04</del> <del>45.84</del>	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each (used durable medical equipment)
<del>E2387UEKE</del>	<del>53.18</del>	<del>Power wheelchair accessory, foam filled caster tire, any size, replacement only, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2388NU	<del>46.01</del> <del>45.60</del>	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each (new equipment)
<del>E2388NUKE</del>	<del>52.91</del>	<del>Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2388RR	<del>4.61</del> <del>4.56</del>	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each (rental)
<del>E2388RRKE</del>	<del>5.29</del>	<del>Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>

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Code	Rate	Description
E2388UE	<del>34.51</del> 34.24	equipment) Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each (used durable medical equipment)
<del>E2388UEKE</del>	<del>39.69</del>	<del>Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2389NU	<del>25.34</del> 24.76	Power wheelchair accessory, foam caster tire, any size, replacement only, each (new equipment)
<del>E2389NUKE</del>	<del>28.73</del>	<del>Power wheelchair accessory, foam caster tire, any size, replacement only, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2389RR	<del>2.54</del> 2.48	Power wheelchair accessory, foam caster tire, any size, replacement only, each (rental)
<del>E2389RRKE</del>	<del>2.88</del>	<del>Power wheelchair accessory, foam caster tire, any size, replacement only, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2389UE	<del>18.99</del> 18.56	Power wheelchair accessory, foam caster tire, any size, replacement only, each (used durable medical equipment)
<del>E2389UEKE</del>	<del>21.54</del>	<del>Power wheelchair accessory, foam caster tire, any size, replacement only, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2390NU	<del>39.43</del> 38.72	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each (new equipment)
<del>E2390NUKE</del>	<del>44.93</del>	<del>Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2390RR	<del>3.94</del> 3.87	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each (rental)
<del>E2390RRKE</del>	<del>4.49</del>	<del>Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2390UE	<del>29.56</del> 29.02	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each (used durable medical equipment)
<del>E2390UEKE</del>	<del>33.67</del>	<del>Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2391NU	<del>17.13</del> 18.55	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each (new equipment)

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Code	Rate	Description
<del>E2391NUKE</del>	<del>21.53</del>	<del>Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2391RR	<u>1.72</u> 4.86	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each (rental)
<del>E2391RRKE</del>	<del>2.15</del>	<del>Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2391UE	<u>12.85</u> 13.92	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each (used durable medical equipment)
<del>E2391UEKE</del>	<del>16.15</del>	<del>Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2392NU	<u>42.71</u> 48.76	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each (new equipment)
<del>E2392NUKE</del>	<del>56.57</del>	<del>Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2392RR	<u>4.28</u> 4.89	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each (rental)
<del>E2392RRKE</del>	<del>5.67</del>	<del>Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2392UE	<u>32.04</u> 36.57	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each (used durable medical equipment)
<del>E2392UEKE</del>	<del>42.43</del>	<del>Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2394NU	<u>64.63</u> 69.46	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each (new equipment)
<del>E2394NUKE</del>	<del>80.59</del>	<del>Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2394RR	<u>6.47</u> 6.96	Power wheelchair accessory, drive wheel excludes tire, any size,



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Code	Rate	Description
		replacement only, each (rental)
<del>E2394RRKE</del>	<del>8.07</del>	<del>Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2394UE	<del>48.47</del> <u>52.10</u>	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each (used durable medical equipment)
<del>E2394UEKE</del>	<del>60.45</del>	<del>Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2395NU	<del>45.24</del> <u>49.37</u>	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each (new equipment)
<del>E2395NUKE</del>	<del>57.28</del>	<del>Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2395RR	<del>4.53</del> <u>4.94</u>	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each (rental)
<del>E2395RRKE</del>	<del>5.73</del>	<del>Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2395UE	<del>33.94</del> <u>37.04</u>	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each (used durable medical equipment)
<del>E2395UEKE</del>	<del>42.98</del>	<del>Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2396NU	<del>53.61</del> <u>57.98</u>	Power wheelchair accessory, caster fork, any size, replacement only, each (new equipment)
<del>E2396NUKE</del>	<del>67.27</del>	<del>Power wheelchair accessory, caster fork, any size, replacement only, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2396RR	<del>5.70</del> <u>6.45</u>	Power wheelchair accessory, caster fork, any size, replacement only, each (rental)
<del>E2396RRKE</del>	<del>7.49</del>	<del>Power wheelchair accessory, caster fork, any size, replacement only, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2396UE	<del>40.22</del> <u>43.50</u>	Power wheelchair accessory, caster fork, any size, replacement only, each (used durable medical equipment)
<del>E2396UEKE</del>	<del>50.47</del>	<del>Power wheelchair accessory, caster fork, any size, replacement only, each (used durable medical equipment) (bid under round one of the</del>

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Code	Rate	Description
		<del>DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2397NU	<del>443.59434.</del> 84	Power wheelchair accessory, lithium-based battery, each (new equipment)
E2397RR	<del>44.3643.48</del>	Power wheelchair accessory, lithium-based battery, each (rental)
E2397UE	<del>332.68326.</del> 42	Power wheelchair accessory, lithium-based battery, each (used durable medical equipment)
<del>E2399</del>	<del>AAC+30%</del>	<del>Related electronics and any type mounting hardware</del>
<u>Wound Therapy</u>		
E2402KH,	<del>1,026.171.3</del> 29.39	Negative pressure wound therapy electrical pump, stationary or portable (capped rental)
KI		
E2402KJ	<del>769.63990.</del> 29	Negative pressure wound therapy electrical pump, stationary or portable (capped rental)
E2402NU	<del>10,261.711</del> 3,864.10	Negative pressure wound therapy electrical pump, stationary or portable (new equipment purchase)
E2402UE	<del>7,696.2810.</del> 398.07	Negative pressure wound therapy electrical pump, stationary or portable (used durable medical equipment purchase)
<u>Speech Generating Device</u>		
E2500NU	<del>367.46349.</del> 02	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time (new equipment)
E2500RR	<del>36.7534.91</del>	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time (rental)
E2500UE	<del>275.60261.</del> 76	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time (used durable medical equipment)
E2502NU	<del>1,123.671.0</del> 67.25	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time (new equipment)
E2502RR	<del>112.37106.</del> 73	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time (rental)
E2502UE	<del>842.77800.</del> 45	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time (used durable medical equipment)
E2504NU	<del>1,482.261.6</del> 56.29	Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time (new equipment)
E2504RR	<del>148.25165.</del> 65	Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time (rental)
E2504UE	<del>1,111.701.2</del> 42.20	Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time (used durable medical equipment)

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Code	Rate	Description
E2506NU	<del>2,173.452,4</del> <del>28.61</del>	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time (new equipment)
E2506RR	<del>217.33242</del> <del>85</del>	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time (rental)
E2506UE	<del>1,630.051,8</del> <del>21.42</del>	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time (used durable medical equipment)
E2508NU	<del>3,360.873,7</del> <del>55.44</del>	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device (new equipment)
E2508RR	<del>336.08375</del> <del>55</del>	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device (rental)
E2508UE	<del>2,520.662,8</del> <del>16.59</del>	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device (used durable medical equipment)
E2510NU	<del>6,360.007,1</del> <del>06.66</del>	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access (new equipment)
E2510RR	<del>636.00710</del> <del>66</del>	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access (rental)
E2510UE	<del>4,770.005,3</del> <del>29.99</del>	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access (used durable medical equipment)
<u>E2510TW</u>	<u>0.00</u>	<u>Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access (MassHealth-only usage of this code with modifier is for a non-dedicated alternative and augmentative communication device pursuant to 130 CMR 409.000).</u>
E2511NU	AAC+30%	Speech generating software program, for personal computer or personal digital assistant (new equipment)
E2511RR	I.C.	Speech generating software program, for personal computer or personal digital assistant (rental)
E2511UE	I.C.	Speech generating software program, for personal computer or personal digital assistant (used durable medical equipment)
<u>E2511TW</u>	<u>0.00</u>	<u>Speech generating software program (MassHealth-only usage of this code with modifier is for a non-dedicated alternative and augmentative communication device pursuant to 130 CMR 409.000.)</u>
E2512NU	AAC+30%	Accessory for speech generating device, mounting system (new equipment)
E2512RR	I.C.	Accessory for speech generating device, mounting system (rental)
E2512UE	I.C.	Accessory for speech generating device, mounting system (used durable medical equipment)

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Code	Rate	Description
<del>E2512TW</del>	<del>0.00</del>	<del>Accessory for speech generating device, mounting system (MassHealth-only usage of this code with modifier is for a non-dedicated alternative and augmentative communication device pursuant to 130 CMR 409.000.)</del>
E2599 <del>NU</del>	AAC+30%	Accessory for speech generating device, not otherwise classified ( <u>new equipment</u> )
<del>E2599(RR)</del>	<del>AAC+30%</del>	<del>Accessory for speech generating device, not otherwise classified (rental)</del>
<del>E2599UE</del>	<del>I.C.</del>	<del>Accessory for speech generating device, not otherwise classified (used durable medical equipment)</del>
<del>E2599TW</del>	<del>0.00</del>	<del>Accessory for speech generating device, not otherwise classified (protective case) [not covered if used as a modification to home internet or phone services.] (MassHealth-only usage of this code with modifier is for a non-dedicated alternative and augmentative communication device pursuant to 130 CMR 409.000.)</del>
<u>Wheelchair Cushion</u>		
E2601NU	<del>49.64</del> <u>55.35</u>	General use wheelchair seat cushion, width less than 22 inches, any depth (new equipment)
<del>E2601NUKE</del>	<del>64.22</del>	<del>General use wheelchair seat cushion, width less than 22 inches, any depth (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2601RR	<del>4.97</del> <u>5.55</u>	General use wheelchair seat cushion, width less than 22 inches, any depth (rental)
<del>E2601RRKE</del>	<del>6.44</del>	<del>General use wheelchair seat cushion, width less than 22 inches, any depth (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2601UE	<del>37.24</del> <u>41.54</u>	General use wheelchair seat cushion, width less than 22 inches, any depth (used durable medical equipment)
<del>E2601UEKE</del>	<del>48.16</del>	<del>General use wheelchair seat cushion, width less than 22 inches, any depth (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2602NU	<del>98.59</del> <u>108.06</u>	General use wheelchair seat cushion, width 22 inches or greater, any depth (new equipment)
<del>E2602NUKE</del>	<del>125.37</del>	<del>General use wheelchair seat cushion, width 22 inches or greater, any depth (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2602RR	<del>9.86</del> <u>10.81</u>	General use wheelchair seat cushion, width 22 inches or greater, any depth (rental)
<del>E2602RRKE</del>	<del>12.54</del>	<del>General use wheelchair seat cushion, width 22 inches or greater, any depth (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>

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Code	Rate	Description
E2602UE	<del>73.94</del> 81.04	General use wheelchair seat cushion, width 22 inches or greater, any depth (used durable medical equipment)
<del>E2602UEKE</del>	<del>94.03</del>	<del>General use wheelchair seat cushion, width 22 inches or greater, any depth (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2603NU	<del>121.14</del> 137.49	Skin protection wheelchair seat cushion, width less than 22 inches, any depth (new equipment)
<del>E2603NUKE</del>	<del>159.17</del>	<del>Skin protection wheelchair seat cushion, width less than 22 inches, any depth (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2603RR	<del>12.12</del> 13.73	Skin protection wheelchair seat cushion, width less than 22 inches, any depth (rental)
<del>E2603RRKE</del>	<del>15.93</del>	<del>Skin protection wheelchair seat cushion, width less than 22 inches, any depth (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2603UE	<del>90.86</del> 102.89	Skin protection wheelchair seat cushion, width less than 22 inches, any depth (used durable medical equipment)
<del>E2603UEKE</del>	<del>119.37</del>	<del>Skin protection wheelchair seat cushion, width less than 22 inches, any depth (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2604NU	<del>156.83</del> 170.51	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth (new equipment)
<del>E2604NUKE</del>	<del>197.83</del>	<del>Skin protection wheelchair seat cushion, width 22 inches or greater, any depth (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2604RR	<del>15.68</del> 17.04	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth (rental)
<del>E2604RRKE</del>	<del>19.77</del>	<del>Skin protection wheelchair seat cushion, width 22 inches or greater, any depth (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2604UE	<del>117.63</del> 127.90	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth (used durable medical equipment)
<del>E2604UEKE</del>	<del>148.40</del>	<del>Skin protection wheelchair seat cushion, width 22 inches or greater, any depth (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2605NU	<del>227.94</del> 243.60	Positioning wheelchair seat cushion, width less than 22 inches, any depth (new equipment)
<del>E2605NUKE</del>	<del>282.63</del>	<del>Positioning wheelchair seat cushion, width less than 22 inches, any depth (new equipment) (bid under round one of the DMEPOS</del>

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Code	Rate	Description
		<del>competitive bidding program for use with noncompetitive bid base equipment)</del>
E2605RR	<del>22.80</del> 24.37	Positioning wheelchair seat cushion, width less than 22 inches, any depth (rental)
<del>E2605RRKE</del>	<del>28.28</del>	<del>Positioning wheelchair seat cushion, width less than 22 inches, any depth (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2605UE	<del>170.97</del> 182.73	Positioning wheelchair seat cushion, width less than 22 inches, any depth (used durable medical equipment)
<del>E2605UEKE</del>	<del>212.01</del>	<del>Positioning wheelchair seat cushion, width less than 22 inches, any depth (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2606NU	<del>344.73</del> 380.04	Positioning wheelchair seat cushion, width 22 inches or greater, any depth (new equipment)
<del>E2606NUKE</del>	<del>440.93</del>	<del>Positioning wheelchair seat cushion, width 22 inches or greater, any depth (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2606RR	<del>34.48</del> 38.02	Positioning wheelchair seat cushion, width 22 inches or greater, any depth (rental)
<del>E2606RRKE</del>	<del>44.11</del>	<del>Positioning wheelchair seat cushion, width 22 inches or greater, any depth (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2606UE	<del>258.54</del> 285.02	Positioning wheelchair seat cushion, width 22 inches or greater, any depth (used durable medical equipment)
<del>E2606UEKE</del>	<del>330.69</del>	<del>Positioning wheelchair seat cushion, width 22 inches or greater, any depth (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2607NU	<del>238.61</del> 262.31	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth (new equipment)
<del>E2607NUKE</del>	<del>304.34</del>	<del>Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2607RR	<del>23.86</del> 26.24	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth (rental)
<del>E2607RRKE</del>	<del>30.44</del>	<del>Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2607UE	<del>178.96</del> 196.74	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth (used durable medical equipment)



