

Single Payment Amounts

Enteral Nutrients, Equipment and Supplies

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



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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.33
Charlotte-Gastonia-Rock Hill, NC-SC	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$6.28
Charlotte-Gastonia-Rock Hill, NC-SC	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.61
Charlotte-Gastonia-Rock Hill, NC-SC	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.93
Charlotte-Gastonia-Rock Hill, NC-SC	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.69
Charlotte-Gastonia-Rock Hill, NC-SC	B4083	STOMACH TUBE - LEVINE TYPE				\$1.72
Charlotte-Gastonia-Rock Hill, NC-SC	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$26.01
Charlotte-Gastonia-Rock Hill, NC-SC	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$28.16
Charlotte-Gastonia-Rock Hill, NC-SC	B4149	ENTERAL FORMULA, MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$1.01
Charlotte-Gastonia-Rock Hill, NC-SC	B4150	ENTERAL FORMULA, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$0.41
Charlotte-Gastonia-Rock Hill, NC-SC	B4152	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				\$0.33
Charlotte-Gastonia-Rock Hill, NC-SC	B4153	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, HYDROLYZED PROTEINS (AMINO ACIDS AND PEPTIDE CHAIN), INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$1.23

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	B4154	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS, EXCLUDES INHERITED DISEASE OF METABOLISM, INCLUDES ALTERED COMPOSITION OF PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND/OR MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$0.74
Charlotte-Gastonia-Rock Hill, NC-SC	B4155	ENTERAL FORMULA, NUTRITIONALLY INCOMPLETE/MODULAR NUTRIENTS, INCLUDES SPECIFIC NUTRIENTS, CARBOHYDRATES (E. G. GLUCOSE POLYMERS), PROTEINS/AMINO ACIDS (E. G. GLUTAMINE, ARGININE), FAT (E. G. MEDIUM CHAIN TRIGLYCERIDES) OR COMBINATION, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$0.70
Charlotte-Gastonia-Rock Hill, NC-SC	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$36.48
Charlotte-Gastonia-Rock Hill, NC-SC	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$729.63
Charlotte-Gastonia-Rock Hill, NC-SC	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$72.96
Charlotte-Gastonia-Rock Hill, NC-SC	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$547.22
Charlotte-Gastonia-Rock Hill, NC-SC	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$34.43
Charlotte-Gastonia-Rock Hill, NC-SC	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$688.50
Charlotte-Gastonia-Rock Hill, NC-SC	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$68.85
Charlotte-Gastonia-Rock Hill, NC-SC	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$516.38
Charlotte-Gastonia-Rock Hill, NC-SC	E0776	IV POLE	NU	BA	KG	\$60.68
Charlotte-Gastonia-Rock Hill, NC-SC	E0776	IV POLE	RR	BA	KG	\$6.07

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Charlotte-Gastonia-Rock Hill, NC-SC	E0776	IV POLE	UE	BA	KG	\$45.51
Cincinnati-Middletown, OH-KY-IN	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.10
Cincinnati-Middletown, OH-KY-IN	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$5.55
Cincinnati-Middletown, OH-KY-IN	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.37
Cincinnati-Middletown, OH-KY-IN	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.32
Cincinnati-Middletown, OH-KY-IN	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.84
Cincinnati-Middletown, OH-KY-IN	B4083	STOMACH TUBE - LEVINE TYPE				\$1.56
Cincinnati-Middletown, OH-KY-IN	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$26.34
Cincinnati-Middletown, OH-KY-IN	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$29.22
Cincinnati-Middletown, OH-KY-IN	B4149	ENTERAL FORMULA, MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$1.01
Cincinnati-Middletown, OH-KY-IN	B4150	ENTERAL FORMULA, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$0.40
Cincinnati-Middletown, OH-KY-IN	B4152	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				\$0.32

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Cincinnati-Middletown, OH-KY-IN	B4153	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, HYDROLYZED PROTEINS (AMINO ACIDS AND PEPTIDE CHAIN), INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$1.33
Cincinnati-Middletown, OH-KY-IN	B4154	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS, EXCLUDES INHERITED DISEASE OF METABOLISM, INCLUDES ALTERED COMPOSITION OF PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND/OR MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$0.71
Cincinnati-Middletown, OH-KY-IN	B4155	ENTERAL FORMULA, NUTRITIONALLY INCOMPLETE/MODULAR NUTRIENTS, INCLUDES SPECIFIC NUTRIENTS, CARBOHYDRATES (E. G. GLUCOSE POLYMERS), PROTEINS/AMINO ACIDS (E. G. GLUTAMINE, ARGININE), FAT (E. G. MEDIUM CHAIN TRIGLYCERIDES) OR COMBINATION, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$0.66
Cincinnati-Middletown, OH-KY-IN	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$33.44
Cincinnati-Middletown, OH-KY-IN	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$668.83
Cincinnati-Middletown, OH-KY-IN	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$66.88
Cincinnati-Middletown, OH-KY-IN	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$501.62
Cincinnati-Middletown, OH-KY-IN	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$31.65
Cincinnati-Middletown, OH-KY-IN	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$633.00
Cincinnati-Middletown, OH-KY-IN	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$63.30
Cincinnati-Middletown, OH-KY-IN	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$474.75
Cincinnati-Middletown, OH-KY-IN	E0776	IV POLE	NU	BA	KG	\$49.06

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

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Cleveland-Elyria-Mentor, OH	B4152	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				\$0.32
Cleveland-Elyria-Mentor, OH	B4153	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, HYDROLYZED PROTEINS (AMINO ACIDS AND PEPTIDE CHAIN), INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$1.33
Cleveland-Elyria-Mentor, OH	B4154	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS, EXCLUDES INHERITED DISEASE OF METABOLISM, INCLUDES ALTERED COMPOSITION OF PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND/OR MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$0.72
Cleveland-Elyria-Mentor, OH	B4155	ENTERAL FORMULA, NUTRITIONALLY INCOMPLETE/MODULAR NUTRIENTS, INCLUDES SPECIFIC NUTRIENTS, CARBOHYDRATES (E. G. GLUCOSE POLYMERS), PROTEINS/AMINO ACIDS (E. G. GLUTAMINE, ARGININE), FAT (E. G. MEDIUM CHAIN TRIGLYCERIDES) OR COMBINATION, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$0.68
Cleveland-Elyria-Mentor, OH	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$35.56
Cleveland-Elyria-Mentor, OH	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$711.19
Cleveland-Elyria-Mentor, OH	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$71.12
Cleveland-Elyria-Mentor, OH	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$533.39
Cleveland-Elyria-Mentor, OH	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$31.47
Cleveland-Elyria-Mentor, OH	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$629.40
Cleveland-Elyria-Mentor, OH	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$62.94
Cleveland-Elyria-Mentor, OH	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$472.05

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Cleveland-Elyria-Mentor, OH	E0776	IV POLE	NU	BA	KG	\$54.10
Cleveland-Elyria-Mentor, OH	E0776	IV POLE	RR	BA	KG	\$5.41
Cleveland-Elyria-Mentor, OH	E0776	IV POLE	UE	BA	KG	\$40.58
Dallas-Fort Worth-Arlington, TX	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.00
Dallas-Fort Worth-Arlington, TX	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$5.50
Dallas-Fort Worth-Arlington, TX	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.14
Dallas-Fort Worth-Arlington, TX	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.70
Dallas-Fort Worth-Arlington, TX	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.38
Dallas-Fort Worth-Arlington, TX	B4083	STOMACH TUBE - LEVINE TYPE				\$1.79
Dallas-Fort Worth-Arlington, TX	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$26.42
Dallas-Fort Worth-Arlington, TX	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$29.00
Dallas-Fort Worth-Arlington, TX	B4149	ENTERAL FORMULA, MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$1.01

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	B4150	ENTERAL FORMULA, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$0.39
Dallas-Fort Worth-Arlington, TX	B4152	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				\$0.32
Dallas-Fort Worth-Arlington, TX	B4153	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, HYDROLYZED PROTEINS (AMINO ACIDS AND PEPTIDE CHAIN), INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$1.34
Dallas-Fort Worth-Arlington, TX	B4154	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS, EXCLUDES INHERITED DISEASE OF METABOLISM, INCLUDES ALTERED COMPOSITION OF PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND/OR MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$0.72
Dallas-Fort Worth-Arlington, TX	B4155	ENTERAL FORMULA, NUTRITIONALLY INCOMPLETE/MODULAR NUTRIENTS, INCLUDES SPECIFIC NUTRIENTS, CARBOHYDRATES (E. G. GLUCOSE POLYMERS), PROTEINS/AMINO ACIDS (E. G. GLUTAMINE, ARGININE), FAT (E. G. MEDIUM CHAIN TRIGLYCERIDES) OR COMBINATION, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$0.70
Dallas-Fort Worth-Arlington, TX	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$36.12
Dallas-Fort Worth-Arlington, TX	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$722.40
Dallas-Fort Worth-Arlington, TX	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$72.24
Dallas-Fort Worth-Arlington, TX	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$541.80
Dallas-Fort Worth-Arlington, TX	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$30.67
Dallas-Fort Worth-Arlington, TX	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$613.32
Dallas-Fort Worth-Arlington, TX	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$61.33

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Dallas-Fort Worth-Arlington, TX	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$459.99
Dallas-Fort Worth-Arlington, TX	E0776	IV POLE	NU	BA	KG	\$50.57
Dallas-Fort Worth-Arlington, TX	E0776	IV POLE	RR	BA	KG	\$5.06
Dallas-Fort Worth-Arlington, TX	E0776	IV POLE	UE	BA	KG	\$37.93
Kansas City, MO-KS	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.09
Kansas City, MO-KS	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$5.86
Kansas City, MO-KS	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.50
Kansas City, MO-KS	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.51
Kansas City, MO-KS	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.56
Kansas City, MO-KS	B4083	STOMACH TUBE - LEVINE TYPE				\$1.56
Kansas City, MO-KS	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$25.40
Kansas City, MO-KS	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$27.88

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Kansas City, MO-KS	B4149	ENTERAL FORMULA, MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$1.01
Kansas City, MO-KS	B4150	ENTERAL FORMULA, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$0.40
Kansas City, MO-KS	B4152	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				\$0.33
Kansas City, MO-KS	B4153	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, HYDROLYZED PROTEINS (AMINO ACIDS AND PEPTIDE CHAIN), INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$1.31
Kansas City, MO-KS	B4154	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS, EXCLUDES INHERITED DISEASE OF METABOLISM, INCLUDES ALTERED COMPOSITION OF PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND/OR MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$0.73
Kansas City, MO-KS	B4155	ENTERAL FORMULA, NUTRITIONALLY INCOMPLETE/MODULAR NUTRIENTS, INCLUDES SPECIFIC NUTRIENTS, CARBOHYDRATES (E. G. GLUCOSE POLYMERS), PROTEINS/AMINO ACIDS (E. G. GLUTAMINE, ARGININE), FAT (E. G. MEDIUM CHAIN TRIGLYCERIDES) OR COMBINATION, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$0.68
Kansas City, MO-KS	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$34.98
Kansas City, MO-KS	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$699.58
Kansas City, MO-KS	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$69.96
Kansas City, MO-KS	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$524.69
Kansas City, MO-KS	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$33.72
Kansas City, MO-KS	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$674.42