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Code	Rate	Description
<del>E2607UEKE</del>	<del>228.26</del>	<del>Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2608NU	<del>283.40</del> <del>315.02</del>	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth (new equipment)
<del>E2608NUKE</del>	<del>365.49</del>	<del>Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2608RR	<del>28.34</del> <del>31.49</del>	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth (rental)
<del>E2608RRKE</del>	<del>36.54</del>	<del>Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2608UE	<del>212.55</del> <del>236.27</del>	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth (used durable medical equipment)
<del>E2608UEKE</del>	<del>274.12</del>	<del>Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2609NU	AAC+35%	Custom fabricated wheelchair seat cushion, any size
E2609RR	I.C.	Custom fabricated wheelchair seat cushion, any size (rental)
E2609UE	I.C.	Custom fabricated wheelchair seat cushion, any size (used durable medical equipment)
E2610NU	AAC+35%	Wheelchair seat cushion, powered (new equipment)
E2610RR	I.C.	Wheelchair seat cushion, powered (rental)
E2610UE	I.C.	Wheelchair seat cushion, powered (used durable medical equipment)
E2611NU	<del>226.54</del> <del>282.68</del>	General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware (new equipment)
<del>E2611NUKE</del>	<del>327.97</del>	<del>General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2611RR	<del>22.65</del> <del>28.26</del>	General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware (rental)
<del>E2611RRKE</del>	<del>32.79</del>	<del>General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2611UE	<del>169.92</del> <del>212.03</del>	General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware (used durable medical equipment)

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Code	Rate	Description
<del>E2611UEKE</del>	<del>246.00</del>	<del>General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2612NU	<del>340.36</del> 382.40	General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware (new equipment)
<del>E2612NUKE</del>	<del>443.67</del>	<del>General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2612RR	<del>34.03</del> 38.24	General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware (rental)
<del>E2612RRKE</del>	<del>44.36</del>	<del>General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2612UE	<del>255.27</del> 286.79	General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware (used durable medical equipment)
<del>E2612UEKE</del>	<del>332.73</del>	<del>General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2613NU	<del>338.48</del> 355.70	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware (new equipment)
<del>E2613NUKE</del>	<del>412.69</del>	<del>Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2613RR	<del>33.85</del> 35.58	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware (rental)
<del>E2613RRKE</del>	<del>41.28</del>	<del>Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2613UE	<del>253.86</del> 266.78	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware (used durable medical equipment)
<del>E2613UEKE</del>	<del>309.52</del>	<del>Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>

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Code	Rate	Description
E2614NU	<del>451.17</del> 492.26	Positioning wheelchair back cushion, posterior, 22 inches or greater, any height, including any type mounting hardware (new equipment)
<del>E2614NUKE</del>	<del>571.13</del>	<del>Positioning wheelchair back cushion, posterior, 22 inches or greater, any height, including any type mounting hardware (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2614RR	<del>45.12</del> 49.23	Positioning wheelchair back cushion, posterior, 22 inches or greater, any height, including any type mounting hardware (rental)
<del>E2614RRKE</del>	<del>57.12</del>	<del>Positioning wheelchair back cushion, posterior, 22 inches or greater, any height, including any type mounting hardware (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2614UE	<del>338.38</del> 369.21	Positioning wheelchair back cushion, posterior, 22 inches or greater, any height, including any type mounting hardware (used durable medical equipment)
<del>E2614UEKE</del>	<del>428.37</del>	<del>Positioning wheelchair back cushion, posterior, 22 inches or greater, any height, including any type mounting hardware (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2615NU	<del>391.46</del> 409.35	Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware (new equipment)
<del>E2615NUKE</del>	<del>474.94</del>	<del>Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2615RR	<del>39.15</del> 40.94	Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware (rental)
<del>E2615RRKE</del>	<del>47.50</del>	<del>Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2615UE	<del>293.59</del> 307.00	Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware (used durable medical equipment)
<del>E2615UEKE</del>	<del>356.19</del>	<del>Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2616NU	<del>501.23</del> 550.76	Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware (new equipment)

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Code	Rate	Description
<del>E2616NUKE</del>	<del>639.01</del>	<del>Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2616RR	<u>50.12</u> <del>55.08</del>	Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware (rental)
<del>E2616RRKE</del>	<del>63.90</del>	<del>Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2616UE	<u>375.93</u> <del>413.09</del>	Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware (used durable medical equipment)
<del>E2616UEKE</del>	<del>479.27</del>	<del>Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2617NU	AAC+35%	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware (new equipment)
E2617RR	I.C.	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware (rental)
E2617UE	I.C.	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware (used durable medical equipment)
E2619NU	<u>47.11</u> <del>46.44</del>	Replacement cover for wheelchair seat cushion or back cushion, each (new equipment)
<del>E2619NUKE</del>	<del>53.89</del>	<del>Replacement cover for wheelchair seat cushion or back cushion, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2619RR	<u>4.71</u> <del>4.64</del>	Replacement cover for wheelchair seat cushion or back cushion (rental)
<del>E2619RRKE</del>	<del>5.39</del>	<del>Replacement cover for wheelchair seat cushion or back cushion (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2619UE	<u>35.35</u> <del>34.85</del>	Replacement cover for wheelchair seat cushion or back cushion (used durable medical equipment)
<del>E2619UEKE</del>	<del>40.44</del>	<del>Replacement cover for wheelchair seat cushion or back cushion (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2620NU	<u>451.25</u> <del>495.67</del>	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware (new equipment)

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Code	Rate	Description
<del>E2620NUKE</del>	<del>575.09</del>	<del>Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2620RR	<del>45.13</del> 49.57	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware (rental)
<del>E2620RRKE</del>	<del>57.51</del>	<del>Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2620UE	<del>338.44</del> 371.76	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware (used durable medical equipment)
<del>E2620UEKE</del>	<del>431.33</del>	<del>Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2621NU	<del>470.39</del> 520.46	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware (new equipment)
<del>E2621NUKE</del>	<del>603.50</del>	<del>Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2621RR	<del>47.04</del> 52.01	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware (rental)
<del>E2621RRKE</del>	<del>60.34</del>	<del>Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
E2621UE	<del>352.79</del> 390.43	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware (used durable medical equipment)
<del>E2621UEKE</del>	<del>452.63</del>	<del>Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with</del>

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Code	Rate	Description
		<del>nonecompetitive bid-base equipment)</del>
<a href="#">E2622NU</a>	<a href="#">301.67</a>	<a href="#">Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth (new equipment)</a>
<a href="#">E2622RR</a>	<a href="#">30.17</a>	<a href="#">Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth (rental)</a>
<a href="#">E2622UE</a>	<a href="#">226.25</a>	<a href="#">Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth (used durable medical equipment)</a>
<a href="#">E2623NU</a>	<a href="#">382.72</a>	<a href="#">Skin protection wheelchair seat cushion, adjustable,width 22 inches or greater, any depth (new equipment)</a>
<a href="#">E2623RR</a>	<a href="#">38.28</a>	<a href="#">Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth (rental)</a>
<a href="#">E2623UE</a>	<a href="#">287.04</a>	<a href="#">Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth (used durable medical equipment)</a>
<a href="#">E2624NU</a>	<a href="#">305.29</a>	<a href="#">Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth (new equipment)</a>
<a href="#">E2624RR</a>	<a href="#">30.53</a>	<a href="#">Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth (rental)</a>
<a href="#">E2624UE</a>	<a href="#">228.98</a>	<a href="#">Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth (used durable medical equipment)</a>
<a href="#">E2625NU</a>	<a href="#">382.34</a>	<a href="#">Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth (new equipment)</a>
<a href="#">E2625RR</a>	<a href="#">38.23</a>	<a href="#">Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth (rental)</a>
<a href="#">E2625UE</a>	<a href="#">286.75</a>	<a href="#">Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth (used durable medical equipment)</a>
<a href="#">Wheelchair Arm Support</a>		
<a href="#">E2626NU</a>	<a href="#">651.51</a>	<a href="#">Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable (new equipment)</a>
<a href="#">E2626RR</a>	<a href="#">65.14</a>	<a href="#">Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable (rental)</a>
<a href="#">E2626UE</a>	<a href="#">488.61</a>	<a href="#">Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable (used durable medical equipment)</a>
<a href="#">E2627NU</a>	<a href="#">1,033.91</a>	<a href="#">Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable rancho type (new equipment)</a>
<a href="#">E2627RR</a>	<a href="#">103.41</a>	<a href="#">Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable rancho type (rental)</a>
<a href="#">E2627UE</a>	<a href="#">775.43</a>	<a href="#">Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable rancho type (used durable medical equipment)</a>
<a href="#">E2628NU</a>	<a href="#">775.09</a>	<a href="#">Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining (new equipment)</a>
<a href="#">E2628RR</a>	<a href="#">77.51</a>	<a href="#">Wheelchair accessory, shoulder elbow, mobile arm support attached</a>



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<u>E2628UE</u>	<u>581.31</u>	<u>to wheelchair, balanced, reclining (rental)</u> <u>Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining (used durable medical equipment)</u>
<u>E2629NU</u>	<u>949.59</u>	<u>Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints) (new equipment)</u>
<u>E2629RR</u>	<u>94.95</u>	<u>Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints) (rental)</u>
<u>E2629UE</u>	<u>712.20</u>	<u>Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints) (used durable medical equipment)</u>
<u>E2630NU</u>	<u>684.22</u>	<u>Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support (new equipment)</u>
<u>E2630RR</u>	<u>68.42</u>	<u>Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support (rental)</u>
<u>E2630UE</u>	<u>513.16</u>	<u>Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support (used durable medical equipment)</u>
<u>E2631NU</u>	<u>248.36</u>	<u>Wheelchair accessory, addition to mobile arm support, elevating proximal arm (new equipment)</u>
<u>E2631RR</u>	<u>24.84</u>	<u>Wheelchair accessory, addition to mobile arm support, elevating proximal arm (rental)</u>
<u>E2631UE</u>	<u>186.27</u>	<u>Wheelchair accessory, addition to mobile arm support, elevating proximal arm (used durable medical equipment)</u>
<u>E2632NU</u>	<u>174.58</u>	<u>Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control (new equipment)</u>
<u>E2632RR</u>	<u>17.46</u>	<u>Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control (rental)</u>
<u>E2632UE</u>	<u>130.93</u>	<u>Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control (used durable medical equipment)</u>
<u>E2633NU</u>	<u>146.61</u>	<u>Wheelchair accessory, addition to mobile arm support, supinator (new equipment)</u>
<u>E2633RR</u>	<u>14.66</u>	<u>Wheelchair accessory, addition to mobile arm support, supinator (rental)</u>
<u>E2633UE</u>	<u>109.96</u>	<u>Wheelchair accessory, addition to mobile arm support, supinator (used durable medical equipment)</u>
<u>Gait Trainer</u> <u>E8000</u>	AAC+35%	Gait trainer, pediatric size, posterior support, includes all accessories and components

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E8001	AAC+35%	Gait trainer, pediatric size, upright support, includes all accessories and components
<u>E8002</u>	AAC+35%	Gait trainer, pediatric size, anterior support, includes all accessories and components
<b>Drugs Administered Other Than Oral Method <del>J0000-J8999</del></b>		
<u>G0333</u>	<u>48.45</u>	<u>Pharmacy dispensing fee for inhalation drug(s); initial 30-day supply as a beneficiary</u>
J0133	0.40	Injection, acyclovir, 5 mg
<u>J0153</u>	<u>0.82</u>	<u>Injection, adenosine, 1 mg (not to be used to report any adenosine phosphate compounds)</u>
J0285	8.74	Injection, amphotericin b, 50 mg
J0287	18.57	Injection, amphotericin b lipid complex, 10 mg
J0288	12.92	Injection, amphotericin b cholesteryl sulfate complex, 10 mg
J0289	30.43	Injection, amphotericin b liposome, 10 mg
<u>J0882</u>	<u>3.53</u>	<u>Injection, darbepoetin alfa, 1 microgram (for ESRD on dialysis)</u>
J0895	13.29	Injection, deferoxamine mesylate, 500 mg
<u>J1170</u>	<u>1.27</u>	<u>Injection, hydromorphone, up to 4 mg</u>
J1250	4.03	Injection, dobutamine hydrochloride, per 250 mg
J1265	0. <del>5352</del>	Injection, dopamine hcl, 40 mg
J1325	10.74	Injection, epoprostenol, 0.5 mg
J1455	11.11	Injection, foscarnet sodium, per 1000 mg
J1459	<u>32.52</u> <del>29.83</del>	Injection, immune globulin (privigen), intravenous, non-lyophilized (e.g. liquid), 500 mg
<u>J1557</u>	<u>31.72</u>	<u>Injection, immune globulin, (gammaplex), intravenous, non-lyophilized (e.g. liquid), 500 mg</u>
<u>J1559</u>	<u>12.21</u>	<u>Injection, immune globulin (hizentra), 100 mg</u>
<u>J1561</u>	<u>35.50</u>	<u>Injection, immune globulin, (gamunex-c/cammaked), intravenous, non-lyophilized (e.g., liquid), 500 mg</u>
<u>J1561JB</u>	<u>39.24</u>	<u>Injection, immune globulin, (gamunex-c/cammaked), intravenous, non-lyophilized (e.g., liquid), 500 mg (administered subcutaneously)</u>
<u>J1562</u>	<u>9.69</u>	<u>Injection, immune globulin (vivaglobin), 100 mg</u>
<u>J1566</u>	<u>29.66</u>	<u>Injection, immune globulin, intravenous, lyophilized (e.g. powder), not otherwise specified, 500 mg</u>
J1568	<u>32.08</u> <del>32.09</del>	Injection, immune globulin (octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg
<u>J1569</u>	<u>32.40</u>	<u>Injection, immune globulin, (gammagard liquid), intravenous, non-lyophilized (e.g. liquid), 500 mg</u>
<u>J1569JB</u>	<u>44.62</u>	<u>Injection, immune globulin, (gammagard liquid), intravenous, non-lyophilized (e.g. liquid), 500 mg (administered subcutaneously)</u>
J1570	29.96	Injection, ganciclovir sodium, 500 mg
J1572	<u>33.46</u> <del>31.43</del>	Injection, immune globulin, (flebogamma/flebogama dif), intravenous, non-lyophilized (e.g. liquid), 500 mg
<u>J1599</u>	<u>AAC</u>	<u>Injection, immune globulin, intravenous, non-lyophilized (e.g. liquid), not otherwise specified, 500 mg</u>