**Single Payment Amounts
Enteral Nutrients, Equipment and Supplies**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Kansas City, MO-KS	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$67.44
Kansas City, MO-KS	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$505.82
Kansas City, MO-KS	E0776	IV POLE	NU	BA	KG	\$54.10
Kansas City, MO-KS	E0776	IV POLE	RR	BA	KG	\$5.41
Kansas City, MO-KS	E0776	IV POLE	UE	BA	KG	\$40.58
Miami-Fort Lauderdale-Pompano Beach, FL	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.25
Miami-Fort Lauderdale-Pompano Beach, FL	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$6.50
Miami-Fort Lauderdale-Pompano Beach, FL	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.67
Miami-Fort Lauderdale-Pompano Beach, FL	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.69
Miami-Fort Lauderdale-Pompano Beach, FL	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.78
Miami-Fort Lauderdale-Pompano Beach, FL	B4083	STOMACH TUBE - LEVINE TYPE				\$1.61
Miami-Fort Lauderdale-Pompano Beach, FL	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$24.77

**Single Payment Amounts
Enteral Nutrients, Equipment and Supplies**

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

**Single Payment Amounts
Enteral Nutrients, Equipment and Supplies**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-Pompano Beach, FL	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$700.15
Miami-Fort Lauderdale-Pompano Beach, FL	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$70.02
Miami-Fort Lauderdale-Pompano Beach, FL	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$525.11
Miami-Fort Lauderdale-Pompano Beach, FL	E0776	IV POLE	NU	BA	KG	\$58.71
Miami-Fort Lauderdale-Pompano Beach, FL	E0776	IV POLE	RR	BA	KG	\$5.87
Miami-Fort Lauderdale-Pompano Beach, FL	E0776	IV POLE	UE	BA	KG	\$44.03
Orlando-Kissimmee-Sanford, FL	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.20
Orlando-Kissimmee-Sanford, FL	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$6.01
Orlando-Kissimmee-Sanford, FL	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.65
Orlando-Kissimmee-Sanford, FL	B4081	NASOGASTRIC TUBING WITH STYLET				\$14.70
Orlando-Kissimmee-Sanford, FL	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.84
Orlando-Kissimmee-Sanford, FL	B4083	STOMACH TUBE - LEVINE TYPE				\$1.60

**Single Payment Amounts
Enteral Nutrients, Equipment and Supplies**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orlando-Kissimmee-Sanford, FL	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$24.99
Orlando-Kissimmee-Sanford, FL	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$26.36
Orlando-Kissimmee-Sanford, FL	B4149	ENTERAL FORMULA, MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$1.02
Orlando-Kissimmee-Sanford, FL	B4150	ENTERAL FORMULA, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$0.41
Orlando-Kissimmee-Sanford, FL	B4152	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				\$0.34
Orlando-Kissimmee-Sanford, FL	B4153	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, HYDROLYZED PROTEINS (AMINO ACIDS AND PEPTIDE CHAIN), INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$1.32
Orlando-Kissimmee-Sanford, FL	B4154	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS, EXCLUDES INHERITED DISEASE OF METABOLISM, INCLUDES ALTERED COMPOSITION OF PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND/OR MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$0.75
Orlando-Kissimmee-Sanford, FL	B4155	ENTERAL FORMULA, NUTRITIONALLY INCOMPLETE/MODULAR NUTRIENTS, INCLUDES SPECIFIC NUTRIENTS, CARBOHYDRATES (E. G. GLUCOSE POLYMERS), PROTEINS/AMINO ACIDS (E. G. GLUTAMINE, ARGININE), FAT (E. G. MEDIUM CHAIN TRIGLYCERIDES) OR COMBINATION, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$0.67
Orlando-Kissimmee-Sanford, FL	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$36.80
Orlando-Kissimmee-Sanford, FL	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$736.00
Orlando-Kissimmee-Sanford, FL	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$73.60
Orlando-Kissimmee-Sanford, FL	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$552.00

**Single Payment Amounts
Enteral Nutrients, Equipment and Supplies**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orlando-Kissimmee-Sanford, FL	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$33.44
Orlando-Kissimmee-Sanford, FL	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$668.83
Orlando-Kissimmee-Sanford, FL	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$66.88
Orlando-Kissimmee-Sanford, FL	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$501.62
Orlando-Kissimmee-Sanford, FL	E0776	IV POLE	NU	BA	KG	\$57.70
Orlando-Kissimmee-Sanford, FL	E0776	IV POLE	RR	BA	KG	\$5.77
Orlando-Kissimmee-Sanford, FL	E0776	IV POLE	UE	BA	KG	\$43.28
Pittsburgh, PA	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.03
Pittsburgh, PA	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$5.55
Pittsburgh, PA	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.37
Pittsburgh, PA	B4081	NASOGASTRIC TUBING WITH STYLET				\$15.00
Pittsburgh, PA	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$12.47

**Single Payment Amounts
Enteral Nutrients, Equipment and Supplies**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	B4083	STOMACH TUBE - LEVINE TYPE				\$1.62
Pittsburgh, PA	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$25.45
Pittsburgh, PA	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$29.22
Pittsburgh, PA	B4149	ENTERAL FORMULA, MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$1.06
Pittsburgh, PA	B4150	ENTERAL FORMULA, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$0.40
Pittsburgh, PA	B4152	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				\$0.33
Pittsburgh, PA	B4153	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, HYDROLYZED PROTEINS (AMINO ACIDS AND PEPTIDE CHAIN), INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$1.33
Pittsburgh, PA	B4154	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS, EXCLUDES INHERITED DISEASE OF METABOLISM, INCLUDES ALTERED COMPOSITION OF PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND/OR MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$0.72
Pittsburgh, PA	B4155	ENTERAL FORMULA, NUTRITIONALLY INCOMPLETE/MODULAR NUTRIENTS, INCLUDES SPECIFIC NUTRIENTS, CARBOHYDRATES (E. G. GLUCOSE POLYMERS), PROTEINS/AMINO ACIDS (E. G. GLUTAMINE, ARGININE), FAT (E. G. MEDIUM CHAIN TRIGLYCERIDES) OR COMBINATION, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$0.68
Pittsburgh, PA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$34.43
Pittsburgh, PA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$688.50
Pittsburgh, PA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$68.85

**Single Payment Amounts
Enteral Nutrients, Equipment and Supplies**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$516.38
Pittsburgh, PA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$31.32
Pittsburgh, PA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$626.46
Pittsburgh, PA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$62.65
Pittsburgh, PA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$469.85
Pittsburgh, PA	E0776	IV POLE	NU	BA	KG	\$50.57
Pittsburgh, PA	E0776	IV POLE	RR	BA	KG	\$5.06
Pittsburgh, PA	E0776	IV POLE	UE	BA	KG	\$37.93
Riverside-San Bernardino-Ontario, CA	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$3.00
Riverside-San Bernardino-Ontario, CA	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$5.27
Riverside-San Bernardino-Ontario, CA	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE				\$4.03
Riverside-San Bernardino-Ontario, CA	B4081	NASOGASTRIC TUBING WITH STYLET				\$15.00

**Single Payment Amounts
Enteral Nutrients, Equipment and Supplies**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Riverside-San Bernardino-Ontario, CA	B4082	NASOGASTRIC TUBING WITHOUT STYLET				\$10.80
Riverside-San Bernardino-Ontario, CA	B4083	STOMACH TUBE - LEVINE TYPE				\$1.64
Riverside-San Bernardino-Ontario, CA	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH				\$26.49
Riverside-San Bernardino-Ontario, CA	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH				\$30.58
Riverside-San Bernardino-Ontario, CA	B4149	ENTERAL FORMULA, MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$1.06
Riverside-San Bernardino-Ontario, CA	B4150	ENTERAL FORMULA, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$0.39
Riverside-San Bernardino-Ontario, CA	B4152	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				\$0.32
Riverside-San Bernardino-Ontario, CA	B4153	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, HYDROLYZED PROTEINS (AMINO ACIDS AND PEPTIDE CHAIN), INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$1.43
Riverside-San Bernardino-Ontario, CA	B4154	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS, EXCLUDES INHERITED DISEASE OF METABOLISM, INCLUDES ALTERED COMPOSITION OF PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND/OR MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$0.66
Riverside-San Bernardino-Ontario, CA	B4155	ENTERAL FORMULA, NUTRITIONALLY INCOMPLETE/MODULAR NUTRIENTS, INCLUDES SPECIFIC NUTRIENTS, CARBOHYDRATES (E. G. GLUCOSE POLYMERS), PROTEINS/AMINO ACIDS (E. G. GLUTAMINE, ARGININE), FAT (E. G. MEDIUM CHAIN TRIGLYCERIDES) OR COMBINATION, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT				\$0.72
Riverside-San Bernardino-Ontario, CA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	MS			\$32.00
Riverside-San Bernardino-Ontario, CA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	NU			\$640.00

**Single Payment Amounts
Enteral Nutrients, Equipment and Supplies**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Riverside-San Bernardino-Ontario, CA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	RR			\$64.00
Riverside-San Bernardino-Ontario, CA	B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	UE			\$480.00
Riverside-San Bernardino-Ontario, CA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	MS			\$30.53
Riverside-San Bernardino-Ontario, CA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	NU			\$610.68
Riverside-San Bernardino-Ontario, CA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	RR			\$61.07
Riverside-San Bernardino-Ontario, CA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	UE			\$458.01
Riverside-San Bernardino-Ontario, CA	E0776	IV POLE	NU	BA	KG	\$52.78
Riverside-San Bernardino-Ontario, CA	E0776	IV POLE	RR	BA	KG	\$5.28
Riverside-San Bernardino-Ontario, CA	E0776	IV POLE	UE	BA	KG	\$39.59