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Code	Rate	Description
<u>J1575</u>	<u>14.72</u>	<u>Injection, immune globulin/hyaluronidase, (Hyqvia), 100 mg immune globulin</u>
<u>J1644AX</u>	<u>0.18</u>	<u>Injection, heparin sodium, per 1000 units</u>
<u>J1815</u>	<u>0.67</u>	<u>Injection, insulin, per 5 units</u>
J1817	2.38	Insulin for administration through DME (i.e., insulin pump) per 50 units
<u>J2175</u>	<u>0.48</u>	<u>Injection, meperidine hydrochloride, per 100 mg</u>
J2260	43.84	Injection, milrinone lactate, 5 mg
<u>J2270</u>	<u>0.60</u>	<u>Injection, morphine sulfate, up to 10 mg</u>
<u>J2274</u>	<u>7.28AAC</u>	<u>Injection, morphine sulfate, preservative-free for epidural or intrathecal use, 10mg</u>
<u>J2407</u>	<u>21.77</u>	<u>Injection, oritavancin, 10 mg</u>
J2545	<u>96.68</u> <del>38.09</del>	Pentamidine isethionate, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per 300 mg
<u>J2920</u>	<u>2.46</u>	<u>Injection, methylprednisolone sodium succinate, up to 40 mg</u>
<u>J2930</u>	<u>3.49</u>	<u>Injection, methylprednisolone sodium succinate, up to 125 mg</u>
<u>J3010</u>	<u>0.60</u>	<u>Injection, fentanyl citrate, 0.1 mg</u>
<u>J3090</u>	<u>1.03</u>	<u>Injection, tedizolid phosphate, 1 mg</u>
J3285	52.49	Injection, treprostinil, 1 mg
<u>J3380</u>	<u>14.47</u>	<u>Injection, vedolizumab, 1 mg</u>
<u>J3489</u>	<u>23.40</u>	<u>Injection, zoledronic acid, 1 mg</u>
<u>Miscellaneous Drugs and Solutions</u>		
<u>J7340</u>	<u>AAC</u>	<u>Carbidopa 5 mg/levodopa 20 mg enteral suspension</u>
J7500	<u>0.14</u> <del>0</del>	Azathioprine, oral, 50 mg
J7501	77.66	Azathioprine, parenteral, 100 mg
J7502	<u>2.86</u> <del>3.26</del>	Cyclosporine, oral, 100 mg
<u>J7503</u>	<u>AAC</u>	<u>Tacrolimus, extended release, (Envarsus XR), oral, 0.25 mg</u>
J7504	<u>966.39</u> <del>407.90</del>	Lymphocyte immune globulin, antithymocyte globulin, equine, parenteral, 250 mg
J7505	<u>982.67</u> <del>949.54</del>	Muromonab-CD3, parenteral, 5 mg
<u>J7506</u>	<u>0.02</u>	<u>Prednisone, oral, per 5mg</u>
J7507	<u>0.72</u> <del>3.43</del>	Tacrolimus, oral, per 1 mg
<u>J7508</u>	<u>0.33</u>	<u>Tacrolimus, extended release, (Astagraf XL), oral, 0.1 mg</u>
J7509	<u>0.28</u> <del>0.05</del>	Methylprednisolone oral, per 4 mg
J7510	<u>0.11</u> <del>0.02</del>	Prednisolone oral, per 5 mg
J7511	<u>546.55</u> <del>378.40</del>	Lymphocyte immune globulin, antithymocyte globulin, rabbit, parenteral, 25mg
<u>J7512</u>	<u>0.01</u>	<u>Prednisone, immediate release or delayed release, oral, 1 mg</u>
J7513	<u>447.39</u> <del>309.03</del>	Daclizumab, parenteral, 25 mg
J7515	<u>0.83</u> <del>0.78</del>	Cyclosporine, oral, 25 mg
J7516	<u>36.29</u> <del>47.86</del>	Cyclosporine, parenteral, 250 mg

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Code	Rate	Description
J7517	<del>0.862-92</del>	Mycophenolate mofetil, oral, 250 mg
J7518	<del>2.602-53</del>	Mycophenolic acid, oral, 180 mg
J7520	7.50	Sirolimus, oral, 1 mg
J7525	<del>139.774-18.66</del>	Tacrolimus, parenteral, 5 mg
<del>J7527</del>	<del>AAC</del>	<del>Everolimus, oral, 0.25 mg</del>
<del>J7999</del>	<del>AAC</del>	<del>Compounded drug, not otherwise classified</del>
<del>Inhalation SolutionsDrugs</del>		
J7605KO	<del>7.024-32</del>	Arformoterol, inhalation solution, FDA approved final product, non-compounded administered through DME, unit dose form, 15 micrograms (single drug unit dose formulation)
<del>J7606KO</del>	<del>8.00</del>	<del>Formoterol fumarate, inhalation solution, FDA approved final product, non-compounded, administered through DME, unit dose form, 20 micrograms</del>
J7608KO	<del>3.424-58</del>	Acetylcysteine, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per gram (single drug unit dose formulation)
J7609	0.05	Albuterol, inhalation solution, compounded product, administered through DME, unit dose, 1 mg
<del>J7611</del>	<del>0.10</del>	<del>Albuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, 1 mg</del>
<del>J7612</del>	<del>0.24</del>	<del>Levalbuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, 0.5 mg</del>
J7613KO	<del>0.040-04</del>	Albuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 1mg (single drug unit dose formulation)
J7614KO	<del>0.070-24</del>	Levalbuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 0.5mg (single drug unit dose formulation)
<del>J7620</del>	<del>0.13</del>	<del>Albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, FDA-approved final product, non-compounded, administered through DME</del>
J7626KO	<del>4.525-17</del>	Budesonide inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, up to 0.50 mg (single drug unit dose formulation)
J7631KO	<del>0.680-39</del>	Cromolyn sodium, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per 10 milligrams (single drug unit dose formulation)
J7639KO	<del>33.144-32</del>	Dornase alpha, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram (single drug unit dose formulation)
J7644KO	<del>0.180-17</del>	Ipratropium bromide, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram (single drug unit dose formulation)

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Code	Rate	Description
J7669KO	<del>0.370.24</del>	Metaproterenol sulfate, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per 10 milligrams (single drug unit dose formulation)
J7682KO	<del>47.2757.29</del>	Tobramycin, inhalation solution, FDA-approved final product, non-compounded, unit dose form, 300 mg, inhalation solution, administered through DME (single drug unit dose formulation)
<del>J7686KO</del>	<del>430.47</del>	<del>Treprostinil, inhalation solution, FDA-approved final product, non-compounded, administered through dme, unit dose form, 1.74 mg</del>
J8501	<del>8.674.67</del>	Aprepitant, oral, 5 mg
J8520	<del>4.454.86</del>	Capecitabine, oral, 150 mg
<del>J8521</del>	<del>14.15</del>	<del>Capecitabine, oral, 500 mg</del>
J8530	<del>3.120.77</del>	Cyclophosphamide; oral, 25 mg
J8540	<del>0.110.29</del>	Dexamethasone, oral, 0.25 mg
J8610	<del>1.180.12</del>	Methotrexate; oral, 2.5 mg
<del>J8650</del>	<del>28.99</del>	<del>Nabilone, oral, 1 mg</del>
<del>J8655</del>	<del>419.97</del>	<del>Netupitant 300 mg and palonosetron 0.5 mg</del>
<del>J8670</del>	<del>2.65</del>	<del>Rolapitant, oral, 1 mg</del>
<b><u>Chemotherapy Drugs J9000-J9999</u></b>		
<del>J9000</del>	<del>10.66</del>	<del>Injection, doxorubicin hydrochloride, 10 mg</del>
<del>J9032</del>	<del>27.63</del>	<del>Injection, belinostat, 10 mg</del>
<del>J9039</del>	<del>AAC</del>	<del>Injection, blinatumomab, 1 microgram</del>
<del>J9040</del>	<del>245.96</del>	<del>Injection, bleomycin sulfate, 15 units</del>
J9065	52.46	Injection, cladribine, per 1 mg
J9100	6.96	Cytarabine, 100 mg
<del>J9110</del>	<del>7.27</del>	<del>Cytarabine, 500 mg</del>
<del>J9190</del>	<del>1.76</del>	<del>Injection, fluorouracil, 500 mg</del>
J9200	116.28	Floxuridine, 500 mg
J9208	127.82	Ifosfamide, 1 gm
<del>J9271</del>	<del>38.84</del>	<del>Injection, pembrolizumab, 1 mg</del>
<del>J9299</del>	<del>21.56</del>	<del>Injection, nivolumab, 1 mg</del>
<del>J9308</del>	<del>45.91</del>	<del>Injection, ramucirumab, 5 mg</del>
<del>J9360</del>	<del>3.49</del>	<del>Injection, vinblastine sulfate, 1 mg</del>
<del>J9370</del>	<del>28.88</del>	<del>Vincristine sulfate, 1 mg</del>
<del>J9390</del>	<del>92.65</del>	<del>Injection, vinorelbine tartrate, 10 mg</del>
<b><u>K Codes (Temporary) K0000-K9999</u></b>		
<b><u>Wheelchair and Wheelchair Accessories</u></b>		
K0001KH, KI	<del>36.4147.54</del>	Standard wheelchair (capped rental)
K0001KJ	<del>27.3135.66</del>	Standard wheelchair (capped rental)
K0001NU	<del>364.14499.48</del>	Standard wheelchair (new equipment purchase)
K0001UE	<del>273.11374.38</del>	Standard wheelchair (used equipment purchase)
K0002KH,	<del>53.6167.46</del>	Standard hemi (low seat) wheelchair (capped rental)

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Code	Rate	Description
KI		
K0002KJ	<del>40.21</del> <del>50.60</del>	Standard hemi (low seat) wheelchair (capped rental)
K0002NU	<del>536.10</del> <del>708.38</del>	Standard hemi (low seat) wheelchair (new equipment purchase)
K0002UE	<del>402.08</del> <del>531.28</del>	Standard hemi (low seat) wheelchair (used durable medical equipment purchase)
K0003KH, KI	<del>59.43</del> <del>79.96</del>	Lightweight wheelchair (capped rental)
K0003KJ	<del>44.57</del> <del>59.97</del>	Lightweight wheelchair (capped rental)
K0003NU	<del>594.32</del> <del>839.57</del>	Lightweight wheelchair (new equipment purchase)
K0003UE	<del>445.74</del> <del>629.68</del>	Lightweight wheelchair (used durable medical equipment purchase)
K0004KH, KI	<del>84.77</del> <del>119.27</del>	High strength, lightweight wheelchair (capped rental)
K0004KJ	<del>63.58</del> <del>89.45</del>	High strength, lightweight wheelchair (capped rental)
K0004NU	<del>847.71</del> <del>1,252.36</del>	High strength, lightweight wheelchair (new equipment purchase)
K0004UE	<del>635.78</del> <del>939.27</del>	High strength, lightweight wheelchair (used durable medical equipment purchase)
K0005NU	<del>1,737.26</del> <del>1,650.02</del>	Ultralightweight wheelchair (new equipment)
K0005RR	<del>173.71</del> <del>164.99</del>	Ultralightweight wheelchair (rental)
K0005UE	<del>1,302.91</del> <del>1,237.50</del>	Ultralightweight wheelchair (used durable medical equipment)
K0006KH, KI	<del>90.73</del> <del>111.93</del>	Heavy duty wheelchair (capped rental)
K0006KJ	<del>68.05</del> <del>83.95</del>	Heavy duty wheelchair (capped rental)
K0006NU	<del>907.29</del> <del>1,175.24</del>	Heavy duty wheelchair (new equipment purchase)
K0006UE	<del>680.47</del> <del>881.43</del>	Heavy duty wheelchair (used durable medical equipment)
<del>K0008</del>	<del>AAC+35%</del>	<del>Custom manual wheelchair/base</del>
K0007KH, KI	<del>132.20</del> <del>159.32</del>	Extra heavy duty wheelchair (capped rental)
K0007KJ	<del>99.15</del> <del>119.49</del>	Extra heavy duty wheelchair (capped rental)
K0007NU	<del>1,322.01</del> <del>1,672.82</del>	Extra heavy duty wheelchair (new equipment purchase)
K0007UE	<del>991.51</del> <del>1,254.61</del>	Extra heavy duty wheelchair (used durable medical equipment)
<del>K0008NU</del>	<del>AAC+35%</del>	<del>Custom manual wheelchair base (new equipment)</del>
K0009KH,	79.01	Other manual wheelchair/base (capped rental)



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Code	Rate	Description
<del>KI</del>		
<del>K0009KJ</del>	<del>59.26</del>	<del>Other manual wheelchair/base (capped rental)</del>
K0009NU	<del>790.10</del> <del>AAC</del> <del>+35%</del>	Other manual wheelchair/base (new equipment)
<del>K0009RR</del>	<del>I.C.</del>	<del>Other manual wheelchair/base (rental)</del>
K0009UE	<del>592.58</del> <del>I.C.</del>	Other manual wheelchair/base (used durable medical equipment)
K0010KH, KI	<del>470.93</del> <del>447.</del> <del>29</del>	Standard-weight frame, motorized/power wheelchair (capped rental)
K0010KJ	<del>353.20</del> <del>335.</del> <del>47</del>	Standard-weight frame, motorized/power wheelchair (capped rental)
K0010NU	<del>4,709.30</del> <del>4.6</del> <del>96.55</del>	Standard-weight frame, motorized/power wheelchair (new equipment purchase)
K0010UE	<del>3,531.98</del> <del>3.5</del> <del>22.41</del>	Standard-weight frame, motorized/power wheelchair (used durable medical equipment)
K0011KH, KI	<del>566.33</del> <del>537.</del> <del>89</del>	Standard - weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking (capped rental)
K0011KHKF , KIKF	<del>628.76</del> <del>597.</del> <del>49</del>	Standard - weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking (capped rental) (FDA class III device)
K0011KJ	<del>424.75</del> <del>403.</del> <del>42</del>	Standard - weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking (capped rental)
K0011KJKF	<del>471.57</del> <del>447.</del> <del>89</del>	Standard - weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking (capped rental) (FDA class III device)
K0011NU	<del>5,663.30</del> <del>5.6</del> <del>47.85</del>	Standard - weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking (new equipment purchase)
K0011NUKF	<del>6,287.60</del> <del>6.2</del> <del>70.50</del>	Standard - weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking (new equipment purchase) (FDA class III device)
K0011UE	<del>4,247.48</del> <del>4.2</del> <del>35.88</del>	Standard - weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking (used durable medical equipment)
K0011UEKF	<del>4,715.70</del> <del>4.7</del> <del>02.87</del>	Standard - weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking (used durable medical equipment) (FDA class III device)

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Code	Rate	Description
K0012KH, KI	<del>359.21</del> 341. 17	Lightweight portable motorized/power wheelchair (capped rental)
K0012KJ	<del>269.41</del> 255. 88	Lightweight portable motorized/power wheelchair (capped rental)
K0012NU	<del>3,592.10</del> 3. 82.29	Lightweight portable motorized/power wheelchair (new equipment purchase)
K0012UE	<del>2,694.08</del> 2. 86.71	Lightweight portable motorized/power wheelchair (used durable medical equipment)
<del>K0013</del>	<del>AAC+35%</del>	<del>Custom motorized/power wheelchair base</del>
K0015NU	<del>145.89</del> 164. 44	Detachable, non-adjustable height armrest, <u>replacement only</u> , each (new equipment)
<del>K0015NUKE</del>	<del>190.79</del>	<del>Detachable, non-adjustable height armrest, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
<del>K0015RR</del>	<del>14.59</del> 16.45	<del>Detachable, non-adjustable height armrest, each (rental)</del>
<del>K0015RRKE</del>	<del>19.09</del>	<del>Detachable, non-adjustable height armrest, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
K0015UE	<del>109.41</del> 123. 32	Detachable, non-adjustable height armrest, <u>replacement only</u> , each (used durable medical equipment)
<del>K0015UEKE</del>	<del>143.08</del>	<del>Detachable, non-adjustable height armrest, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
<del>K0015KH,</del> <del>KI</del>	<del>14.59</del>	<del>Detachable, non-adjustable height armrest, replacement only, each (capped rental) (for Medicare billing only)</del>
<del>K0015KJ</del>	<del>10.94</del>	<del>Detachable, non-adjustable height armrest, replacement only, each (capped rental) (for Medicare billing only)</del>
K0017NU	<del>46.16</del> 46.25	Detachable, adjustable height armrest, base, <u>replacement only</u> , each (new equipment)
<del>K0017NUKE</del>	<del>53.67</del>	<del>Detachable, adjustable height armrest, base, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
K0017RR	<del>4.62</del> 4.62	Detachable, adjustable height armrest, base, <u>replacement only</u> , each (rental)
<del>K0017RRKE</del>	<del>5.37</del>	<del>Detachable, adjustable height armrest, base, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
K0017UE	<del>34.62</del> 34.69	Detachable, adjustable height armrest, base, <u>replacement only</u> , each (used durable medical equipment)
<del>K0017UEKE</del>	<del>40.25</del>	<del>Detachable, adjustable height armrest, base, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>

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Code	Rate	Description
K0018NU	<del>25.93</del> 25.84	Detachable, adjustable height armrest, upper portion, <u>replacement only</u> , each (new equipment)
<del>K0018NUKE</del>	<del>29.98</del>	<del>Detachable, adjustable height armrest, upper portion, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
K0018RR	<del>2.59</del> 2.57	Detachable, adjustable height armrest, upper portion, <u>replacement only</u> , each (rental)
<del>K0018RRKE</del>	<del>2.98</del>	<del>Detachable, adjustable height armrest, upper portion, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
K0018UE	<del>19.45</del> 19.39	Detachable, adjustable height armrest, upper portion, <u>replacement only</u> , each (used durable medical equipment)
<del>K0018UEKE</del>	<del>22.50</del>	<del>Detachable, adjustable height armrest, upper portion, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
K0019NU	<del>13.59</del> 15.55	Arm pad, <u>replacement only</u> , each (new equipment)
<del>K0019NUKE</del>	<del>18.04</del>	<del>Arm pad, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
K0019RR	<del>1.36</del> 1.55	Arm pad, <u>replacement only</u> , each (rental)
<del>K0019RRKE</del>	<del>1.80</del>	<del>Arm pad, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
K0019UE	<del>10.19</del> 11.65	Arm pad, <u>replacement only</u> , each (used durable medical equipment)
<del>K0019UEKE</del>	<del>13.51</del>	<del>Arm pad, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
K0020NU	<del>43.51</del> 42.05	Fixed, adjustable height armrest, pair (new equipment)
<del>K0020NUKE</del>	<del>48.78</del>	<del>Fixed, adjustable height armrest, pair (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
K0020RR	<del>4.35</del> 4.21	Fixed, adjustable height armrest, pair (rental)
<del>K0020RRKE</del>	<del>4.88</del>	<del>Fixed, adjustable height armrest, pair (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
K0020UE	<del>32.63</del> 31.52	Fixed, adjustable height armrest, pair (used durable medical equipment)
<del>K0020UEKE</del>	<del>36.57</del>	<del>Fixed, adjustable height armrest, pair (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
K0037NU	<del>43.47</del> 43.58	High mount flip-up footrest, <u>replacement only</u> , each (new equipment)
<del>K0037NUKE</del>	<del>50.57</del>	<del>High mount flip-up footrest, each (new equipment) (bid under round</del>

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Code	Rate	Description
<del>K0037RR</del>	<del>3.783.58</del>	<del>one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
K0037RR	3.783.58	High mount flip-up footrest, <u>replacement only</u> , each (rental)
<del>K0037RRKE</del>	<del>4.16</del>	<del>High mount flip-up footrest, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
K0037UE	<del>32.61</del> 32.70	High mount flip-up footrest, <u>replacement only</u> , each (used durable medical equipment)
<del>K0037UEKE</del>	<del>37.94</del>	<del>High mount flip-up footrest, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
K0038NU	<del>22.47</del> 21.96	Leg strap, each (new equipment)
<del>K0038NUKE</del>	<del>25.47</del>	<del>Leg strap, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
K0038RR	<del>2.25</del> 2.20	Leg strap, each (rental)
<del>K0038RRKE</del>	<del>2.55</del>	<del>Leg strap, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
K0038UE	<del>16.84</del> 16.47	Leg strap, each (used durable medical equipment)
<del>K0038UEKE</del>	<del>19.11</del>	<del>Leg strap, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
K0039NU	<del>49.08</del> 48.76	Leg strap, H style, each (new equipment)
<del>K0039NUKE</del>	<del>56.57</del>	<del>Leg strap, H style, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
K0039RR	<del>4.92</del> 4.89	Leg strap, H style, each (rental)
<del>K0039RRKE</del>	<del>5.67</del>	<del>Leg strap, H style, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
K0039UE	<del>36.81</del> 36.57	Leg strap, H style, each (used durable medical equipment)
<del>K0039UEKE</del>	<del>42.43</del>	<del>Leg strap, H style, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
K0040NU	<del>59.48</del> 67.58	Adjustable angle footplate, each (new equipment)
<del>K0040NUKE</del>	<del>78.40</del>	<del>Adjustable angle footplate, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
K0040RR	<del>5.94</del> 6.74	Adjustable angle footplate, each (rental)
<del>K0040RRKE</del>	<del>7.82</del>	<del>Adjustable angle footplate, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
K0040UE	<del>44.60</del> 50.67	Adjustable angle footplate, each (used durable medical equipment)

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Code	Rate	Description
<del>K0040UEKE</del>	<del>58.79</del>	<del>Adjustable angle footplate, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
K0041NU	<del>47.58</del> 47.89	Large size footplate, each (new equipment)
<del>K0041NUKE</del>	<del>55.57</del>	<del>Large size footplate, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
K0041RR	<del>4.78</del> 4.84	Large size footplate, each (rental)
<del>K0041RRKE</del>	<del>5.58</del>	<del>Large size footplate, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
K0041UE	<del>35.69</del> 35.92	Large size footplate, each (used durable medical equipment)
<del>K0041UEKE</del>	<del>41.67</del>	<del>Large size footplate, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
K0042NU	<del>31.73</del> 32.97	Standard size footplate, <u>replacement only</u> , each (new equipment)
<del>K0042NUKE</del>	<del>38.25</del>	<del>Standard size footplate, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
K0042RR	<del>3.17</del> 3.29	Standard size footplate, <u>replacement only</u> , each (rental)
<del>K0042RRKE</del>	<del>3.84</del>	<del>Standard size footplate, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
K0042UE	<del>23.79</del> 24.72	Standard size footplate, <u>replacement only</u> , each (used durable medical equipment)
<del>K0042UEKE</del>	<del>28.69</del>	<del>Standard size footplate, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
K0043NU	<del>18.17</del> 17.67	Footrest, lower extension tube, <u>replacement only</u> , each (new equipment)
<del>K0043NUKE</del>	<del>20.51</del>	<del>Footrest, lower extension tube, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
K0043RR	<del>1.81</del> 1.76	Footrest, lower extension tube, <u>replacement only</u> , each (rental)
<del>K0043RRKE</del>	<del>2.05</del>	<del>Footrest, lower extension tube, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
K0043UE	<del>13.65</del> 13.27	Footrest, lower extension tube, <u>replacement only</u> , each (used durable medical equipment)
<del>K0043UEKE</del>	<del>15.39</del>	<del>Footrest, lower extension tube, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
K0044NU	<del>15.65</del> 15.06	Footrest, upper hanger bracket, <u>replacement only</u> , each (new equipment)

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Code	Rate	Description
<del>K0044NUKE</del>	<del>17.47</del>	<del>Footrest, upper hanger bracket, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
K0044RR	<del>1.57</del> 1.51	Footrest, upper hanger bracket, <u>replacement only</u> , each (rental)
<del>K0044RRKE</del>	<del>1.75</del>	<del>Footrest, upper hanger bracket, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
K0044UE	<del>11.73</del> 11.29	Footrest, upper hanger bracket, <u>replacement only</u> , each (used durable medical equipment)
<del>K0044UEKE</del>	<del>13.10</del>	<del>Footrest, upper hanger bracket, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
K0045NU	<del>52.36</del> 51.24	Footrest, complete assembly, <u>replacement only</u> , each (new equipment)
<del>K0045NUKE</del>	<del>59.45</del>	<del>Footrest, complete assembly (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
K0045RR	<del>5.32</del> 5.29	Footrest, complete assembly, <u>replacement only</u> , each (rental)
<del>K0045RRKE</del>	<del>6.13</del>	<del>Footrest, complete assembly (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
K0045UE	<del>39.28</del> 38.44	Footrest, complete assembly, <u>replacement only</u> , each (used durable medical equipment)
<del>K0045UEKE</del>	<del>44.59</del>	<del>Footrest, complete assembly (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
K0046NU	<del>18.23</del> 17.67	Elevating legrest, lower extension tube, <u>replacement only</u> , each (new equipment)
<del>K0046NUKE</del>	<del>20.51</del>	<del>Elevating legrest, lower extension tube, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
K0046RR	<del>1.82</del> 1.76	Elevating legrest, lower extension tube, <u>replacement only</u> , each (rental)
<del>K0046RRKE</del>	<del>2.05</del>	<del>Elevating legrest, lower extension tube, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
K0046UE	<del>13.69</del> 13.27	Elevating legrest, lower extension tube, <u>replacement only</u> , each (used durable medical equipment)
<del>K0046UEKE</del>	<del>15.39</del>	<del>Elevating legrest, lower extension tube, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
K0047NU	<del>67.99</del> 69.21	Elevating legrest, upper hanger bracket, <u>replacement only</u> , each (new equipment)
<del>K0047NUKE</del>	<del>80.30</del>	<del>Elevating legrest, upper hanger bracket, each (new equipment) (bid</del>



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Code	Rate	Description
K0047RR	<del>6.816.94</del>	<del>under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del> Elevating legrest, upper hanger bracket, <u>replacement only</u> , each (rental)
<del>K0047RRKE</del>	<del>8.05</del>	<del>Elevating legrest, upper hanger bracket, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
K0047UE	<del>50.9851.89</del>	Elevating legrest, upper hanger bracket, <u>replacement only</u> , each (used durable medical equipment)
<del>K0047UEKE</del>	<del>60.21</del>	<del>Elevating legrest, upper hanger bracket, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
K0050NU	<del>30.1229.41</del>	Ratchet assembly <u>replacement only</u> (new equipment)
<del>K0050NUKE</del>	<del>34.13</del>	<del>Ratchet assembly (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
K0050RR	<del>3.012.93</del>	Ratchet assembly <u>replacement only</u> (rental)
<del>K0050RRKE</del>	<del>3.40</del>	<del>Ratchet assembly (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
K0050UE	<del>22.6022.07</del>	Ratchet assembly, <u>replacement only</u> (used durable medical equipment)
<del>K0050UEKE</del>	<del>25.61</del>	<del>Ratchet assembly (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
K0051NU	<del>48.2247.61</del>	Cam release assembly, footrest or legrest, <u>replacement only</u> , each (new equipment)
<del>K0051NUKE</del>	<del>55.24</del>	<del>Cam release assembly, footrest or legrest, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
K0051RR	<del>4.844.79</del>	Cam release assembly, footrest or legrest, <u>replacement only</u> , each (rental)
<del>K0051RRKE</del>	<del>5.55</del>	<del>Cam release assembly, footrest or legrest, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
K0051UE	<del>36.1635.69</del>	Cam release assembly, footrest or legrest, <u>replacement only</u> , each (used durable medical equipment)
<del>K0051UEKE</del>	<del>41.41</del>	<del>Cam release assembly, footrest or legrest, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
K0052NU	<del>74.4483.66</del>	Swingaway, detachable footrests, <u>replacement only</u> , each (new equipment)
<del>K0052NUKE</del>	<del>97.06</del>	<del>Swingaway, detachable footrests, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with</del>

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Code	Rate	Description
K0052RR	<del>7.448.36</del>	<del>nonecompetitive bid base equipment)</del> Swingaway, detachable footrests, <u>replacement only</u> , each (rental)
<del>K0052RRKE</del>	<del>9.70</del>	<del>Swingaway, detachable footrests, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with nonecompetitive bid base equipment)</del>
K0052UE	<del>55.8262.73</del>	Swingaway, detachable footrests, each (used durable medical equipment)
<del>K0052UEKE</del>	<del>72.79</del>	<del>Swingaway, detachable footrests, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with nonecompetitive bid base equipment)</del>
K0053NU	<del>90.8492.32</del>	Elevating footrests, articulating (telescoping), each (new equipment)
<del>K0053NUKE</del>	<del>107.11</del>	<del>Elevating footrests, articulating (telescoping), each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with nonecompetitive bid base equipment)</del>
K0053RR	<del>9.089.22</del>	Elevating footrests, articulating (telescoping), each (rental)
<del>K0053RRKE</del>	<del>10.70</del>	<del>Elevating footrests, articulating (telescoping), each (rental) (bid under round one of the DMEPOS competitive bidding program for use with nonecompetitive bid base equipment)</del>
K0053UE	<del>68.1369.24</del>	Elevating footrests, articulating (telescoping), each (used durable medical equipment)
<del>K0053UEKE</del>	<del>80.34</del>	<del>Elevating footrests, articulating (telescoping), each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with nonecompetitive bid base equipment)</del>
K0053UD	AAC+35%	Elevating footrests, articulating (telescoping), each (bariatric equipment)
K0056NU	<del>96.4099.86</del>	Seat height less than 17 inches or equal to or greater than 21 inches for a high strength, lightweight, or ultralightweight wheelchair (new equipment)
K0056RR	<del>9.649.99</del>	Seat height less than 17 inches or equal to or greater than 21 inches for a high strength, lightweight, or ultralightweight wheelchair (rental)
K0056UE	<del>72.3174.91</del>	Seat height less than 17 inches or equal to or greater than 21 inches for a high strength, lightweight, or ultralightweight wheelchair (used durable medical equipment)
K0065NU	<del>46.1746.68</del>	Spoke protectors, each (new equipment)
K0065RR	<del>4.624.67</del>	Spoke protectors, each (rental)
K0065UE	<del>34.6335.01</del>	Spoke protectors, each (used durable medical equipment)
K0069NU	<del>97.90104.9</del>	Rear wheel assembly, complete, with solid tire, spokes or molded, <u>replacement only</u> , each (new equipment)
K0069RR	<del>10.0210.93</del>	Rear wheel assembly, complete, with solid tire, spokes or molded, <u>replacement only</u> , each (rental)
K0069UE	<del>73.4278.69</del>	Rear wheel assembly, complete, with solid tire, spokes or molded, <u>replacement only</u> , each (used durable medical equipment)