Single Payment Amounts

External Infusion Pumps and Supplies

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

**Single Payment Amounts
External Infusion Pumps and Supplies**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	A4221	SUPPLIES FOR MAINTENANCE OF DRUG INFUSION CATHETER, PER WEEK (LIST DRUG SEPARATELY)	KG			\$18.97
Charlotte-Gastonia-Rock Hill, NC-SC	A4222	INFUSION SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUGS SEPARATELY)	KG			\$38.78
Charlotte-Gastonia-Rock Hill, NC-SC	E0776	IV POLE	NU			\$130.70
Charlotte-Gastonia-Rock Hill, NC-SC	E0776	IV POLE	RR			\$13.07
Charlotte-Gastonia-Rock Hill, NC-SC	E0776	IV POLE	UE			\$98.03
Charlotte-Gastonia-Rock Hill, NC-SC	E0779	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION 8 HOURS OR GREATER	RR			\$17.45
Charlotte-Gastonia-Rock Hill, NC-SC	E0780	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION LESS THAN 8 HOURS	NU			\$10.92
Charlotte-Gastonia-Rock Hill, NC-SC	E0781	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT	RR			\$229.57
Charlotte-Gastonia-Rock Hill, NC-SC	E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	RR			\$385.00
Charlotte-Gastonia-Rock Hill, NC-SC	E0791	PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTI-CHANNEL	RR			\$288.69
Charlotte-Gastonia-Rock Hill, NC-SC	K0552	SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE, EACH	KG			\$2.61
Charlotte-Gastonia-Rock Hill, NC-SC	K0601	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 1.5 VOLT, EACH	NU			\$1.15

**Single Payment Amounts
External Infusion Pumps and Supplies**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	K0602	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 3 VOLT, EACH	NU			\$6.50
Charlotte-Gastonia-Rock Hill, NC-SC	K0603	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, ALKALINE, 1.5 VOLT, EACH	NU			\$0.59
Charlotte-Gastonia-Rock Hill, NC-SC	K0604	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 3.6 VOLT, EACH	NU			\$6.40
Charlotte-Gastonia-Rock Hill, NC-SC	K0605	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 4.5 VOLT, EACH	NU			\$15.37
Cincinnati-Middletown, OH-KY-IN	A4221	SUPPLIES FOR MAINTENANCE OF DRUG INFUSION CATHETER, PER WEEK (LIST DRUG SEPARATELY)	KG			\$16.50
Cincinnati-Middletown, OH-KY-IN	A4222	INFUSION SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUGS SEPARATELY)	KG			\$31.88
Cincinnati-Middletown, OH-KY-IN	E0776	IV POLE	NU			\$127.85
Cincinnati-Middletown, OH-KY-IN	E0776	IV POLE	RR			\$12.79
Cincinnati-Middletown, OH-KY-IN	E0776	IV POLE	UE			\$95.89
Cincinnati-Middletown, OH-KY-IN	E0779	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION 8 HOURS OR GREATER	RR			\$16.80
Cincinnati-Middletown, OH-KY-IN	E0780	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION LESS THAN 8 HOURS	NU			\$9.18
Cincinnati-Middletown, OH-KY-IN	E0781	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT	RR			\$192.01

**Single Payment Amounts
External Infusion Pumps and Supplies**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cincinnati-Middletown, OH-KY-IN	E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	RR			\$346.41
Cincinnati-Middletown, OH-KY-IN	E0791	PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTI-CHANNEL	RR			\$235.19
Cincinnati-Middletown, OH-KY-IN	K0552	SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE, EACH	KG			\$2.10
Cincinnati-Middletown, OH-KY-IN	K0601	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 1.5 VOLT, EACH	NU			\$1.02
Cincinnati-Middletown, OH-KY-IN	K0602	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 3 VOLT, EACH	NU			\$5.92
Cincinnati-Middletown, OH-KY-IN	K0603	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, ALKALINE, 1.5 VOLT, EACH	NU			\$0.50
Cincinnati-Middletown, OH-KY-IN	K0604	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 3.6 VOLT, EACH	NU			\$5.40
Cincinnati-Middletown, OH-KY-IN	K0605	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 4.5 VOLT, EACH	NU			\$12.63
Cleveland-Elyria-Mentor, OH	A4221	SUPPLIES FOR MAINTENANCE OF DRUG INFUSION CATHETER, PER WEEK (LIST DRUG SEPARATELY)	KG			\$19.33
Cleveland-Elyria-Mentor, OH	A4222	INFUSION SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUGS SEPARATELY)	KG			\$32.39
Cleveland-Elyria-Mentor, OH	E0776	IV POLE	NU			\$123.02
Cleveland-Elyria-Mentor, OH	E0776	IV POLE	RR			\$12.30

**Single Payment Amounts
External Infusion Pumps and Supplies**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cleveland-Elyria-Mentor, OH	E0776	IV POLE	UE			\$92.27
Cleveland-Elyria-Mentor, OH	E0779	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION 8 HOURS OR GREATER	RR			\$16.10
Cleveland-Elyria-Mentor, OH	E0780	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION LESS THAN 8 HOURS	NU			\$10.00
Cleveland-Elyria-Mentor, OH	E0781	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT	RR			\$226.18
Cleveland-Elyria-Mentor, OH	E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	RR			\$385.00
Cleveland-Elyria-Mentor, OH	E0791	PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTI-CHANNEL	RR			\$250.00
Cleveland-Elyria-Mentor, OH	K0552	SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE, EACH	KG			\$2.20
Cleveland-Elyria-Mentor, OH	K0601	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 1.5 VOLT, EACH	NU			\$1.05
Cleveland-Elyria-Mentor, OH	K0602	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 3 VOLT, EACH	NU			\$6.04
Cleveland-Elyria-Mentor, OH	K0603	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, ALKALINE, 1.5 VOLT, EACH	NU			\$0.52
Cleveland-Elyria-Mentor, OH	K0604	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 3.6 VOLT, EACH	NU			\$5.55
Cleveland-Elyria-Mentor, OH	K0605	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 4.5 VOLT, EACH	NU			\$13.33

**Single Payment Amounts
External Infusion Pumps and Supplies**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	A4221	SUPPLIES FOR MAINTENANCE OF DRUG INFUSION CATHETER, PER WEEK (LIST DRUG SEPARATELY)	KG			\$18.24
Dallas-Fort Worth-Arlington, TX	A4222	INFUSION SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUGS SEPARATELY)	KG			\$31.38
Dallas-Fort Worth-Arlington, TX	E0776	IV POLE	NU			\$123.02
Dallas-Fort Worth-Arlington, TX	E0776	IV POLE	RR			\$12.30
Dallas-Fort Worth-Arlington, TX	E0776	IV POLE	UE			\$92.27
Dallas-Fort Worth-Arlington, TX	E0779	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION 8 HOURS OR GREATER	RR			\$17.50
Dallas-Fort Worth-Arlington, TX	E0780	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION LESS THAN 8 HOURS	NU			\$11.13
Dallas-Fort Worth-Arlington, TX	E0781	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT	RR			\$227.60
Dallas-Fort Worth-Arlington, TX	E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	RR			\$401.00
Dallas-Fort Worth-Arlington, TX	E0791	PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTI-CHANNEL	RR			\$250.00
Dallas-Fort Worth-Arlington, TX	K0552	SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE, EACH	KG			\$2.66
Dallas-Fort Worth-Arlington, TX	K0601	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 1.5 VOLT, EACH	NU			\$1.13

**Single Payment Amounts
External Infusion Pumps and Supplies**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	K0602	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 3 VOLT, EACH	NU			\$6.04
Dallas-Fort Worth-Arlington, TX	K0603	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, ALKALINE, 1.5 VOLT, EACH	NU			\$0.58
Dallas-Fort Worth-Arlington, TX	K0604	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 3.6 VOLT, EACH	NU			\$6.00
Dallas-Fort Worth-Arlington, TX	K0605	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 4.5 VOLT, EACH	NU			\$15.00
Kansas City, MO-KS	A4221	SUPPLIES FOR MAINTENANCE OF DRUG INFUSION CATHETER, PER WEEK (LIST DRUG SEPARATELY)	KG			\$16.96
Kansas City, MO-KS	A4222	INFUSION SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUGS SEPARATELY)	KG			\$31.62
Kansas City, MO-KS	E0776	IV POLE	NU			\$124.01
Kansas City, MO-KS	E0776	IV POLE	RR			\$12.40
Kansas City, MO-KS	E0776	IV POLE	UE			\$93.01
Kansas City, MO-KS	E0779	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION 8 HOURS OR GREATER	RR			\$16.80
Kansas City, MO-KS	E0780	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION LESS THAN 8 HOURS	NU			\$9.46
Kansas City, MO-KS	E0781	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT	RR			\$206.26

**Single Payment Amounts
External Infusion Pumps and Supplies**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Kansas City, MO-KS	E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	RR			\$393.00
Kansas City, MO-KS	E0791	PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTI-CHANNEL	RR			\$247.50
Kansas City, MO-KS	K0552	SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE, EACH	KG			\$2.46
Kansas City, MO-KS	K0601	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 1.5 VOLT, EACH	NU			\$1.02
Kansas City, MO-KS	K0602	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 3 VOLT, EACH	NU			\$5.92
Kansas City, MO-KS	K0603	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, ALKALINE, 1.5 VOLT, EACH	NU			\$0.52
Kansas City, MO-KS	K0604	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 3.6 VOLT, EACH	NU			\$5.40
Kansas City, MO-KS	K0605	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 4.5 VOLT, EACH	NU			\$12.94
Miami-Fort Lauderdale-Pompano Beach, FL	A4221	SUPPLIES FOR MAINTENANCE OF DRUG INFUSION CATHETER, PER WEEK (LIST DRUG SEPARATELY)	KG			\$16.77
Miami-Fort Lauderdale-Pompano Beach, FL	A4222	INFUSION SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUGS SEPARATELY)	KG			\$32.79
Miami-Fort Lauderdale-Pompano Beach, FL	E0776	IV POLE	NU			\$123.02
Miami-Fort Lauderdale-Pompano Beach, FL	E0776	IV POLE	RR			\$12.30

**Single Payment Amounts
External Infusion Pumps and Supplies**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-Pompano Beach, FL	E0776	IV POLE	UE			\$92.27
Miami-Fort Lauderdale-Pompano Beach, FL	E0779	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION 8 HOURS OR GREATER	RR			\$14.24
Miami-Fort Lauderdale-Pompano Beach, FL	E0780	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION LESS THAN 8 HOURS	NU			\$10.00
Miami-Fort Lauderdale-Pompano Beach, FL	E0781	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT	RR			\$173.94
Miami-Fort Lauderdale-Pompano Beach, FL	E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	RR			\$357.16
Miami-Fort Lauderdale-Pompano Beach, FL	E0791	PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTI-CHANNEL	RR			\$235.51
Miami-Fort Lauderdale-Pompano Beach, FL	K0552	SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE, EACH	KG			\$1.98
Miami-Fort Lauderdale-Pompano Beach, FL	K0601	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 1.5 VOLT, EACH	NU			\$1.10
Miami-Fort Lauderdale-Pompano Beach, FL	K0602	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 3 VOLT, EACH	NU			\$5.92
Miami-Fort Lauderdale-Pompano Beach, FL	K0603	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, ALKALINE, 1.5 VOLT, EACH	NU			\$0.55
Miami-Fort Lauderdale-Pompano Beach, FL	K0604	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 3.6 VOLT, EACH	NU			\$5.72
Miami-Fort Lauderdale-Pompano Beach, FL	K0605	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 4.5 VOLT, EACH	NU			\$12.94