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Code	Rate	Description
K0070NU	<del>174.74</del> 192.32	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, <u>replacement only</u> , each (new equipment)
<del>K0070RR</del>	<del>17.48</del> 19.25	<del>Rear wheel assembly, complete, with pneumatic tire, spokes or molded, each (rental)</del>
K0070UE	<del>131.06</del> 144.24	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, <u>replacement only</u> , each (used durable medical equipment)
<del>K0070KH, KI</del>	<del>17.48</del>	<del>Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each (capped rental) (for Medicare billing only)</del>
<del>K0070KJ</del>	<del>13.11</del>	<del>Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each (capped rental) (for Medicare billing only)</del>
K0071NU	<del>112.26</del> 114.71	Front caster assembly, complete, with pneumatic tire, <u>replacement only</u> , each (new equipment)
K0071RR	<del>11.23</del> 11.48	Front caster assembly, complete, with pneumatic tire, <u>replacement only</u> , each (rental)
K0071UE	<del>84.18</del> 86.02	Front caster assembly, complete, with pneumatic tire, <u>replacement only</u> , each (used durable medical equipment)
K0072NU	<del>68.29</del> 69.05	Front caster assembly, complete, with semi-pneumatic tire, <u>replacement only</u> , each (new equipment)
K0072RR	<del>6.83</del> 6.90	Front caster assembly, complete, with semi-pneumatic tire, <u>replacement only</u> , each (rental)
K0072UE	<del>51.21</del> 51.79	Front caster assembly, complete, with semi-pneumatic tire, <u>replacement only</u> , each (used durable medical equipment)
K0073NU	<del>36.51</del> 36.54	Caster pin lock, each (new equipment)
K0073RR	<del>3.65</del> 3.65	Caster pin lock, each (rental)
K0073UE	<del>27.38</del> 27.41	Caster pin lock, each (used durable medical equipment)
K0077NU	<del>55.88</del> 61.79	Front caster assembly, complete, with solid tire, <u>replacement only</u> , each (new equipment)
K0077RR	<del>5.58</del> 6.17	Front caster assembly, complete, with solid tire, <u>replacement only</u> , each (rental)
K0077UE	<del>41.90</del> 46.34	Front caster assembly, complete, with solid tire, <u>replacement only</u> , each (used durable medical equipment)
K0098NU	<del>24.56</del> 24.63	Drive belt for power wheelchair <u>replacement only</u> (new equipment)
<del>K0098NUKE</del>	<del>28.57</del>	<del>Drive belt for power wheelchair (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
K0098RR	<del>2.46</del> 2.46	Drive belt for power wheelchair <u>replacement only</u> (rental)
<del>K0098RRKE</del>	<del>2.86</del>	<del>Drive belt for power wheelchair (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
K0098UE	<del>18.41</del> 18.45	Drive belt for power wheelchair <u>replacement only</u> (used durable medical equipment)
<del>K0098UEKE</del>	<del>21.41</del>	<del>Drive belt for power wheelchair (used durable medical equipment)</del>

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		<del>(bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
K0105NU	<del>102.99</del> 104.40	IV hanger, each (new equipment)
K0105RR	<del>10.30</del> 10.43	IV hanger, each (rental)
K0105UE	<del>77.25</del> 78.30	IV hanger, each (used durable medical equipment)
K0108NU	AAC+35%	Wheelchair component or accessory, not otherwise specified (new equipment)
K0108RA	<del>AAC+35%</del> 47.03	Wheelchair component or accessory, not otherwise specified <del>(replacement of a DME item)(for MassHealth purposes only K0108RA is to be a separate line item on a PA/claim for the sole usage of the direct service components RE1-RE23) (per hour)</del>
K0108RB	AAC+35%	Wheelchair component or accessory, not otherwise specified <del>(replacement of a part of a DME furnished as part of a repair)(for MassHealth purposes only K0108RB is to be used for replacement of a part that has no HIPAA-compliant HCPCCS code)</del>
<u>Miscellaneous/Other</u>		
K0195KH, KI	<del>14.01</del> 13.78	Elevating leg rests, pair (for use with capped rental wheelchair base) (capped rental)
<del>K0195KHKE, KIKE</del>	<del>15.98</del>	<del>Elevating leg rests, pair (for use with capped rental wheelchair base) (capped rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
K0195KJ	<del>10.51</del> 10.33	Elevating leg rests, pair (for use with capped rental wheelchair base) (capped rental)
<del>K0195KJKE</del>	<del>11.98</del>	<del>Elevating leg rests, pair (for use with capped rental wheelchair base) (capped rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
K0195NU	<del>140.10</del> 144.67	Elevating leg rests, pair (for use with capped rental wheelchair base) (new equipment purchase)
<del>K0195NUKE</del>	<del>167.79</del>	<del>Elevating leg rests, pair (for use with capped rental wheelchair base) (new equipment purchase) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
K0195UE	<del>105.08</del> 108.51	Elevating leg rests, pair (for use with capped rental wheelchair base) (used durable medical equipment purchase)
<del>K0195UEKE</del>	<del>125.84</del>	<del>Elevating leg rests, pair (for use with capped rental wheelchair base) (used durable medical equipment purchase) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
<u>Miscellaneous Equipment, Replacement, Repair, Rental</u>		
K0455RR	<del>248.89</del> 200.93	Infusion pump used for uninterrupted parenteral administration of medication, epoprostenol or treprostinol (rental)
K0552	<del>2.35</del> 2.78	Supplies for external <u>non-insulin</u> infusion pump, syringe type cartridge, sterile, each

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<u>K0553</u>	<u>248.38</u>	<u>Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1 unit = 1 month's supply</u>
<u>K0554NU</u>	<u>239.37</u>	<u>Receiver (monitor), dedicated, for use with therapeutic continuous glucose monitor system (new equipment)</u>
<u>K0554RR</u>	<u>23.94</u>	<u>Receiver (monitor), dedicated, for use with therapeutic continuous glucose monitor system (rental)</u>
<u>K0554UE</u>	<u>179.53</u>	<u>Receiver (monitor), dedicated, for use with therapeutic continuous glucose monitor system (used durable medical equipment)</u>
K0601NU	<del>1,020.99</del>	Replacement battery for external infusion pump owned by patient, silver oxide, 1.5 volt, each
K0602NU	<del>5,815.68</del>	Replacement battery for external infusion pump owned by patient, silver oxide, 3 volt, each
K0603NU	<del>0,520.51</del>	Replacement battery for external infusion pump owned by patient, alkaline, 1.5 volt, each
K0604NU	<del>5,585.43</del>	Replacement battery for external infusion pump owned by patient, lithium, 3.6 volt, each
K0605NU	<del>13,3813.03</del>	Replacement battery for external infusion pump owned by patient, lithium, 4.5 volt, each
<del>K0606KH, KI</del>	<del>2,024.37</del>	<del>Automatic external defibrillator with integrated electrocardiogram analysis, garment type (capped rental)</del>
<del>K0606KJ</del>	<del>1,518.28</del>	<del>Automatic external defibrillator with integrated electrocardiogram analysis, garment type (capped rental)</del>
<del>K0606NU</del>	<del>21,255.87</del>	<del>Automatic external defibrillator with integrated electrocardiogram analysis, garment type (new equipment purchase)</del>
<del>K0606UE</del>	<del>15,941.90</del>	<del>Automatic external defibrillator with integrated electrocardiogram analysis, garment type (used durable medical equipment purchase)</del>
K0606KHKF, KIKF	<del>2,366.382,2</del> 47.55	Automatic external defibrillator with integrated electrocardiogram analysis, garment type (capped rental) (FDA class III device)
K0606KJKF	<del>1,774.791,6</del> 85.66	Automatic external defibrillator with integrated electrocardiogram analysis, garment type (capped rental) (FDA class III device)
K0606NUKF	<del>23,663.832</del> <del>3,599.31</del>	Automatic external defibrillator with integrated electrocardiogram analysis, garment type (new equipment purchase) (FDA class III device)
K0606UEKF	<del>17,747.871</del> <del>7,699.48</del>	Automatic external defibrillator with integrated electrocardiogram analysis, garment type (used durable medical equipment purchase) (FDA class III device)
K0607NU	<del>182.58173.</del> 35	Replacement battery for automatic external defibrillator, each (new equipment)
K0607NUKF	<del>202.64192.</del> 46	Replacement battery for automatic external defibrillator, each (new equipment) (FDA class III device)
K0607RR	<del>18.2617.34</del>	Replacement battery for automatic external defibrillator, each (rental)
K0607RRKF	<del>20.2619.25</del>	Replacement battery for automatic external defibrillator, each (rental) (FDA class III device)
K0607UE	<del>136.94130.</del>	Replacement battery for automatic external defibrillator, each (used

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Code	Rate	Description
	<del>04</del>	durable medical equipment)
K0607UEKF	<del>151.98</del> <del>144.35</del>	Replacement battery for automatic external defibrillator, each (used durable medical equipment) (FDA class III device)
<u>K0607KH,</u> <u>KI</u>	<u>18.26</u>	<u>Replacement battery for automatic external defibrillator, each (capped rental)</u>
<u>K0607KJ</u>	<u>13.69</u>	<u>Replacement battery for automatic external defibrillator, each (capped rental)</u>
<u>K0607KHK,</u> <u>KIKF</u>	<u>20.26</u>	<u>Replacement battery for automatic external defibrillator, each (capped rental) (FDA class III device)</u>
<u>K0607KJKF</u>	<u>15.20</u>	<u>Replacement battery for automatic external defibrillator, each (capped rental) (FDA class III device)</u>
K0608NU	<del>113.89</del> <del>108.48</del>	Replacement garment for use with automatic external defibrillator, each (new equipment)
K0608NUKF	<del>126.47</del> <del>120.44</del>	Replacement garment for use with automatic external defibrillator, each (new equipment) (FDA class III device)
K0608RR	<del>11.42</del> <del>10.84</del>	Replacement garment for use with automatic external defibrillator, each (rental)
K0608RRKF	<del>12.67</del> <del>12.02</del>	Replacement garment for use with automatic external defibrillator, each (rental) (FDA class III device)
K0608UE	<del>85.43</del> <del>81.14</del>	Replacement garment for use with automatic external defibrillator, each (used durable medical equipment)
K0608UEKF	<del>94.84</del> <del>90.08</del>	Replacement garment for use with automatic external defibrillator, each (used durable medical equipment) (FDA class III device)
K0609NU	<del>757.46</del> <del>719.43</del>	Replacement electrodes for use with automatic external defibrillator, each (new equipment)
K0609NUKF	<del>840.98</del> <del>798.75</del>	Replacement electrodes for use with automatic external defibrillator, each (new equipment) (FDA class III device)
K0669	AAC+35%	Wheelchair accessory, wheelchair seat or back cushion, does not meet specific code criteria or no written coding verification from DME PDAC
K0730NU	<del>1,620.02</del> <del>1,538.69</del>	Controlled dose inhalation drug delivery system (new equipment)
K0730RR	<del>162.00</del> <del>153.87</del>	Controlled dose inhalation drug delivery system (rental)
K0730UE	<del>1,215.02</del> <del>1,154.04</del>	Controlled dose inhalation drug delivery system (used durable medical equipment purchase)
<u>K0730KH,</u> <u>KI</u>	<u>162.00</u>	<u>Controlled dose inhalation drug delivery system (capped rental)</u>
<u>K0730KJ</u>	<u>121.50</u>	<u>Controlled dose inhalation drug delivery system (capped rental)</u>
K0733NU	<del>23.32</del> <del>27.34</del>	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (new equipment)
<u>K0733NUKE</u>	<u>31.72</u>	<u>Power wheelchair accessory, 12 to 24 amp hour sealed lead acid</u>



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Code	Rate	Description
K0733RR	<del>2.342.75</del>	<del>battery, each (e.g. gel cell, absorbed glassmat) (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del> Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (rental)
<del>K0733RRKE</del>	<del>3.19</del>	<del>Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
K0733UE	<del>17.5020.52</del>	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (used durable medical equipment)
<del>K0733UEKE</del>	<del>23.80</del>	<del>Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
K0734NU	299.98	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth (new equipment)
<del>K0734NUKE</del>	<del>348.04</del>	<del>Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
<del>K0734RR</del>	<del>30.00</del>	<del>Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth (rental)</del>
<del>K0734RRKE</del>	<del>34.81</del>	<del>Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
<del>K0734UE</del>	<del>224.98</del>	<del>Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth (used durable medical equipment)</del>
<del>K0734UEKE</del>	<del>261.03</del>	<del>Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
<del>K0735NU</del>	<del>381.71</del>	<del>Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth (new equipment)</del>
<del>K0735NUKE</del>	<del>442.87</del>	<del>Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
<del>K0735RR</del>	<del>38.18</del>	<del>Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth (rental)</del>
<del>K0735RRKE</del>	<del>44.30</del>	<del>Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth (rental) (bid under round one of the DMEPOS</del>

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Code	Rate	Description
		<del>competitive bidding program for use with noncompetitive bid base equipment</del>
<del>K0735UE</del>	<del>286.28</del>	<del>Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth (used durable medical equipment)</del>
<del>K0735UEKE</del>	<del>332.15</del>	<del>Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
<del>K0736NU</del>	<del>302.44</del>	<del>Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth (new equipment)</del>
<del>K0736NUKE</del>	<del>350.90</del>	<del>Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
<del>K0736RR</del>	<del>30.25</del>	<del>Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth (rental)</del>
<del>K0736RRKE</del>	<del>35.09</del>	<del>Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
<del>K0736UE</del>	<del>226.85</del>	<del>Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth (used durable medical equipment)</del>
<del>K0736UEKE</del>	<del>263.19</del>	<del>Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
<del>K0737NU</del>	<del>382.87</del>	<del>Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth (new equipment)</del>
<del>K0737NUKE</del>	<del>444.21</del>	<del>Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
<del>K0737RR</del>	<del>38.28</del>	<del>Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth (rental)</del>
<del>K0737RRKE</del>	<del>44.42</del>	<del>Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)</del>
<del>K0737UE</del>	<del>287.15</del>	<del>Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth (used durable medical equipment)</del>
<del>K0737UEKE</del>	<del>333.15</del>	<del>Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth (used durable medical</del>