**Single Payment Amounts
External Infusion Pumps and Supplies**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orlando-Kissimmee-Sanford, FL	A4221	SUPPLIES FOR MAINTENANCE OF DRUG INFUSION CATHETER, PER WEEK (LIST DRUG SEPARATELY)	KG			\$16.54
Orlando-Kissimmee-Sanford, FL	A4222	INFUSION SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUGS SEPARATELY)	KG			\$32.58
Orlando-Kissimmee-Sanford, FL	E0776	IV POLE	NU			\$128.50
Orlando-Kissimmee-Sanford, FL	E0776	IV POLE	RR			\$12.85
Orlando-Kissimmee-Sanford, FL	E0776	IV POLE	UE			\$96.38
Orlando-Kissimmee-Sanford, FL	E0779	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION 8 HOURS OR GREATER	RR			\$15.56
Orlando-Kissimmee-Sanford, FL	E0780	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION LESS THAN 8 HOURS	NU			\$11.00
Orlando-Kissimmee-Sanford, FL	E0781	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT	RR			\$218.68
Orlando-Kissimmee-Sanford, FL	E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	RR			\$385.00
Orlando-Kissimmee-Sanford, FL	E0791	PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTI-CHANNEL	RR			\$230.95
Orlando-Kissimmee-Sanford, FL	K0552	SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE, EACH	KG			\$2.37
Orlando-Kissimmee-Sanford, FL	K0601	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 1.5 VOLT, EACH	NU			\$1.13

**Single Payment Amounts
External Infusion Pumps and Supplies**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orlando-Kissimmee-Sanford, FL	K0602	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 3 VOLT, EACH	NU			\$6.04
Orlando-Kissimmee-Sanford, FL	K0603	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, ALKALINE, 1.5 VOLT, EACH	NU			\$0.55
Orlando-Kissimmee-Sanford, FL	K0604	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 3.6 VOLT, EACH	NU			\$6.48
Orlando-Kissimmee-Sanford, FL	K0605	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 4.5 VOLT, EACH	NU			\$15.00
Pittsburgh, PA	A4221	SUPPLIES FOR MAINTENANCE OF DRUG INFUSION CATHETER, PER WEEK (LIST DRUG SEPARATELY)	KG			\$19.46
Pittsburgh, PA	A4222	INFUSION SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUGS SEPARATELY)	KG			\$38.00
Pittsburgh, PA	E0776	IV POLE	NU			\$123.02
Pittsburgh, PA	E0776	IV POLE	RR			\$12.30
Pittsburgh, PA	E0776	IV POLE	UE			\$92.27
Pittsburgh, PA	E0779	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION 8 HOURS OR GREATER	RR			\$15.56
Pittsburgh, PA	E0780	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION LESS THAN 8 HOURS	NU			\$11.00
Pittsburgh, PA	E0781	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT	RR			\$220.00

**Single Payment Amounts
External Infusion Pumps and Supplies**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	RR			\$358.82
Pittsburgh, PA	E0791	PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTI-CHANNEL	RR			\$245.00
Pittsburgh, PA	K0552	SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE, EACH	KG			\$2.25
Pittsburgh, PA	K0601	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 1.5 VOLT, EACH	NU			\$1.05
Pittsburgh, PA	K0602	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 3 VOLT, EACH	NU			\$5.81
Pittsburgh, PA	K0603	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, ALKALINE, 1.5 VOLT, EACH	NU			\$0.52
Pittsburgh, PA	K0604	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 3.6 VOLT, EACH	NU			\$5.55
Pittsburgh, PA	K0605	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 4.5 VOLT, EACH	NU			\$13.33
Riverside-San Bernardino-Ontario, CA	A4221	SUPPLIES FOR MAINTENANCE OF DRUG INFUSION CATHETER, PER WEEK (LIST DRUG SEPARATELY)	KG			\$15.96
Riverside-San Bernardino-Ontario, CA	A4222	INFUSION SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUGS SEPARATELY)	KG			\$31.62
Riverside-San Bernardino-Ontario, CA	E0776	IV POLE	NU			\$124.01
Riverside-San Bernardino-Ontario, CA	E0776	IV POLE	RR			\$12.40

**Single Payment Amounts
External Infusion Pumps and Supplies**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Riverside-San Bernardino-Ontario, CA	E0776	IV POLE	UE			\$93.01
Riverside-San Bernardino-Ontario, CA	E0779	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION 8 HOURS OR GREATER	RR			\$16.23
Riverside-San Bernardino-Ontario, CA	E0780	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION LESS THAN 8 HOURS	NU			\$10.29
Riverside-San Bernardino-Ontario, CA	E0781	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT	RR			\$203.56
Riverside-San Bernardino-Ontario, CA	E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	RR			\$410.50
Riverside-San Bernardino-Ontario, CA	E0791	PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTI-CHANNEL	RR			\$271.71
Riverside-San Bernardino-Ontario, CA	K0552	SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE, EACH	KG			\$2.66
Riverside-San Bernardino-Ontario, CA	K0601	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 1.5 VOLT, EACH	NU			\$1.00
Riverside-San Bernardino-Ontario, CA	K0602	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 3 VOLT, EACH	NU			\$6.26
Riverside-San Bernardino-Ontario, CA	K0603	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, ALKALINE, 1.5 VOLT, EACH	NU			\$0.56
Riverside-San Bernardino-Ontario, CA	K0604	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 3.6 VOLT, EACH	NU			\$6.00
Riverside-San Bernardino-Ontario, CA	K0605	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 4.5 VOLT, EACH	NU			\$14.94

Single Payment Amounts

General Home Equipment and Related Supplies and Accessories

Charlotte-Gastonia-Rock Hill, NC-SC	2
Cincinnati-Middletown, OH-KY-IN	11
Cleveland-Elyria-Mentor, OH	21
Dallas-Fort Worth-Arlington, TX	31
Kansas City, MO-KS	40
Miami-Fort Lauderdale-Pompano Beach, FL	50
Orlando-Kissimmee-Sanford, FL	60
Pittsburgh, PA	69
Riverside-San Bernardino-Ontario, CA	79



**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$61.59
Charlotte-Gastonia-Rock Hill, NC-SC	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$51.02
Charlotte-Gastonia-Rock Hill, NC-SC	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$64.11
Charlotte-Gastonia-Rock Hill, NC-SC	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$50.39
Charlotte-Gastonia-Rock Hill, NC-SC	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$76.23
Charlotte-Gastonia-Rock Hill, NC-SC	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$66.85
Charlotte-Gastonia-Rock Hill, NC-SC	E0271	MATTRESS, INNERSPRING	NU			\$129.00
Charlotte-Gastonia-Rock Hill, NC-SC	E0271	MATTRESS, INNERSPRING	RR			\$12.90
Charlotte-Gastonia-Rock Hill, NC-SC	E0271	MATTRESS, INNERSPRING	UE			\$96.75
Charlotte-Gastonia-Rock Hill, NC-SC	E0272	MATTRESS, FOAM RUBBER	NU			\$127.48
Charlotte-Gastonia-Rock Hill, NC-SC	E0272	MATTRESS, FOAM RUBBER	RR			\$12.75
Charlotte-Gastonia-Rock Hill, NC-SC	E0272	MATTRESS, FOAM RUBBER	UE			\$95.61

Single Payment Amounts
General Home Equipment and Related Supplies and Accessories

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

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

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

Single Payment Amounts
General Home Equipment and Related Supplies and Accessories

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

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

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

Single Payment Amounts
General Home Equipment and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$284.10
Charlotte-Gastonia-Rock Hill, NC-SC	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$285.00
Charlotte-Gastonia-Rock Hill, NC-SC	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$274.62
Charlotte-Gastonia-Rock Hill, NC-SC	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$341.32
Charlotte-Gastonia-Rock Hill, NC-SC	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODOE	NU			\$25.00
Charlotte-Gastonia-Rock Hill, NC-SC	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODOE	RR			\$2.50
Charlotte-Gastonia-Rock Hill, NC-SC	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODOE	UE			\$18.75
Charlotte-Gastonia-Rock Hill, NC-SC	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODOE, WITH FAUCET ATTACHMENT/S	NU			\$23.50
Charlotte-Gastonia-Rock Hill, NC-SC	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODOE, WITH FAUCET ATTACHMENT/S	RR			\$2.35
Charlotte-Gastonia-Rock Hill, NC-SC	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODOE, WITH FAUCET ATTACHMENT/S	UE			\$17.63
Charlotte-Gastonia-Rock Hill, NC-SC	E0163	COMMODOE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	NU			\$58.88
Charlotte-Gastonia-Rock Hill, NC-SC	E0163	COMMODOE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	RR			\$5.89

Single Payment Amounts
General Home Equipment and Related Supplies and Accessories

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

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

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

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	UE			\$57.69
Charlotte-Gastonia-Rock Hill, NC-SC	E0630	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S)	RR			\$63.34
Charlotte-Gastonia-Rock Hill, NC-SC	E0635	PATIENT LIFT, ELECTRIC WITH SEAT OR SLING	RR			\$111.64
Charlotte-Gastonia-Rock Hill, NC-SC	E0636	MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEGRATED LIFT, PATIENT ACCESSIBLE CONTROLS	RR			\$954.73
Charlotte-Gastonia-Rock Hill, NC-SC	E1035	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE GIVER, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 LBS	RR			\$611.08
Charlotte-Gastonia-Rock Hill, NC-SC	E1036	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, EXTRA-WIDE, WITH INTEGRATED SEAT, OPERATED BY CAREGIVER, PATIENT WEIGHT CAPACITY GREATER THAN 300 LBS	RR			\$825.52
Charlotte-Gastonia-Rock Hill, NC-SC	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	NU			\$248.19
Charlotte-Gastonia-Rock Hill, NC-SC	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	RR			\$24.82
Charlotte-Gastonia-Rock Hill, NC-SC	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	UE			\$186.14
Charlotte-Gastonia-Rock Hill, NC-SC	E0628	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-ELECTRIC	NU			\$310.18
Charlotte-Gastonia-Rock Hill, NC-SC	E0628	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-ELECTRIC	RR			\$31.02
Charlotte-Gastonia-Rock Hill, NC-SC	E0628	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-ELECTRIC	UE			\$232.64

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

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

Single Payment Amounts
General Home Equipment and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cincinnati-Middletown, OH-KY-IN	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$69.40
Cincinnati-Middletown, OH-KY-IN	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$71.08
Cincinnati-Middletown, OH-KY-IN	E0271	MATTRESS, INNERSPRING	NU			\$127.40
Cincinnati-Middletown, OH-KY-IN	E0271	MATTRESS, INNERSPRING	RR			\$12.74
Cincinnati-Middletown, OH-KY-IN	E0271	MATTRESS, INNERSPRING	UE			\$95.55
Cincinnati-Middletown, OH-KY-IN	E0272	MATTRESS, FOAM RUBBER	NU			\$138.48
Cincinnati-Middletown, OH-KY-IN	E0272	MATTRESS, FOAM RUBBER	RR			\$13.85
Cincinnati-Middletown, OH-KY-IN	E0272	MATTRESS, FOAM RUBBER	UE			\$103.86
Cincinnati-Middletown, OH-KY-IN	E0280	BED CRADLE, ANY TYPE	NU			\$28.84
Cincinnati-Middletown, OH-KY-IN	E0280	BED CRADLE, ANY TYPE	RR			\$2.88
Cincinnati-Middletown, OH-KY-IN	E0280	BED CRADLE, ANY TYPE	UE			\$21.63
Cincinnati-Middletown, OH-KY-IN	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$53.31

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

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

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cincinnati-Middletown, OH-KY-IN	E0310	BED SIDE RAILS, FULL LENGTH	UE			\$74.32
Cincinnati-Middletown, OH-KY-IN	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR			\$12.84
Cincinnati-Middletown, OH-KY-IN	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR			\$46.00
Cincinnati-Middletown, OH-KY-IN	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$92.50
Cincinnati-Middletown, OH-KY-IN	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR			\$21.13
Cincinnati-Middletown, OH-KY-IN	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	NU			\$48.13
Cincinnati-Middletown, OH-KY-IN	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	RR			\$4.81
Cincinnati-Middletown, OH-KY-IN	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	UE			\$36.10
Cincinnati-Middletown, OH-KY-IN	E0181	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, WITH PUMP, INCLUDES HEAVY DUTY	RR			\$19.80
Cincinnati-Middletown, OH-KY-IN	E0182	PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY	RR			\$18.50
Cincinnati-Middletown, OH-KY-IN	E0184	DRY PRESSURE MATTRESS	NU			\$149.00
Cincinnati-Middletown, OH-KY-IN	E0184	DRY PRESSURE MATTRESS	RR			\$14.90

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cincinnati-Middletown, OH-KY-IN	E0184	DRY PRESSURE MATTRESS	UE			\$111.75
Cincinnati-Middletown, OH-KY-IN	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$175.99
Cincinnati-Middletown, OH-KY-IN	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$17.60
Cincinnati-Middletown, OH-KY-IN	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$131.99
Cincinnati-Middletown, OH-KY-IN	E0186	AIR PRESSURE MATTRESS	RR			\$18.54
Cincinnati-Middletown, OH-KY-IN	E0187	WATER PRESSURE MATTRESS	RR			\$19.20
Cincinnati-Middletown, OH-KY-IN	E0188	SYNTHETIC SHEEPSKIN PAD	NU			\$26.87
Cincinnati-Middletown, OH-KY-IN	E0188	SYNTHETIC SHEEPSKIN PAD	RR			\$2.69
Cincinnati-Middletown, OH-KY-IN	E0188	SYNTHETIC SHEEPSKIN PAD	UE			\$20.15
Cincinnati-Middletown, OH-KY-IN	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	NU			\$43.99
Cincinnati-Middletown, OH-KY-IN	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	RR			\$4.40
Cincinnati-Middletown, OH-KY-IN	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	UE			\$32.99

Single Payment Amounts
General Home Equipment and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cincinnati-Middletown, OH-KY-IN	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$799.50
Cincinnati-Middletown, OH-KY-IN	E0196	GEL PRESSURE MATTRESS	RR			\$29.90
Cincinnati-Middletown, OH-KY-IN	E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$172.00
Cincinnati-Middletown, OH-KY-IN	E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$17.20
Cincinnati-Middletown, OH-KY-IN	E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$129.00
Cincinnati-Middletown, OH-KY-IN	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$28.08
Cincinnati-Middletown, OH-KY-IN	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$2.81
Cincinnati-Middletown, OH-KY-IN	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$21.06
Cincinnati-Middletown, OH-KY-IN	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$260.60
Cincinnati-Middletown, OH-KY-IN	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$283.93
Cincinnati-Middletown, OH-KY-IN	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$299.59
Cincinnati-Middletown, OH-KY-IN	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$344.74

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

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

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

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

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

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

Single Payment Amounts
General Home Equipment and Related Supplies and Accessories

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

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

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

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

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

Single Payment Amounts
General Home Equipment and Related Supplies and Accessories

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

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

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

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cleveland-Elyria-Mentor, OH	E0186	AIR PRESSURE MATTRESS	RR			\$19.43
Cleveland-Elyria-Mentor, OH	E0187	WATER PRESSURE MATTRESS	RR			\$22.19
Cleveland-Elyria-Mentor, OH	E0188	SYNTHETIC SHEEPSKIN PAD	NU			\$27.00
Cleveland-Elyria-Mentor, OH	E0188	SYNTHETIC SHEEPSKIN PAD	RR			\$2.70
Cleveland-Elyria-Mentor, OH	E0188	SYNTHETIC SHEEPSKIN PAD	UE			\$20.25
Cleveland-Elyria-Mentor, OH	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	NU			\$46.00
Cleveland-Elyria-Mentor, OH	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	RR			\$4.60
Cleveland-Elyria-Mentor, OH	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	UE			\$34.50
Cleveland-Elyria-Mentor, OH	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$660.76
Cleveland-Elyria-Mentor, OH	E0196	GEL PRESSURE MATTRESS	RR			\$34.00
Cleveland-Elyria-Mentor, OH	E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$188.69
Cleveland-Elyria-Mentor, OH	E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$18.87

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cleveland-Elyria-Mentor, OH	E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$141.52
Cleveland-Elyria-Mentor, OH	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$27.80
Cleveland-Elyria-Mentor, OH	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$2.78
Cleveland-Elyria-Mentor, OH	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$20.85
Cleveland-Elyria-Mentor, OH	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$325.00
Cleveland-Elyria-Mentor, OH	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$270.14
Cleveland-Elyria-Mentor, OH	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$299.59
Cleveland-Elyria-Mentor, OH	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$341.32
Cleveland-Elyria-Mentor, OH	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMUNE	NU			\$28.38
Cleveland-Elyria-Mentor, OH	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMUNE	RR			\$2.84
Cleveland-Elyria-Mentor, OH	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMUNE	UE			\$21.29
Cleveland-Elyria-Mentor, OH	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMUNE, WITH FAUCET ATTACHMENT/S	NU			\$28.00

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

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

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

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

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

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

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cleveland-Elyria-Mentor, OH	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	UE			\$213.13
Cleveland-Elyria-Mentor, OH	E0628	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-ELECTRIC	NU			\$290.00
Cleveland-Elyria-Mentor, OH	E0628	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-ELECTRIC	RR			\$29.00
Cleveland-Elyria-Mentor, OH	E0628	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-ELECTRIC	UE			\$217.50
Cleveland-Elyria-Mentor, OH	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	NU			\$295.00
Cleveland-Elyria-Mentor, OH	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	RR			\$29.50
Cleveland-Elyria-Mentor, OH	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	UE			\$221.25
Cleveland-Elyria-Mentor, OH	A4557	LEAD WIRES, (E. G. , APNEA MONITOR), PER PAIR				\$15.64
Cleveland-Elyria-Mentor, OH	A4595	ELECTRICAL STIMULATOR SUPPLIES, 2 LEAD, PER MONTH, (E. G. TENS, NMES)				\$15.48
Cleveland-Elyria-Mentor, OH	E0720	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED STIMULATION	NU			\$197.41
Cleveland-Elyria-Mentor, OH	E0730	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION	NU			\$175.00
Cleveland-Elyria-Mentor, OH	E0731	FORM FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS OR NMES (WITH CONDUCTIVE FIBERS SEPARATED FROM THE PATIENT'S SKIN BY LAYERS OF FABRIC)	NU	KG		\$275.00

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

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

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

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

Single Payment Amounts
General Home Equipment and Related Supplies and Accessories

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

Single Payment Amounts
General Home Equipment and Related Supplies and Accessories

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

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	E0188	SYNTHETIC SHEEPSKIN PAD	UE			\$15.92
Dallas-Fort Worth-Arlington, TX	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	NU			\$46.10
Dallas-Fort Worth-Arlington, TX	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	RR			\$4.61
Dallas-Fort Worth-Arlington, TX	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	UE			\$34.58
Dallas-Fort Worth-Arlington, TX	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$639.50
Dallas-Fort Worth-Arlington, TX	E0196	GEL PRESSURE MATTRESS	RR			\$28.04
Dallas-Fort Worth-Arlington, TX	E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$161.33
Dallas-Fort Worth-Arlington, TX	E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$16.13
Dallas-Fort Worth-Arlington, TX	E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$121.00
Dallas-Fort Worth-Arlington, TX	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$27.05
Dallas-Fort Worth-Arlington, TX	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$2.71
Dallas-Fort Worth-Arlington, TX	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$20.29

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

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

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	E0163	COMMUNE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	UE			\$48.86
Dallas-Fort Worth-Arlington, TX	E0165	COMMUNE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS	RR			\$12.00
Dallas-Fort Worth-Arlington, TX	E0167	PAIL OR PAN FOR USE WITH COMMUNE CHAIR, REPLACEMENT ONLY	NU			\$10.00
Dallas-Fort Worth-Arlington, TX	E0167	PAIL OR PAN FOR USE WITH COMMUNE CHAIR, REPLACEMENT ONLY	RR			\$1.00
Dallas-Fort Worth-Arlington, TX	E0167	PAIL OR PAN FOR USE WITH COMMUNE CHAIR, REPLACEMENT ONLY	UE			\$7.50
Dallas-Fort Worth-Arlington, TX	E0168	COMMUNE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	NU			\$114.50
Dallas-Fort Worth-Arlington, TX	E0168	COMMUNE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	RR			\$11.45
Dallas-Fort Worth-Arlington, TX	E0168	COMMUNE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	UE			\$85.88
Dallas-Fort Worth-Arlington, TX	E0170	COMMUNE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE	RR			\$159.50
Dallas-Fort Worth-Arlington, TX	E0171	COMMUNE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE	RR			\$26.50
Dallas-Fort Worth-Arlington, TX	E0275	BED PAN, STANDARD, METAL OR PLASTIC	NU			\$13.00
Dallas-Fort Worth-Arlington, TX	E0275	BED PAN, STANDARD, METAL OR PLASTIC	RR			\$1.30

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

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

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

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

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

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

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

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

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Kansas City, MO-KS	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$36.87
Kansas City, MO-KS	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$57.15
Kansas City, MO-KS	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$46.35
Kansas City, MO-KS	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$75.97
Kansas City, MO-KS	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$75.50
Kansas City, MO-KS	E0301	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$176.32
Kansas City, MO-KS	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$495.23
Kansas City, MO-KS	E0303	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$194.18
Kansas City, MO-KS	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$570.00
Kansas City, MO-KS	E0305	BED SIDE RAILS, HALF LENGTH	RR			\$11.25
Kansas City, MO-KS	E0310	BED SIDE RAILS, FULL LENGTH	NU			\$113.62
Kansas City, MO-KS	E0310	BED SIDE RAILS, FULL LENGTH	RR			\$11.36