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Code	Rate	Description
		<del>equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment</del>
K0738RR	<del>40.26</del> 46.47	Portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders; includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing (rental)
K0739RB	<del>21.11</del> 49.04	Repair or nonroutine service for durable medical equipment other than oxygen requiring the skill of a technician, labor component, per 15 minutes (repair, excluding ATP providers)
K0739UB	<del>24.83</del> 22.40	Repair or nonroutine service for durable medical equipment other than oxygen requiring the skill of a technician, labor component, per 15 minutes (repair, ATP providers only)
K0740RB	<del>24.83</del> 49.04	Repair or nonroutine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes (repair, excluding ATP providers)
<del>K0743RR</del>	<del>I.C.</del>	<del>Suction pump, home model, portable, for use on wounds (rental)</del>
<del>K0744</del>	<del>AAC+20%</del>	<del>Absorptive wound dressing for use with suction pump, home model, portable, pad size 16 square inches or less</del>
<del>K0745</del>	<del>AAC+20%</del>	<del>Absorptive wound dressing for use with suction pump, home model, portable, pad size more than 16 square inches but less than or equal to 48 square inches</del>
<del>K0746</del>	<del>AAC+20%</del>	<del>Absorptive wound dressing for use with suction pump, home model, portable, pad size greater than 48 square inches</del>
<u>Power Operated Vehicle and Accessories</u>		
K0800NU	<del>1,041.09</del> 1,169.96	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds (new equipment)
K0800RR	<del>104.12</del> 117.00	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds (rental)
K0800UE	<del>780.82</del> 877.47	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0801NU	<del>1,802.66</del> 1,886.22	Power operated vehicle, group 1 heavy duty, patient weight capacity, 301 to 450 pounds (new equipment)
K0801RR	<del>180.25</del> 188.60	Power operated vehicle, group 1 heavy duty, patient weight capacity, 301 to 450 pounds (rental)
K0801UE	<del>1,351.99</del> 1,414.65	Power operated vehicle, group 1 heavy duty, patient weight capacity, 301 to 450 pounds (used durable medical equipment)
K0802NU	<del>2,036.55</del> 2,134.59	Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds (new equipment)
K0802RR	<del>203.65</del> 213.45	Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds (rental)
K0802UE	<del>1,527.41</del> 1,600.95	Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds (used durable medical equipment)
K0806NU	<del>1,391.75</del> 1,445.34	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds (new equipment)
K0806RR	<del>139.17</del> 141.41	Power operated vehicle, group 2 standard, patient weight capacity up

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Code	Rate	Description
	<del>53</del>	to and including 300 pounds (rental)
K0806UE	<del>1,043.82</del> <del>1.0</del>	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0807NU	<del>2,132.76</del> <del>2.1</del>	Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds (new equipment)
K0807RR	<del>213.28</del> <del>214.76</del>	Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds (rental)
K0807UE	<del>1,599.58</del> <del>1.6</del>	Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds (used durable medical equipment)
K0808NU	<del>3,298.44</del> <del>3.3</del>	Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds (new equipment)
K0808RR	<del>329.84</del> <del>332.27</del>	Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds (rental)
K0808UE	<del>2,473.83</del> <del>2.4</del>	Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds (used durable medical equipment)
K0812NU	AAC+35%	Power operated vehicle, not otherwise classified (new equipment)
K0812RR	I.C.	Power operated vehicle, not otherwise classified (rental)
K0812UE	I.C.	Power operated vehicle, not otherwise classified (used durable medical equipment)
<b>Power Wheelchairs</b>		
K0813KH, KI	<del>301.04</del> <del>218.32</del>	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds (capped rental)
K0813KJ	<del>120.42</del> <del>163.74</del>	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds (capped rental)
K0813NU	<del>2,006.93</del> <del>2.2</del>	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds (new equipment purchase)
K0813UE	<del>1,505.20</del> <del>1.7</del>	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0814KH, KI	<del>358.84</del> <del>279.45</del>	Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds (capped rental)
K0814KJ	<del>143.54</del> <del>209.59</del>	Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds (capped rental)
K0814NU	<del>2,392.27</del> <del>2.9</del>	Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds (new equipment)
K0814UE	<del>1,794.20</del> <del>2.2</del>	Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0815KH, KI	<del>383.91</del> <del>318.23</del>	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds (capped rental)
K0815KJ	<del>153.56</del> <del>238.00</del>	Power wheelchair, group 1 standard, sling/solid seat and back, patient

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Code	Rate	Description
K0815NU	<del>67</del> <del>2,559.40</del> <del>3.3</del>	weight capacity up to and including 300 pounds (capped rental) Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds (new equipment)
K0815UE	<del>41.42</del> <del>1,919.55</del> <del>2.5</del> <del>96.06</del>	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0816KH, KI	<del>380.17</del> <del>304.</del> <del>75</del>	Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds (capped rental)
K0816KJ	<del>152.07</del> <del>228.</del> <del>56</del>	Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds (capped rental)
K0816NU	<del>2,534.47</del> <del>3.1</del> <del>99.88</del>	Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds (new equipment purchase)
K0816UE	<del>1,900.85</del> <del>2.3</del> <del>99.91</del>	Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0820KH, KI	<del>316.77</del> <del>233.</del> <del>48</del>	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental)
K0820KJ	<del>126.71</del> <del>174.</del> <del>88</del>	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental)
K0820NU	<del>2,111.80</del> <del>2.4</del> <del>48.39</del>	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds (new equipment purchase)
K0820UE	<del>1,583.85</del> <del>1.8</del> <del>36.29</del>	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0821KH, KI	<del>375.89</del> <del>299.</del> <del>35</del>	Power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds (capped rental)
K0821KJ	<del>150.36</del> <del>224.</del> <del>51</del>	Power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds (capped rental)
K0821NU	<del>2,505.93</del> <del>3.1</del> <del>43.18</del>	Power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds (new equipment purchase)
K0821UE	<del>1,879.45</del> <del>2.3</del> <del>57.38</del>	Power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0822KH, KI	<del>452.62</del> <del>361.</del> <del>77</del>	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds (rental)
K0822KJ	<del>181.05</del> <del>271.</del> <del>33</del>	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds (rental)
K0822NU	<del>3,017.47</del> <del>3.7</del> <del>98.58</del>	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds (new equipment)
K0822UE	<del>2,263.10</del> <del>2.8</del>	Power wheelchair, group 2 standard, sling/solid seat/back, patient



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Code	Rate	Description
	<del>48.94</del>	weight capacity up to and including 300 pounds (used durable medical equipment)
K0823KH, KI	<del>427.33364</del> <del>14</del>	Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds (capped rental)
K0823KJ	<del>170.93273</del> <del>11</del>	Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds (capped rental)
K0823NU	<del>2,848.873,8</del> <del>23.47</del>	Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds (new equipment purchase)
K0823UE	<del>2,136.652,8</del> <del>67.60</del>	Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0824KH, KI	<del>568.43438</del> <del>26</del>	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds (capped rental)
K0824KJ	<del>227.37328</del> <del>70</del>	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds (capped rental)
K0824NU	<del>3,789.534,6</del> <del>01.73</del>	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds (new equipment purchase)
K0824UE	<del>2,842.153,4</del> <del>51.30</del>	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds (used durable medical equipment)
K0825KH, KI	<del>507.85401</del> <del>20</del>	Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity 301 to 450 pounds (capped rental)
K0825KJ	<del>203.14300</del> <del>90</del>	Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity 301 to 450 pounds (capped rental)
K0825NU	<del>3,385.674,2</del> <del>12.60</del>	Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity 301 to 450 pounds (new equipment equipment)
K0825UE	<del>2,539.253,1</del> <del>59.45</del>	Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity 301 to 450 pounds (used durable medical equipment)
K0826KH, KI	<del>768.52567</del> <del>37</del>	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds (capped rental)
K0826KJ	<del>307.41425</del> <del>53</del>	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds (capped rental)
K0826NU	<del>5,123.475,9</del> <del>57.38</del>	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds (new equipment purchase)
K0826UE	<del>3,842.604,4</del> <del>68.04</del>	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds (used durable medical equipment)
K0827KH, KI	<del>667.58482</del> <del>45</del>	Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds (capped rental)
K0827KJ	<del>267.03361</del> <del>84</del>	Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds (capped rental)
K0827NU	<del>4,450.535,0</del> <del>65.73</del>	Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds (new equipment purchase)
K0827UE	<del>3,337.903,7</del> <del>99.29</del>	Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds (used durable medical equipment)



101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 322.00: DURABLE MEDICAL EQUIPMENT, OXYGEN AND RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description
K0828KH, KI	<del>865.25</del> 49	Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more (capped rental)
K0828KJ	<del>346.10</del> 89	Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more (capped rental)
K0828NU	<del>5,768.33</del> 64.50	Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more (new equipment purchase)
K0828UE	<del>4,326.25</del> 23.37	Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more (used durable medical equipment)
K0829KH, KI	<del>840.60</del> 40	Power wheelchair, group 2 extra heavy duty, captains chair, patient weight capacity 601 pounds or more (capped rental)
K0829KJ	<del>336.24</del> 57	Power wheelchair, group 2 extra heavy duty, captains chair, patient weight capacity 601 pounds or more (capped rental)
K0829NU	<del>5,604.00</del> 28.05	Power wheelchair, group 2 extra heavy duty, captains chair, patient weight capacity 601 pounds or more (new equipment purchase)
K0829UE	<del>4,203.00</del> 21.04	Power wheelchair, group 2 extra heavy duty, captains chair, patient weight capacity 601 pounds or more (used durable medical equipment)
K0830NU	3,914.10	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds (new equipment)
K0830RR	391.41	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds (rental)
K0830UE	2,935.58	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0831NU	3,914.10	Power wheelchair, group 2 standard, seat elevator, captains chair, patient weight capacity up to and including 300 pounds (new equipment)
K0831RR	391.41	Power wheelchair, group 2 standard, seat elevator, captains chair, patient weight capacity up to and including 300 pounds (rental)
K0831UE	2,935.58	Power wheelchair, group 2 standard, seat elevator, captains chair, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0835KH, KI	<del>456.11</del> 49	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental)
K0835KJ	<del>182.44</del> 39	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental)
K0835NU	<del>3,040.73</del> 55.50	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds

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101 CMR 322.00: DURABLE MEDICAL EQUIPMENT, OXYGEN AND RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description
		(new equipment purchase)
K0835UE	<del>2,280.55</del> 2,280.55 91.62	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0836KH, KI	<del>473.04</del> 473.04 78	Power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds (capped rental)
K0836KJ	<del>189.22</del> 189.22 58	Power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds (capped rental)
K0836NU	<del>3,153.60</del> 3,153.60 98.19	Power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds (new equipment purchase)
K0836UE	<del>2,365.20</del> 2,365.20 98.64	Power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0837KH, KI	<del>559.19</del> 559.19 26	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (capped rental)
K0837KJ	<del>223.68</del> 223.68 70	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (capped rental)
K0837NU	<del>3,727.93</del> 3,727.93 01.73	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (new equipment purchase)
K0837UE	<del>2,795.95</del> 2,795.95 51.30	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (used durable medical equipment)
K0838KH, KI	<del>498.48</del> 498.48 07	Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds (capped rental)
K0838KJ	<del>199.39</del> 199.39 05	Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds (capped rental)
K0838NU	<del>3,323.20</del> 3,323.20 16.74	Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds (new equipment purchase)
K0838UE	<del>2,492.40</del> 2,492.40 87.55	Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds (used durable medical equipment)
K0839KH, KI	<del>731.13</del> 731.13 37	Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds (capped rental)
K0839KJ	<del>292.45</del> 292.45 53	Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds (capped rental)

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101 CMR 322.00: DURABLE MEDICAL EQUIPMENT, OXYGEN AND RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description
K0839NU	<del>4,874.20</del> 5.9 57.38	Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds (new equipment purchase)
K0839UE	<del>3,655.65</del> 4.4 68.04	Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds (used durable medical equipment)
K0840KH, KI	<del>1,113.40</del> 85 9.60	Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more (capped rental)
K0840KJ	<del>445.36</del> 44. 70	Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more (capped rental)
K0840NU	<del>7,422.67</del> 9.0 25.80	Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more (new equipment purchase)
K0840UE	<del>5,567.00</del> 6.7 69.35	Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more (used durable medical equipment)
K0841KH, KI	<del>495.88</del> 390. 83	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental)
K0841KJ	<del>198.35</del> 293. 42	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental)
K0841NU	<del>3,305.87</del> 4.4 03.72	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (new equipment purchase)
K0841UE	<del>2,479.40</del> 3.0 77.79	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0842KH, KI	<del>495.60</del> 390. 83	Power wheelchair, group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds (capped rental)
K0842KJ	<del>198.24</del> 293. 42	Power wheelchair, group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds (capped rental)
K0842NU	<del>3,304.00</del> 4.4 03.74	Power wheelchair, group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds (new equipment purchase)
K0842UE	<del>2,478.00</del> 3.0 77.79	Power wheelchair, group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0843KH, KI	<del>593.54</del> 470. 56	Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds

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101 CMR 322.00: DURABLE MEDICAL EQUIPMENT, OXYGEN AND RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description
K0843KJ	<del>237.42352</del> 92	(capped rental) Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0843NU	<del>3,956.934,9</del> 40.88	(capped rental) Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (new equipment purchase)
K0843UE	<del>2,967.703,7</del> 05.66	Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (used durable medical equipment)
K0848KH, KI	<del>755.28478</del> 24	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental)
K0848KJ	<del>302.11358</del> 68	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental)
K0848NU	<del>5,035.205,0</del> 21.52	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds (new equipment purchase)
K0848UE	<del>3,776.403,7</del> 66.14	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0849KH, KI	<del>726.16459</del> 80	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds (capped rental)
K0849KJ	<del>290.46344</del> 85	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds (capped rental)
K0849NU	<del>4,841.074,8</del> 27.90	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds (new equipment purchase)
K0849UE	<del>3,630.803,6</del> 20.92	Power wheelchair
K0850KH, KI	<del>876.10554</del> 75	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds (capped rental)
K0850KJ	<del>350.44416</del> 06	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds (capped rental)
K0850NU	<del>5,840.675,8</del> 24.88	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds (new equipment purchase)
K0850UE	<del>4,380.504,3</del> 68.66	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds (used durable medical equipment)
K0851KH, KI	<del>842.37533</del> 38	Power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds (capped rental)
K0851KJ	<del>336.95400</del> 04	Power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds (capped rental)
K0851NU	<del>5,615.805,6</del> 00.49	Power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds (new equipment purchase)
K0851UE	<del>4,211.854,2</del> 00.37	Power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds (used durable medical equipment)