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

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

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

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

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

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

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

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

Single Payment Amounts
General Home Equipment and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Kansas City, MO-KS	E0167	PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY	UE			\$7.50
Kansas City, MO-KS	E0168	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	NU			\$113.47
Kansas City, MO-KS	E0168	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	RR			\$11.35
Kansas City, MO-KS	E0168	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	UE			\$85.10
Kansas City, MO-KS	E0170	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE	RR			\$140.00
Kansas City, MO-KS	E0171	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE	RR			\$27.50
Kansas City, MO-KS	E0275	BED PAN, STANDARD, METAL OR PLASTIC	NU			\$12.00
Kansas City, MO-KS	E0275	BED PAN, STANDARD, METAL OR PLASTIC	RR			\$1.20
Kansas City, MO-KS	E0275	BED PAN, STANDARD, METAL OR PLASTIC	UE			\$9.00
Kansas City, MO-KS	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	NU			\$10.34
Kansas City, MO-KS	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	RR			\$1.03
Kansas City, MO-KS	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	UE			\$7.76

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Kansas City, MO-KS	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	NU			\$9.05
Kansas City, MO-KS	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	RR			\$0.91
Kansas City, MO-KS	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	UE			\$6.79
Kansas City, MO-KS	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	NU			\$8.50
Kansas City, MO-KS	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	RR			\$0.85
Kansas City, MO-KS	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	UE			\$6.38
Kansas City, MO-KS	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	NU			\$72.50
Kansas City, MO-KS	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	RR			\$7.25
Kansas City, MO-KS	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	UE			\$54.38
Kansas City, MO-KS	E0630	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S)	RR			\$67.96
Kansas City, MO-KS	E0635	PATIENT LIFT, ELECTRIC WITH SEAT OR SLING	RR			\$105.00
Kansas City, MO-KS	E0636	MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEGRATED LIFT, PATIENT ACCESSIBLE CONTROLS	RR			\$900.00

Single Payment Amounts
General Home Equipment and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Kansas City, MO-KS	E1035	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE GIVER, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 LBS	RR			\$558.66
Kansas City, MO-KS	E1036	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, EXTRA-WIDE, WITH INTEGRATED SEAT, OPERATED BY CAREGIVER, PATIENT WEIGHT CAPACITY GREATER THAN 300 LBS	RR			\$820.00
Kansas City, MO-KS	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	NU			\$250.00
Kansas City, MO-KS	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	RR			\$25.00
Kansas City, MO-KS	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	UE			\$187.50
Kansas City, MO-KS	E0628	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-ELECTRIC	NU			\$271.75
Kansas City, MO-KS	E0628	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-ELECTRIC	RR			\$27.18
Kansas City, MO-KS	E0628	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-ELECTRIC	UE			\$203.81
Kansas City, MO-KS	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	NU			\$266.42
Kansas City, MO-KS	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	RR			\$26.64
Kansas City, MO-KS	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	UE			\$199.82
Kansas City, MO-KS	A4557	LEAD WIRES, (E. G. , APNEA MONITOR), PER PAIR				\$15.00

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

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

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

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

Single Payment Amounts
General Home Equipment and Related Supplies and Accessories

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

Single Payment Amounts
General Home Equipment and Related Supplies and Accessories

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

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-Pompano Beach, FL	E0186	AIR PRESSURE MATTRESS	RR			\$15.27
Miami-Fort Lauderdale-Pompano Beach, FL	E0187	WATER PRESSURE MATTRESS	RR			\$15.27
Miami-Fort Lauderdale-Pompano Beach, FL	E0188	SYNTHETIC SHEEPSKIN PAD	NU			\$16.89
Miami-Fort Lauderdale-Pompano Beach, FL	E0188	SYNTHETIC SHEEPSKIN PAD	RR			\$1.69
Miami-Fort Lauderdale-Pompano Beach, FL	E0188	SYNTHETIC SHEEPSKIN PAD	UE			\$12.67
Miami-Fort Lauderdale-Pompano Beach, FL	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	NU			\$39.07
Miami-Fort Lauderdale-Pompano Beach, FL	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	RR			\$3.91
Miami-Fort Lauderdale-Pompano Beach, FL	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	UE			\$29.30
Miami-Fort Lauderdale-Pompano Beach, FL	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$522.84
Miami-Fort Lauderdale-Pompano Beach, FL	E0196	GEL PRESSURE MATTRESS	RR			\$23.00
Miami-Fort Lauderdale-Pompano Beach, FL	E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$131.70
Miami-Fort Lauderdale-Pompano Beach, FL	E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$13.17

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-Pompano Beach, FL	E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$98.78
Miami-Fort Lauderdale-Pompano Beach, FL	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$23.14
Miami-Fort Lauderdale-Pompano Beach, FL	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$2.31
Miami-Fort Lauderdale-Pompano Beach, FL	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$17.36
Miami-Fort Lauderdale-Pompano Beach, FL	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$300.56
Miami-Fort Lauderdale-Pompano Beach, FL	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$233.89
Miami-Fort Lauderdale-Pompano Beach, FL	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$228.53
Miami-Fort Lauderdale-Pompano Beach, FL	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$282.77
Miami-Fort Lauderdale-Pompano Beach, FL	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMUNE	NU			\$20.22
Miami-Fort Lauderdale-Pompano Beach, FL	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMUNE	RR			\$2.02
Miami-Fort Lauderdale-Pompano Beach, FL	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMUNE	UE			\$15.17
Miami-Fort Lauderdale-Pompano Beach, FL	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMUNE, WITH FAUCET ATTACHMENT/S	NU			\$19.72

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-Pompano Beach, FL	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODOE, WITH FAUCET ATTACHMENT/S	RR			\$1.97
Miami-Fort Lauderdale-Pompano Beach, FL	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODOE, WITH FAUCET ATTACHMENT/S	UE			\$14.79
Miami-Fort Lauderdale-Pompano Beach, FL	E0163	COMMODOE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	NU			\$68.43
Miami-Fort Lauderdale-Pompano Beach, FL	E0163	COMMODOE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	RR			\$6.84
Miami-Fort Lauderdale-Pompano Beach, FL	E0163	COMMODOE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	UE			\$51.32
Miami-Fort Lauderdale-Pompano Beach, FL	E0165	COMMODOE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS	RR			\$12.50
Miami-Fort Lauderdale-Pompano Beach, FL	E0167	PAIL OR PAN FOR USE WITH COMMODOE CHAIR, REPLACEMENT ONLY	NU			\$7.70
Miami-Fort Lauderdale-Pompano Beach, FL	E0167	PAIL OR PAN FOR USE WITH COMMODOE CHAIR, REPLACEMENT ONLY	RR			\$0.77
Miami-Fort Lauderdale-Pompano Beach, FL	E0167	PAIL OR PAN FOR USE WITH COMMODOE CHAIR, REPLACEMENT ONLY	UE			\$5.78
Miami-Fort Lauderdale-Pompano Beach, FL	E0168	COMMODOE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	NU			\$108.00
Miami-Fort Lauderdale-Pompano Beach, FL	E0168	COMMODOE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	RR			\$10.80
Miami-Fort Lauderdale-Pompano Beach, FL	E0168	COMMODOE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	UE			\$81.00

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-Pompano Beach, FL	E0170	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE	RR			\$120.85
Miami-Fort Lauderdale-Pompano Beach, FL	E0171	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE	RR			\$21.75
Miami-Fort Lauderdale-Pompano Beach, FL	E0275	BED PAN, STANDARD, METAL OR PLASTIC	NU			\$9.79
Miami-Fort Lauderdale-Pompano Beach, FL	E0275	BED PAN, STANDARD, METAL OR PLASTIC	RR			\$0.98
Miami-Fort Lauderdale-Pompano Beach, FL	E0275	BED PAN, STANDARD, METAL OR PLASTIC	UE			\$7.34
Miami-Fort Lauderdale-Pompano Beach, FL	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	NU			\$8.90
Miami-Fort Lauderdale-Pompano Beach, FL	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	RR			\$0.89
Miami-Fort Lauderdale-Pompano Beach, FL	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	UE			\$6.68
Miami-Fort Lauderdale-Pompano Beach, FL	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	NU			\$6.42
Miami-Fort Lauderdale-Pompano Beach, FL	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	RR			\$0.64
Miami-Fort Lauderdale-Pompano Beach, FL	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	UE			\$4.82
Miami-Fort Lauderdale-Pompano Beach, FL	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	NU			\$7.59

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

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

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-Pompano Beach, FL	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	UE			\$179.90
Miami-Fort Lauderdale-Pompano Beach, FL	E0628	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-ELECTRIC	NU			\$250.00
Miami-Fort Lauderdale-Pompano Beach, FL	E0628	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-ELECTRIC	RR			\$25.00
Miami-Fort Lauderdale-Pompano Beach, FL	E0628	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-ELECTRIC	UE			\$187.50
Miami-Fort Lauderdale-Pompano Beach, FL	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	NU			\$240.00
Miami-Fort Lauderdale-Pompano Beach, FL	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	RR			\$24.00
Miami-Fort Lauderdale-Pompano Beach, FL	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	UE			\$180.00
Miami-Fort Lauderdale-Pompano Beach, FL	A4557	LEAD WIRES, (E. G. , APNEA MONITOR), PER PAIR				\$14.39
Miami-Fort Lauderdale-Pompano Beach, FL	A4595	ELECTRICAL STIMULATOR SUPPLIES, 2 LEAD, PER MONTH, (E. G. TENS, NMES)				\$17.02
Miami-Fort Lauderdale-Pompano Beach, FL	E0720	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED STIMULATION	NU			\$197.41
Miami-Fort Lauderdale-Pompano Beach, FL	E0730	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION	NU			\$199.02
Miami-Fort Lauderdale-Pompano Beach, FL	E0731	FORM FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS OR NMES (WITH CONDUCTIVE FIBERS SEPARATED FROM THE PATIENT'S SKIN BY LAYERS OF FABRIC)	NU	KG		\$229.88

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

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

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orlando-Kissimmee-Sanford, FL	E0280	BED CRADLE, ANY TYPE	NU			\$28.00
Orlando-Kissimmee-Sanford, FL	E0280	BED CRADLE, ANY TYPE	RR			\$2.80
Orlando-Kissimmee-Sanford, FL	E0280	BED CRADLE, ANY TYPE	UE			\$21.00
Orlando-Kissimmee-Sanford, FL	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$52.41
Orlando-Kissimmee-Sanford, FL	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$39.50
Orlando-Kissimmee-Sanford, FL	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$55.17
Orlando-Kissimmee-Sanford, FL	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$46.62
Orlando-Kissimmee-Sanford, FL	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$70.32
Orlando-Kissimmee-Sanford, FL	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$69.09
Orlando-Kissimmee-Sanford, FL	E0301	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$167.01
Orlando-Kissimmee-Sanford, FL	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$462.42
Orlando-Kissimmee-Sanford, FL	E0303	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$181.11