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101 CMR 322.00: DURABLE MEDICAL EQUIPMENT, OXYGEN AND RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description
K0852KH, KI	<del>1,012.2764</del> <del>0.98</del>	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds (capped rental)
K0852KJ	<del>404.91480</del> <del>73</del>	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds (capped rental)
K0852NU	<del>6,748.4767</del> <del>30.29</del>	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds (new equipment purchase)
K0852UE	<del>5,061.3550</del> <del>47.72</del>	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds (used durable medical equipment)
K0853KH, KI	<del>1,039.8665</del> <del>8.44</del>	Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity, 451 to 600 pounds (capped rental)
K0853KJ	<del>415.94493</del> <del>83</del>	Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity, 451 to 600 pounds (capped rental)
K0853NU	<del>6,932.4069</del> <del>13.62</del>	Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity, 451 to 600 pounds (new equipment purchase)
K0853UE	<del>5,199.3051</del> <del>85.22</del>	Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity, 451 to 600 pounds (used durable medical equipment)
K0854KH, KI	<del>1,377.5987</del> <del>2.29</del>	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more (capped rental)
K0854KJ	<del>551.04654</del> <del>22</del>	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more (capped rental)
K0854NU	<del>9,183.9391</del> <del>59.04</del>	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more (new equipment purchase)
K0854UE	<del>6,887.9568</del> <del>69.28</del>	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more (used durable medical equipment)
K0855KH, KI	<del>1,301.3482</del> <del>4.01</del>	Power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more (capped rental)
K0855KJ	<del>520.54618</del> <del>01</del>	Power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more (capped rental)
K0855NU	<del>8,675.6086</del> <del>52.11</del>	Power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more (new equipment purchase)
K0855UE	<del>6,506.7064</del> <del>89.08</del>	Power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more (used durable medical equipment)
K0856KH, KI	<del>810.71513</del> <del>34</del>	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental)
K0856KJ	<del>324.28385</del> <del>01</del>	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental)
K0856NU	<del>5,404.7353</del>	Power wheelchair, group 3 standard, single power option, sling/solid



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Code	Rate	Description
	<del>90.07</del>	seat/back, patient weight capacity up to and including 300 pounds (new equipment purchase)
K0856UE	<del>4,053.554,0</del> <del>42.55</del>	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0857KH, KI	<del>826.96523,</del> <del>63</del>	Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds (capped rental)
K0857KJ	<del>330.78392,</del> <del>72</del>	Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds (capped rental)
K0857NU	<del>5,513.075,4</del> <del>98.12</del>	Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds (new equipment purchase)
K0857UE	<del>4,134.804,1</del> <del>23.59</del>	Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0858KH, KI	<del>1,005.8663</del> <del>6.90</del>	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (capped rental)
K0858KJ	<del>402.34477,</del> <del>68</del>	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (capped rental)
K0858NU	<del>6,705.736,6</del> <del>87.45</del>	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (new equipment purchase)
K0858UE	<del>5,029.305,0</del> <del>15.59</del>	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (used durable medical equipment)
K0859KH, KI	<del>959.28607,</del> <del>41</del>	Power wheelchair, group 3 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds (capped rental)
K0859KJ	<del>383.71455,</del> <del>56</del>	Power wheelchair, group 3 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds (capped rental)
K0859NU	<del>6,395.206,3</del> <del>77.80</del>	Power wheelchair, group 3 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds (new equipment purchase)
K0859UE	<del>4,796.404,7</del> <del>83.35</del>	Power wheelchair, group 3 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds (used durable medical equipment)
K0860KH, KI	<del>1,436.9990</del> <del>9.90</del>	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds (capped rental)
K0860KJ	<del>574.80682,</del> <del>43</del>	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds



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Code	Rate	Description
K0860NU	<del>9,579.93</del> <del>53.95</del>	(capped rental) Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds (new equipment purchase)
K0860UE	<del>7,184.95</del> <del>65.46</del>	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds (used durable medical equipment)
K0861KH, KI	<del>812.01</del> <del>14.17</del>	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental)
K0861KJ	<del>324.80</del> <del>63.85</del>	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental)
K0861NU	<del>5,413.40</del> <del>98.78</del>	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (new equipment purchase)
K0861UE	<del>4,060.05</del> <del>49.09</del>	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0861KHKF , KIKF	<del>1,045.98</del> <del>2.31</del>	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental) (FDA class III device)
K0861KJKF	<del>418.39</del> <del>73.49</del>	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental) (FDA class III device)
K0861NUKF	<del>6,973.20</del> <del>54.25</del>	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (new equipment purchase) (FDA class III device)
K0861UEKF	<del>5,229.90</del> <del>15.69</del>	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (used durable medical equipment) (FDA class III device)
K0862KH, KI	<del>1,005.86</del> <del>6.90</del>	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (capped rental)
K0862KJ	<del>402.34</del> <del>68.77</del>	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (capped rental)
K0862NU	<del>6,705.73</del> <del>87.45</del>	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (new equipment purchase)
K0862UE	<del>5,029.30</del> <del>15.59</del>	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (used durable medical equipment)
K0863KH,	<del>1,421.44</del> <del>90.90</del>	Power wheelchair, group 3 very heavy duty, multiple power option,

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Code	Rate	Description
KI	<del>9.99</del>	sling/solid seat/back, patient weight capacity 451 to 600 pounds (capped rental)
K0863KJ	<del>568.58</del> <del>682.43</del>	Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds (capped rental)
K0863NU	<del>9,476.27</del> <del>95.53</del>	Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds (new equipment purchase)
K0863UE	<del>7,107.20</del> <del>7.46</del>	Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds (used durable medical equipment)
K0864KH, KI	<del>1,691.53</del> <del>4.08</del> <del>2.79</del>	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more (capped rental)
K0864KJ	<del>676.61</del> <del>82.09</del>	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more (capped rental)
K0864NU	<del>11,276.87</del> <del>4.30</del>	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more (new equipment)
K0864UE	<del>8,457.65</del> <del>8.52</del> <del>26.97</del>	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more (used durable medical equipment)
K0868NU	AAC+35%	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds (new equipment)
K0868RR	I.C.	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds (new equipment) (rental)
K0868UE	I.C.	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds (new equipment) (used durable medical equipment)
K0869NU	AAC+35%	Power wheelchair, group 4 standard, captains chair, patient weight capacity up to and including 300 pounds (new equipment)
K0869RR	I.C.	Power wheelchair, group 4 standard, captains chair, patient weight capacity up to and including 300 pounds (rental)
K0869UE	I.C.	Power wheelchair, group 4 standard, captains chair, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0870NU	AAC+35%	Power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds (new equipment)
K0870RR	I.C.	Power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds (rental)
K0870UE	I.C.	Power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds (used durable medical equipment)

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<b>Code</b>	<b>Rate</b>	<b>Description</b>
K0871NU	AAC+35%	Power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds (new equipment)
K0871RR	I.C.	Power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds (rental)
K0871UE	I.C.	Power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds (used durable medical equipment)
K0877NU	AAC+35%	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (new equipment)
K0877RR	I.C.	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (rental)
K0877UE	I.C.	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0878NU	AAC+35%	Power wheelchair, group 4 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds (new equipment)
K0878RR	I.C.	Power wheelchair, group 4 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds (rental)
K0878UE	I.C.	Power wheelchair, group 4 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0879NU	AAC+35%	Power wheelchair, group 4 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0879RR	I.C.	Power wheelchair, group 4 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (rental)
K0879UE	I.C.	Power wheelchair, group 4 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (used durable medical equipment)
K0880NU	AAC+35%	Power wheelchair, group 4 very heavy duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds (new equipment)
K0880RR	I.C.	Power wheelchair, group 4 very heavy duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds (rental)
K0880UE	I.C.	Power wheelchair, group 4 very heavy duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds (used durable medical equipment)
K0884NU	AAC+35%	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (new equipment)
K0884RR	I.C.	Power wheelchair, group 4 standard, multiple power option,

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Code	Rate	Description
		sling/solid seat/back, patient weight capacity up to and including 300 pounds (rental)
K0884UE	I.C.	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0885NU	AAC+35%	Power wheelchair, group 4 standard, multiple power option, captains chair, weight capacity up to and including 300 pounds (new equipment)
K0885RR	I.C.	Power wheelchair, group 4 standard, multiple power option, captains chair, weight capacity up to and including 300 pounds (rental)
K0885UE	I.C.	Power wheelchair, group 4 standard, multiple power option, captains chair, weight capacity up to and including 300 pounds (used durable medical equipment)
K0886NU	AAC+35%	Power wheelchair, group 4 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (new equipment)
K0886RR	I.C.	Power wheelchair, group 4 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (rental)
K0886UE	I.C.	Power wheelchair, group 4 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (used durable medical equipment)
K0890NU	AAC+35%	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds (new equipment)
K0890RR	I.C.	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds (rental)
K0890UE	I.C.	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds (used durable medical equipment)
K0891NU	AAC+35%	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds (new equipment)
K0891RR	I.C.	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds (rental)
K0891UE	I.C.	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds (used durable medical equipment)
K0898NU	AAC+35%	Power wheelchair, not otherwise classified (new equipment)
K0898RR	I.C.	Power wheelchair, not otherwise classified (rental)
K0898UE	I.C.	Power wheelchair, not otherwise classified (used durable medical equipment)

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Code	Rate	Description
K0899NU	AAC+35%	Power mobility device, not coded by DME PDAC or does not meet criteria (new equipment)
K0899RR	I.C.	Power mobility device, not coded by DME PDAC or does not meet criteria (rental)
K0899UE	I.C.	Power mobility device, not coded by DME PDAC or does not meet criteria (used durable medical equipment)
<u>K0900</u>	<u>AAC+30%</u>	<u>Custom durable medical equipment, other than wheelchair</u>
<b><u>Prosthetic Implants Procedures</u></b>		
<b><u>Integumentary System Larynx and Trachea Prosthetics and Accessories</u></b>		
<del>L8500</del>	<del>569.69</del>	<del>Artificial larynx, any type</del>
<del>L8501</del>	<del>130.02+23.49</del>	<del>Tracheostomy speaking valve</del>
<del>L8505</del>	<del>AAC+20%</del>	<del>Artificial larynx replacement battery/accessory, any type</del>
<del>L8507</del>	<del>31.53</del>	<del>Tracheo-esophageal voice prosthesis, patient inserted, any type</del>
<del>L8509</del>	<del>82.20</del>	<del>Tracheo-esophageal voice prosthesis, inserted by licensed health care provider, any type</del>
<del>L8510</del>	<del>190.18</del>	<del>Voice amplifier</del>
<del>L8511</del>	<del>54.74</del>	<del>Insert for indwelling tracheoesophageal prosthesis, with or without valve, replacement only</del>
<del>L8512</del>	<del>1.62</del>	<del>Gelatin capsules or equivalent, for use with tracheoesophageal voice prosthesis, replacement only, per 10</del>
<del>L8513</del>	<del>3.91</del>	<del>Cleaning device used with tracheoesophageal voice prosthesis, pipet, brush, or equal, replacement only, each</del>
<del>L8514</del>	<del>70.98</del>	<del>Tracheoesophageal puncture dilator, replacement only, each</del>
<del>L8515</del>	<del>47.51</del>	<del>Gelatin capsule, application device for use with tracheoesophageal voice prosthesis, each</del>
<b><u>Q Codes (Temporary)</u></b>		
<del>Q0161</del>	<del>AAC</del>	<del>Chlorpromazine hydrochloride, 5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen</del>
<del>Q0162</del>	<del>0.02</del>	<del>Ondansetron 1 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen</del>
<del>Q0163</del>	<del>0.04+22</del>	<del>Diphenhydramine hydrochloride, 50 mg, oral, <del>fda</del>-FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an <del>iv</del>-IV anti-emetic at time of chemotherapy treatment not to exceed a 48 hour dosage regimen</del>
<del>Q0164</del>	<del>0.0304</del>	<del>Prochlorperazine maleate, 5 mg, oral, <del>fda</del>-FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an <del>iv</del>-IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen</del>
<del>Q0165</del>	<del>0.02</del>	<del>Prochlorperazine maleate, 10 mg, oral, fda approved prescription</del>

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Code	Rate	Description
		<del>anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen</del>
Q0166	<del>1.114.47</del>	Granisetron hydrochloride, 1 mg, oral, <del>fda-FDA</del> approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 24 hour dosage regimen
Q0167	<del>1.395.78</del>	Dronabinol, 2.5 mg, oral, <del>fda-FDA</del> approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
<del>Q0168</del>	<del>11.49</del>	<del>Dronabinol, 5 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen</del>
Q0169	<del>0.3703</del>	Promethazine hydrochloride, 12.5 mg, oral, <del>fda-FDA</del> approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
<del>Q0170</del>	<del>0.11</del>	<del>Promethazine hydrochloride, 25 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen</del>
<del>Q0171</del>	<del>0.01</del>	<del>Chlorpromazine hydrochloride, 10 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen</del>
<del>Q0172</del>	<del>0.02</del>	<del>Chlorpromazine hydrochloride, 25 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen</del>
Q0173	<del>0.6230</del>	Trimethobenzamide hydrochloride, 250 mg, oral, <del>fda-FDA</del> approved prescription anti-emetic, for use as a complete therapeutic substitute for an <del>IViv</del> anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
Q0174	AAC	Thiethylperazine maleate, 10 mg, oral, <del>fda-FDA</del> approved prescription anti-emetic, for use as a complete therapeutic substitute for an <del>IViv</del> anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
Q0175	<del>1.720.66</del>	Perphenazine, 4 mg, oral, <del>fda-FDA</del> approved prescription anti-emetic, for use as a complete therapeutic substitute for an <del>IViv</del> anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
<del>Q0176</del>	<del>0.63</del>	<del>Perphenazine, 8mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the</del>