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

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

Single Payment Amounts
General Home Equipment and Related Supplies and Accessories

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

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orlando-Kissimmee-Sanford, FL	E0188	SYNTHETIC SHEEPSKIN PAD	UE			\$14.81
Orlando-Kissimmee-Sanford, FL	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	NU			\$46.22
Orlando-Kissimmee-Sanford, FL	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	RR			\$4.62
Orlando-Kissimmee-Sanford, FL	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	UE			\$34.67
Orlando-Kissimmee-Sanford, FL	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$571.91
Orlando-Kissimmee-Sanford, FL	E0196	GEL PRESSURE MATTRESS	RR			\$26.34
Orlando-Kissimmee-Sanford, FL	E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$141.62
Orlando-Kissimmee-Sanford, FL	E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$14.16
Orlando-Kissimmee-Sanford, FL	E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$106.22
Orlando-Kissimmee-Sanford, FL	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$25.72
Orlando-Kissimmee-Sanford, FL	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$2.57
Orlando-Kissimmee-Sanford, FL	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$19.29

Single Payment Amounts
General Home Equipment and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orlando-Kissimmee-Sanford, FL	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$349.66
Orlando-Kissimmee-Sanford, FL	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$263.67
Orlando-Kissimmee-Sanford, FL	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$292.50
Orlando-Kissimmee-Sanford, FL	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$366.49
Orlando-Kissimmee-Sanford, FL	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODOE	NU			\$24.57
Orlando-Kissimmee-Sanford, FL	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODOE	RR			\$2.46
Orlando-Kissimmee-Sanford, FL	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODOE	UE			\$18.43
Orlando-Kissimmee-Sanford, FL	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODOE, WITH FAUCET ATTACHMENT/S	NU			\$22.27
Orlando-Kissimmee-Sanford, FL	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODOE, WITH FAUCET ATTACHMENT/S	RR			\$2.23
Orlando-Kissimmee-Sanford, FL	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODOE, WITH FAUCET ATTACHMENT/S	UE			\$16.70
Orlando-Kissimmee-Sanford, FL	E0163	COMMODOE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	NU			\$69.10
Orlando-Kissimmee-Sanford, FL	E0163	COMMODOE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	RR			\$6.91

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orlando-Kissimmee-Sanford, FL	E0163	COMMUNE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	UE			\$51.83
Orlando-Kissimmee-Sanford, FL	E0165	COMMUNE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS	RR			\$13.97
Orlando-Kissimmee-Sanford, FL	E0167	PAIL OR PAN FOR USE WITH COMMUNE CHAIR, REPLACEMENT ONLY	NU			\$9.25
Orlando-Kissimmee-Sanford, FL	E0167	PAIL OR PAN FOR USE WITH COMMUNE CHAIR, REPLACEMENT ONLY	RR			\$0.93
Orlando-Kissimmee-Sanford, FL	E0167	PAIL OR PAN FOR USE WITH COMMUNE CHAIR, REPLACEMENT ONLY	UE			\$6.94
Orlando-Kissimmee-Sanford, FL	E0168	COMMUNE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	NU			\$117.53
Orlando-Kissimmee-Sanford, FL	E0168	COMMUNE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	RR			\$11.75
Orlando-Kissimmee-Sanford, FL	E0168	COMMUNE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	UE			\$88.15
Orlando-Kissimmee-Sanford, FL	E0170	COMMUNE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE	RR			\$146.30
Orlando-Kissimmee-Sanford, FL	E0171	COMMUNE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE	RR			\$26.39
Orlando-Kissimmee-Sanford, FL	E0275	BED PAN, STANDARD, METAL OR PLASTIC	NU			\$12.00
Orlando-Kissimmee-Sanford, FL	E0275	BED PAN, STANDARD, METAL OR PLASTIC	RR			\$1.20

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

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

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orlando-Kissimmee-Sanford, FL	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	UE			\$50.38
Orlando-Kissimmee-Sanford, FL	E0630	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S)	RR			\$60.23
Orlando-Kissimmee-Sanford, FL	E0635	PATIENT LIFT, ELECTRIC WITH SEAT OR SLING	RR			\$100.27
Orlando-Kissimmee-Sanford, FL	E0636	MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEGRATED LIFT, PATIENT ACCESSIBLE CONTROLS	RR			\$906.18
Orlando-Kissimmee-Sanford, FL	E1035	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE GIVER, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 LBS	RR			\$549.75
Orlando-Kissimmee-Sanford, FL	E1036	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, EXTRA-WIDE, WITH INTEGRATED SEAT, OPERATED BY CAREGIVER, PATIENT WEIGHT CAPACITY GREATER THAN 300 LBS	RR			\$770.00
Orlando-Kissimmee-Sanford, FL	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	NU			\$250.00
Orlando-Kissimmee-Sanford, FL	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	RR			\$25.00
Orlando-Kissimmee-Sanford, FL	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	UE			\$187.50
Orlando-Kissimmee-Sanford, FL	E0628	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-ELECTRIC	NU			\$256.82
Orlando-Kissimmee-Sanford, FL	E0628	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-ELECTRIC	RR			\$25.68
Orlando-Kissimmee-Sanford, FL	E0628	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-ELECTRIC	UE			\$192.62

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orlando-Kissimmee-Sanford, FL	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	NU			\$249.33
Orlando-Kissimmee-Sanford, FL	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	RR			\$24.93
Orlando-Kissimmee-Sanford, FL	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	UE			\$187.00
Orlando-Kissimmee-Sanford, FL	A4557	LEAD WIRES, (E. G. , APNEA MONITOR), PER PAIR				\$15.49
Orlando-Kissimmee-Sanford, FL	A4595	ELECTRICAL STIMULATOR SUPPLIES, 2 LEAD, PER MONTH, (E. G. TENS, NMES)				\$18.50
Orlando-Kissimmee-Sanford, FL	E0720	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED STIMULATION	NU			\$245.97
Orlando-Kissimmee-Sanford, FL	E0730	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION	NU			\$202.60
Orlando-Kissimmee-Sanford, FL	E0731	FORM FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS OR NMES (WITH CONDUCTIVE FIBERS SEPARATED FROM THE PATIENT'S SKIN BY LAYERS OF FABRIC)	NU	KG		\$252.02
Pittsburgh, PA	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$63.64
Pittsburgh, PA	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$48.84
Pittsburgh, PA	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$70.27
Pittsburgh, PA	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$54.31

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

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

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

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

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

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

Single Payment Amounts
General Home Equipment and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	E0184	DRY PRESSURE MATTRESS	UE			\$123.75
Pittsburgh, PA	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$175.52
Pittsburgh, PA	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$17.55
Pittsburgh, PA	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$131.64
Pittsburgh, PA	E0186	AIR PRESSURE MATTRESS	RR			\$17.00
Pittsburgh, PA	E0187	WATER PRESSURE MATTRESS	RR			\$18.20
Pittsburgh, PA	E0188	SYNTHETIC SHEEPSKIN PAD	NU			\$22.44
Pittsburgh, PA	E0188	SYNTHETIC SHEEPSKIN PAD	RR			\$2.24
Pittsburgh, PA	E0188	SYNTHETIC SHEEPSKIN PAD	UE			\$16.83
Pittsburgh, PA	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	NU			\$42.70
Pittsburgh, PA	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	RR			\$4.27
Pittsburgh, PA	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	UE			\$32.03

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

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

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

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

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

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

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

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

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	E1035	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE GIVER, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 LBS	RR			\$592.79
Pittsburgh, PA	E1036	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, EXTRA-WIDE, WITH INTEGRATED SEAT, OPERATED BY CAREGIVER, PATIENT WEIGHT CAPACITY GREATER THAN 300 LBS	RR			\$825.52
Pittsburgh, PA	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	NU			\$249.25
Pittsburgh, PA	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	RR			\$24.93
Pittsburgh, PA	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	UE			\$186.94
Pittsburgh, PA	E0628	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-ELECTRIC	NU			\$284.09
Pittsburgh, PA	E0628	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-ELECTRIC	RR			\$28.41
Pittsburgh, PA	E0628	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-ELECTRIC	UE			\$213.07
Pittsburgh, PA	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	NU			\$271.21
Pittsburgh, PA	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	RR			\$27.12
Pittsburgh, PA	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	UE			\$203.41
Pittsburgh, PA	A4557	LEAD WIRES, (E. G. , APNEA MONITOR), PER PAIR				\$14.22

Single Payment Amounts
General Home Equipment and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	A4595	ELECTRICAL STIMULATOR SUPPLIES, 2 LEAD, PER MONTH, (E. G. TENS, NMES)				\$15.50
Pittsburgh, PA	E0720	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED STIMULATION	NU			\$218.38
Pittsburgh, PA	E0730	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION	NU			\$168.95
Pittsburgh, PA	E0731	FORM FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS OR NMES (WITH CONDUCTIVE FIBERS SEPARATED FROM THE PATIENT'S SKIN BY LAYERS OF FABRIC)	NU	KG		\$219.89
Riverside-San Bernardino-Ontario, CA	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$65.85
Riverside-San Bernardino-Ontario, CA	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$48.35
Riverside-San Bernardino-Ontario, CA	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$68.86
Riverside-San Bernardino-Ontario, CA	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$46.16
Riverside-San Bernardino-Ontario, CA	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR			\$69.81
Riverside-San Bernardino-Ontario, CA	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR			\$64.94
Riverside-San Bernardino-Ontario, CA	E0271	MATTRESS, INNERSPRING	NU			\$110.00
Riverside-San Bernardino-Ontario, CA	E0271	MATTRESS, INNERSPRING	RR			\$11.00

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Riverside-San Bernardino-Ontario, CA	E0271	MATTRESS, INNERSPRING	UE			\$82.50
Riverside-San Bernardino-Ontario, CA	E0272	MATTRESS, FOAM RUBBER	NU			\$113.70
Riverside-San Bernardino-Ontario, CA	E0272	MATTRESS, FOAM RUBBER	RR			\$11.37
Riverside-San Bernardino-Ontario, CA	E0272	MATTRESS, FOAM RUBBER	UE			\$85.28
Riverside-San Bernardino-Ontario, CA	E0280	BED CRADLE, ANY TYPE	NU			\$28.25
Riverside-San Bernardino-Ontario, CA	E0280	BED CRADLE, ANY TYPE	RR			\$2.83
Riverside-San Bernardino-Ontario, CA	E0280	BED CRADLE, ANY TYPE	UE			\$21.19
Riverside-San Bernardino-Ontario, CA	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$42.13
Riverside-San Bernardino-Ontario, CA	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$35.84
Riverside-San Bernardino-Ontario, CA	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$46.98
Riverside-San Bernardino-Ontario, CA	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR			\$43.45
Riverside-San Bernardino-Ontario, CA	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	RR			\$71.33