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Code	Rate	Description
Q0177	0.0412	<del>time of chemotherapy treatment, not to exceed a 48 hour dosage regimen</del> Hydroxyzine pamoate, 25 mg, oral, <del>fda</del> -FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
Q0178	0.06	<del>Hydroxyzine pamoate, 50 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen</del>
Q0179	6.85	<del>Ondansetron hydrochloride 8 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen</del>
Q0180	<del>94.79</del> 43.00	Dolasetron mesylate, 100 mg, oral, <del>fda</del> -FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an <del>iv</del> IV anti-emetic at the time of chemotherapy treatment, not to exceed a 24 hour dosage regimen
Q0510	42.50	Pharmacy supply fee for initial immunosuppressive drug(s), first month following transplant
Q0511	20.40	Pharmacy supply fee for oral anti-cancer, oral anti-emetic or immunosuppressive drug(s); for the first prescription in a 30-day period
Q0512	13.60	Pharmacy supply fee for oral anti-cancer, oral anti-emetic or immunosuppressive drug(s); for a subsequent prescription in a 30-day period
Q0513	28.05	Pharmacy dispensing fee for inhalation drug(s); per 30 days
Q0514	56.10	Pharmacy dispensing fee for inhalation drug(s); per 90 days
<u>Q2052</u>	<u>AAC</u>	<u>Services, supplies and accessories used in the home under the Medicare Intravenous Immune Globulin (IVIG) Demonstration</u>
<u>Q4074</u>	<u>94.85</u>	<u>Iloprost, inhalation solution, FDA-approved final product, non-compounded, administered through dme, unit dose form, up to 20 micrograms</u>
<u>Q5101</u>	<u>0.82</u>	<u>Injection, filgrastim (g-csf), biosimilar, 1 microgram</u>
<b>Temporary National Codes (Non-Medicare) <del>(S0000-S9999)</del></b>		
S5035	I.C.	Home infusion therapy, routine service of infusion device (e.g. pump maintenance)
S5036	I.C.	Home infusion therapy, repair of infusion device (e.g. pump repair)
S5160	38.53	Emergency response system; installation and testing
S5161RR	20.00	Emergency response system; service fee, per month (excludes installation and testing)
S5162	AAC+30%	Emergency response system; purchase only
<u>S5162TW</u>	<u>30.00</u>	<u>Emergency response system; purchase only (back-up equipment; for MassHealth members only, use this HCPCS code and modifier</u>

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Code	Rate	Description
		<u>combination for a replacement auto alert transmitter button for PERS, used for a lost button only, cannot be billed separately at the time the unit is installed)</u>
S5497	13.95	Home infusion therapy, catheter care / maintenance, not otherwise classified; includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S5498	13.95	Home infusion therapy, catheter care / maintenance, simple (single lumen), includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem
S5501	13.95	Home infusion therapy, catheter care / maintenance, complex (more than one lumen), includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S5502	13.95	Home infusion therapy, catheter care / maintenance, implanted access device, includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem (use this code for interim maintenance of vascular access not currently in use)
S5517	13.95	Home infusion therapy, all supplies necessary for restoration of catheter patency or declotting
S5518	13.95	Home infusion therapy, all supplies necessary for catheter repair
S5520	125.83	Home infusion therapy, all supplies (including catheter) necessary for a peripherally inserted central venous catheter (PICC) line insertion
S5521	120.79	Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion
S5522SD	86.99	Home infusion therapy, insertion of peripherally inserted central venous catheter (PICC), nursing services only (no supplies or catheter included) (services provided by registered nurse with specialized, highly technical home infusion training)
S5523SD	86.99	Home infusion therapy, insertion of midline central venous catheter, nursing services only (no supplies or catheter included) (services provided by registered nurse with specialized, highly technical home infusion training)
<del>S8095</del>	<del>AAC+20%</del>	<del>Wig (for medically induced or congenital hair loss)</del>
S8097	AAC+20%	Asthma kit (including but not limited to portable peak expiratory flow meter, instructional video, brochure, and/or spacer)
<del>S8180</del>	<del>AAC+20%</del>	<del>Tracheostomy shower protector</del>
<del>S8181</del>	<del>AAC+20%</del>	<del>Tracheostomy tube holder</del>
<del>S8182</del>	<del>AAC+30%</del>	<del>Humidifier, heated, used with ventilator, non-servo-controlled</del>
<del>S8183</del>	<del>AAC+30%</del>	<del>Humidifier, heated, used with ventilator, dual servo-controlled with temperature monitoring</del>
S8185	AAC+20%	Flutter device

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Code	Rate	Description
S8186	AAC+20%	Swivel adaptor
S8189	AAC+20%	Tracheostomy supply, not otherwise classified
<del>S8190NU</del>	<del>AAC+30%</del>	<del>Electronic spirometer (or microspirometer)</del>
<del>S8190RR</del>	<del>I.C.</del>	<del>Electronic spirometer (or microspirometer)</del>
<del>S8190UE</del>	<del>I.C.</del>	<del>Electronic spirometer (or microspirometer)</del>
S8210	AAC+20%	Mucus trap
<del>S8260</del>	<del>AAC+30%</del>	<del>Oral orthotic for treatment of sleep apnea, includes fitting, fabrication, and materials</del>
S8262	AAC+30%	Mandibular orthopedic repositioning device, each
S8265	AAC+20%	Haberman feeder for cleft lip/palate
S8420	AAC+20%	Gradient pressure aid (sleeve and glove combination), custom made
S8421	AAC+20%	Gradient pressure aid (sleeve and glove combination), ready made
S8422	AAC+20%	Gradient pressure aid (sleeve), custom made, medium weight
S8423	AAC+20%	Gradient pressure aid (sleeve), custom made, heavy weight
S8424	AAC+20%	Gradient pressure aid (sleeve), ready made
S8425	AAC+20%	Gradient pressure aid (glove), custom made, medium weight
S8426	AAC+20%	Gradient pressure aid (glove), custom made, heavy weight
S8427	AAC+20%	Gradient pressure aid (glove), ready made
S8428	AAC+20%	Gradient pressure aid (gauntlet), ready made
S8429	AAC+20%	Gradient pressure exterior wrap
S8430	AAC+20%	Padding for compression bandage, roll
S8431	AAC+20%	Compression bandage, roll
S8450	AAC+20%	Splint, prefabricated, digit (specify digit by use of modifier)
S8451	AAC+20%	Splint, prefabricated, wrist or ankle
S8452	AAC+20%	Splint, prefabricated, elbow
S8490	AAC+20%	Insulin syringes (100 syringes, any size)
S8999	AAC+20%	Resuscitation bag (for use by patient on artificial respiration during power failure or other catastrophic event)
S9325	37.51	Home infusion therapy, pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem (do not use this code with S9326, S9327 or S9328)
S9326	37.51	Home infusion therapy, continuous pain management infusion; administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9327	37.51	Home infusion therapy, intermittent pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9328	37.51	Home infusion therapy, implanted pump pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and

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Code	Rate	Description
S9329	46.68	nursing visits coded separately), per diem Home infusion therapy, chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with S9330 or S9331)
S9330	46.68	Home infusion therapy, continuous chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9331	46.68	Home infusion therapy, intermittent chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9336	44.86	Home infusion therapy, continuous anticoagulant infusion therapy (e.g. heparin), administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9338	51.51	Home infusion therapy, immunotherapy therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drug and nursing visits coded separately), per diem
S9339	35.58	Home therapy; peritoneal dialysis, administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9340	14.84	Home therapy; enteral nutrition; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem
S9341	12.28	Home therapy; enteral nutrition via gravity; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem
S9342	14.84	Home therapy; enteral nutrition via pump; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem
S9343	12.28	Home therapy; enteral nutrition via bolus; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem
S9345	51.51	Home infusion therapy, anti-hemophilic agent infusion therapy (e.g., factor viii); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs

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Code	Rate	Description
S9346	44.86	and nursing visits coded separately), per diem Home infusion therapy, alpha-1-proteinase inhibitor (e.g., prolastin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9347	44.86	Home infusion therapy, uninterrupted, long-term, controlled rate intravenous or subcutaneous infusion therapy (e.g. epoprostenol); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9348	73.22	Home infusion therapy, sympathomimetic/inotropic agent infusion therapy (e.g., dobutamine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9349	44.86	Home infusion therapy, tocolytic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9351	44.86	Home infusion therapy, continuous anti-emetic infusion therapy; administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9353	44.86	Home infusion therapy, continuous insulin infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9355	73.22	Home infusion therapy, chelation therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9357	73.22	Home infusion therapy, enzyme replacement intravenous therapy; (e.g. imiglucerase); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9359	73.22	Home infusion therapy, anti-tumor necrosis factor intravenous therapy; (e.g. infliximab); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9361	73.22	Home infusion therapy, diuretic intravenous therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9363	73.22	Home infusion therapy, anti-spasmodic therapy; administrative services, professional pharmacy services, care coordination, and all

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Code	Rate	Description
		necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9364	43.95	Home infusion therapy, total parenteral nutrition (TPN); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (standard TPN formula, lipids, specialty amino acid formulas, drugs, and nursing visits coded separately), per diem (do not use with home infusion codes S9365-S9368 using daily volume scales)
S9365	43.95	Home infusion therapy, total parenteral nutrition (TPN); one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (standard TPN formula, lipids, specialty amino acid formulas, drugs, and nursing visits coded separately), per diem
S9366	43.95	Home infusion therapy, total parenteral nutrition (TPN); more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (standard TPN formula, lipids, specialty amino acid formulas, drugs, and nursing visits coded separately), per diem
S9367	43.95	Home infusion therapy, total parenteral nutrition (TPN); more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (standard TPN formula, lipids, specialty amino acids, drugs, and nursing visits coded separately), per diem
S9368	43.95	Home infusion therapy, total parenteral nutrition (TPN); more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (standard TPN formula, lipids, specialty amino acid formulas, drugs, and nursing visits coded separately), per diem
S9370	9.62	Home therapy, intermittent anti-emetic injection therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9372	9.62	Home therapy; intermittent anticoagulant injection therapy (e.g. heparin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with hydration therapy codes S9374-S9377)
S9373	30.04	Home infusion therapy, hydration therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use with hydration therapy codes S9374-S9377 using daily volume scales)



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Code	Rate	Description
S9374	30.04	Home infusion therapy, hydration therapy; one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9375	30.04	Home infusion therapy, hydration therapy; more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9376	30.04	Home infusion therapy, hydration therapy; more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded sepa
S9377	30.04	Home infusion therapy, hydration therapy; more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies (drugs and nursing visits coded separately), per diem
S9379	AAC+20%+ \$8.00	Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9434	AAC+20%	Modified solid food supplements for inborn errors of metabolism
S9435	AAC+20%	Medical foods for inborn errors of metabolism
S9490	44.86	Home infusion therapy, corticosteroid infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9494	44.86	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drug and nursing visits coded separately), per diem (do not use with
S9497	51.51	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 3 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per <u>diem</u>
S9500	44.86	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per <u>diem</u>
S9501	51.73	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 12 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per <u>diem</u>
S9502	56.20	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 8 hours, administrative services, professional pharmacy

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 322.00: DURABLE MEDICAL EQUIPMENT, OXYGEN AND RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description
		services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per <u>diem</u>
S9503	61.87	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 6 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9504	73.22	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 4 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9537	9.62	Home therapy; hematopoietic hormone injection therapy (e.g., crythropoietin, <del>G-CSFg-esf</del> , <del>GM-CSF-gm-esf</del> ); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9538	51.51	Home transfusion of blood product(s); administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (blood products, drugs, and nursing visits coded separately), per diem
S9542	9.62	Home injectable therapy; not otherwise classified, including administrative services, professional pharmacy services, coordination of care, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9558	9.62	Home injectable therapy; growth hormone, including administrative services, professional pharmacy services, coordination of care, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9559	9.62	Home injectable therapy; interferon, including administrative services, professional pharmacy services, coordination of care, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9560	9.62	Home injectable therapy; hormonal therapy (e.g.; leuprolide, goserelin), including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9562	9.62	Home injectable therapy, palivizumab, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9590	23.55	Home therapy, irrigation therapy (e.g. sterile irrigation of an organ or anatomical cavity); including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

Miscellaneous

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 322.00: DURABLE MEDICAL EQUIPMENT, OXYGEN AND RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description
T4521	0.46	Adult sized disposable incontinence product, brief/diaper, small each
T4522	0.53	Adult sized disposable incontinence product, brief/diaper, medium each
T4523	0.71	Adult sized disposable incontinence product, brief/diaper, large each
T4524	0.74	Adult sized disposable incontinence product, brief/diaper, extra large each
T4525	0.66	Adult sized disposable incontinence product, protective underwear/pull-on, small size, each
T4526	0.79	Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each
T4527	0.79	Adult sized disposable incontinence product, protective underwear/pull-on, large size, each
T4528	0.79	Adult sized disposable incontinence product, protective underwear/pull-on, extra large size, each
T4529	0.66	Pediatric sized disposable incontinence product, brief/diaper, small/medium, each
T4530	0.83	Pediatric sized disposable incontinence product, brief/diaper, large size, each
T4531	0.70	Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size each
T4532	0.58	Pediatric sized disposable incontinence product, protective underwear/pull-on, large size each
T4533	0.46	Youth sized disposable incontinence product, brief/diaper, each
T4534	0.72	Youth sized disposable incontinence product, protective underwear/pull-on, each
T4535	0.40	Disposable liner/shield/guard/pad/undergarment, for incontinence, each
<u>T4535UD</u>	<u>AAC+20%</u>	<u>Disposable liner/shield/guard/pad/undergarment, for incontinence, each (bariatric)</u>
T4536	AAC+20%	Incontinence product, protective underwear/pull-on, reusable, bed size, each
T4537	13.83	Incontinence product, protective underpad, reusable, bed size, each
T4538	AAC+20%	Diaper service, reusable diaper, each diaper
T4539	AAC+20%	Incontinence product, diaper/brief, reusable, any size, each
T4540	AAC+20%	Incontinence product, protective underpad, reusable, chair size, each
T4541	0.34	Incontinence product, disposable underpad, large, each
T4542	0.29	Incontinence product, disposable underpad, small size, each
<u>T4543</u>	<u>AAC+20%</u>	<u>Disposable incontinence product, brief/diaper, bariatric, each</u>
<u>T4544</u>	<u>AAC+20%</u>	<u>Adult sized disposable incontinence product, protective underwear/pull-on, above extra large, each</u>
T5001NU	AAC+35%	Positioning seat for persons with special orthopedic needs, for use in vehicle (new equipment)
T5001RR	I.C.	Positioning seat for persons with special orthopedic needs, for use in vehicle (rental)

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 322.00: DURABLE MEDICAL EQUIPMENT, OXYGEN AND RESPIRATORY THERAPY  
EQUIPMENT

<b>Code</b>	<b>Rate</b>	<b>Description</b>
T5001UE	I.C.	Positioning seat for persons with special orthopedic needs, for use in vehicle (used durable medical equipment)
99601SD	86.99	Home infusion/specialty drug administration, per visit (up to 2 hours) (services provided by registered nurse with specialized, highly technical home infusion training)
99602SD	45.48	Home infusion/specialty drug administration, each additional hour (services provided by registered nurse with specialized, highly technical home infusion training) (use in conjunction with (99601SD))

REGULATORY AUTHORITY

~~114.3101~~ CMR ~~22322~~.00: M.G.L. c. ~~118G118E~~.