Single Payment Amounts
General Home Equipment and Related Supplies and Accessories

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

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

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

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Riverside-San Bernardino-Ontario, CA	E0186	AIR PRESSURE MATTRESS	RR			\$19.22
Riverside-San Bernardino-Ontario, CA	E0187	WATER PRESSURE MATTRESS	RR			\$21.15
Riverside-San Bernardino-Ontario, CA	E0188	SYNTHETIC SHEEPSKIN PAD	NU			\$23.50
Riverside-San Bernardino-Ontario, CA	E0188	SYNTHETIC SHEEPSKIN PAD	RR			\$2.35
Riverside-San Bernardino-Ontario, CA	E0188	SYNTHETIC SHEEPSKIN PAD	UE			\$17.63
Riverside-San Bernardino-Ontario, CA	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	NU			\$47.00
Riverside-San Bernardino-Ontario, CA	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	RR			\$4.70
Riverside-San Bernardino-Ontario, CA	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	UE			\$35.25
Riverside-San Bernardino-Ontario, CA	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	RR			\$633.40
Riverside-San Bernardino-Ontario, CA	E0196	GEL PRESSURE MATTRESS	RR			\$30.00
Riverside-San Bernardino-Ontario, CA	E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$175.00
Riverside-San Bernardino-Ontario, CA	E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$17.50

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Riverside-San Bernardino-Ontario, CA	E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$131.25
Riverside-San Bernardino-Ontario, CA	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU			\$29.50
Riverside-San Bernardino-Ontario, CA	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$2.95
Riverside-San Bernardino-Ontario, CA	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE			\$22.13
Riverside-San Bernardino-Ontario, CA	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR			\$182.81
Riverside-San Bernardino-Ontario, CA	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$282.20
Riverside-San Bernardino-Ontario, CA	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR			\$262.77
Riverside-San Bernardino-Ontario, CA	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR			\$321.49
Riverside-San Bernardino-Ontario, CA	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMUNE	NU			\$28.00
Riverside-San Bernardino-Ontario, CA	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMUNE	RR			\$2.80
Riverside-San Bernardino-Ontario, CA	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMUNE	UE			\$21.00
Riverside-San Bernardino-Ontario, CA	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMUNE, WITH FAUCET ATTACHMENT/S	NU			\$22.00

Single Payment Amounts
General Home Equipment and Related Supplies and Accessories

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

Single Payment Amounts
General Home Equipment and Related Supplies and Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Riverside-San Bernardino-Ontario, CA	E0170	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE	RR			\$167.09
Riverside-San Bernardino-Ontario, CA	E0171	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE	RR			\$29.95
Riverside-San Bernardino-Ontario, CA	E0275	BED PAN, STANDARD, METAL OR PLASTIC	NU			\$14.50
Riverside-San Bernardino-Ontario, CA	E0275	BED PAN, STANDARD, METAL OR PLASTIC	RR			\$1.45
Riverside-San Bernardino-Ontario, CA	E0275	BED PAN, STANDARD, METAL OR PLASTIC	UE			\$10.88
Riverside-San Bernardino-Ontario, CA	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	NU			\$12.08
Riverside-San Bernardino-Ontario, CA	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	RR			\$1.21
Riverside-San Bernardino-Ontario, CA	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	UE			\$9.06
Riverside-San Bernardino-Ontario, CA	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	NU			\$8.62
Riverside-San Bernardino-Ontario, CA	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	RR			\$0.86
Riverside-San Bernardino-Ontario, CA	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	UE			\$6.47
Riverside-San Bernardino-Ontario, CA	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	NU			\$9.79

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Riverside-San Bernardino-Ontario, CA	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	RR			\$0.98
Riverside-San Bernardino-Ontario, CA	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	UE			\$7.34
Riverside-San Bernardino-Ontario, CA	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	NU			\$74.00
Riverside-San Bernardino-Ontario, CA	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	RR			\$7.40
Riverside-San Bernardino-Ontario, CA	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	UE			\$55.50
Riverside-San Bernardino-Ontario, CA	E0630	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S)	RR			\$58.44
Riverside-San Bernardino-Ontario, CA	E0635	PATIENT LIFT, ELECTRIC WITH SEAT OR SLING	RR			\$107.50
Riverside-San Bernardino-Ontario, CA	E0636	MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEGRATED LIFT, PATIENT ACCESSIBLE CONTROLS	RR			\$915.55
Riverside-San Bernardino-Ontario, CA	E1035	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE GIVER, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 LBS	RR			\$558.31
Riverside-San Bernardino-Ontario, CA	E1036	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, EXTRA-WIDE, WITH INTEGRATED SEAT, OPERATED BY CAREGIVER, PATIENT WEIGHT CAPACITY GREATER THAN 300 LBS	RR			\$840.00
Riverside-San Bernardino-Ontario, CA	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	NU			\$248.25
Riverside-San Bernardino-Ontario, CA	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	RR			\$24.83

**Single Payment Amounts
General Home Equipment and Related Supplies and Accessories**

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

Single Payment Amounts

Negative Pressure Wound Therapy Pumps and Related Supplies and Accessories

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

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

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

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

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

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

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

Single Payment Amounts

Respiratory Equipment and Related Supplies and Accessories

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



**Single Payment Amounts
Respiratory Equipment and Related Supplies and Accessories**

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

**Single Payment Amounts
Respiratory Equipment and Related Supplies and Accessories**

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

**Single Payment Amounts
Respiratory Equipment and Related Supplies and Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$68.72
Charlotte-Gastonia-Rock Hill, NC-SC	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$165.80
Charlotte-Gastonia-Rock Hill, NC-SC	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$16.58
Charlotte-Gastonia-Rock Hill, NC-SC	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$124.35
Charlotte-Gastonia-Rock Hill, NC-SC	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$52.47
Charlotte-Gastonia-Rock Hill, NC-SC	A4619	FACE TENT	NU			\$1.77
Charlotte-Gastonia-Rock Hill, NC-SC	A7003	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	NU			\$1.94
Charlotte-Gastonia-Rock Hill, NC-SC	A7004	SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	NU			\$1.34
Charlotte-Gastonia-Rock Hill, NC-SC	A7005	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NON-DISPOSABLE	NU	KG		\$19.22
Charlotte-Gastonia-Rock Hill, NC-SC	A7006	ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER	NU			\$9.75
Charlotte-Gastonia-Rock Hill, NC-SC	A7007	LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR	NU			\$4.50
Charlotte-Gastonia-Rock Hill, NC-SC	A7010	CORRUGATED TUBING, DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 100 FEET	NU			\$19.70

**Single Payment Amounts
Respiratory Equipment and Related Supplies and Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	A7012	WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER	NU			\$3.98
Charlotte-Gastonia-Rock Hill, NC-SC	A7013	FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	NU			\$0.72
Charlotte-Gastonia-Rock Hill, NC-SC	A7014	FILTER, NONDISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	NU			\$4.40
Charlotte-Gastonia-Rock Hill, NC-SC	A7015	AEROSOL MASK, USED WITH DME NEBULIZER	NU			\$1.74
Charlotte-Gastonia-Rock Hill, NC-SC	A7017	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH OXYGEN	NU			\$142.53
Charlotte-Gastonia-Rock Hill, NC-SC	A7017	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH OXYGEN	RR			\$14.25
Charlotte-Gastonia-Rock Hill, NC-SC	A7017	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH OXYGEN	UE			\$106.90
Charlotte-Gastonia-Rock Hill, NC-SC	A7018	WATER, DISTILLED, USED WITH LARGE VOLUME NEBULIZER, 1000 ML				\$0.34
Charlotte-Gastonia-Rock Hill, NC-SC	E0565	COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF- CONTAINED OR CYLINDER DRIVEN	RR			\$55.58
Charlotte-Gastonia-Rock Hill, NC-SC	E0570	NEBULIZER, WITH COMPRESSOR	RR			\$9.75
Charlotte-Gastonia-Rock Hill, NC-SC	E0572	AEROSOL COMPRESSOR, ADJUSTABLE PRESSURE, LIGHT DUTY FOR INTERMITTENT USE	RR			\$40.50
Charlotte-Gastonia-Rock Hill, NC-SC	E0580	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	NU			\$122.86

**Single Payment Amounts
Respiratory Equipment and Related Supplies and Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	E0580	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	RR			\$12.29
Charlotte-Gastonia-Rock Hill, NC-SC	E0580	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	UE			\$92.15
Charlotte-Gastonia-Rock Hill, NC-SC	E0585	NEBULIZER, WITH COMPRESSOR AND HEATER	RR			\$31.69
Charlotte-Gastonia-Rock Hill, NC-SC	E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	NU			\$154.09
Charlotte-Gastonia-Rock Hill, NC-SC	E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	RR			\$15.41
Charlotte-Gastonia-Rock Hill, NC-SC	E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	UE			\$115.57
Charlotte-Gastonia-Rock Hill, NC-SC		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Charlotte-Gastonia-Rock Hill, NC-SC	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$98.62
Charlotte-Gastonia-Rock Hill, NC-SC	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$98.62
Charlotte-Gastonia-Rock Hill, NC-SC	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$98.62
Charlotte-Gastonia-Rock Hill, NC-SC	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$98.62
Charlotte-Gastonia-Rock Hill, NC-SC		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				

**Single Payment Amounts
Respiratory Equipment and Related Supplies and Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.06
Charlotte-Gastonia-Rock Hill, NC-SC	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$19.06
Charlotte-Gastonia-Rock Hill, NC-SC		Payment Class C - Oxygen Generating Portable Equipment Only				
Charlotte-Gastonia-Rock Hill, NC-SC	E0433	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; HOME LIQUEFIER USED TO FILL PORTABLE LIQUID OXYGEN CONTAINERS, INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK AND TUBING, WITH OR WITHOUT SUPPLY RESERVOIR AND CONTENTS GAUGE	RR			\$38.88
Charlotte-Gastonia-Rock Hill, NC-SC	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$38.88
Charlotte-Gastonia-Rock Hill, NC-SC	K0738	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR USED TO FILL PORTABLE OXYGEN CYLINDERS; INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$38.88
Charlotte-Gastonia-Rock Hill, NC-SC		Payment Class D - Stationary Oxygen Contents Only				
Charlotte-Gastonia-Rock Hill, NC-SC	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$64.56
Charlotte-Gastonia-Rock Hill, NC-SC	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$64.56
Charlotte-Gastonia-Rock Hill, NC-SC		Payment Class E - Portable Oxygen Contents Only				
Charlotte-Gastonia-Rock Hill, NC-SC	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$54.72
Charlotte-Gastonia-Rock Hill, NC-SC	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$54.72

**Single Payment Amounts
Respiratory Equipment and Related Supplies and Accessories**

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

**Single Payment Amounts
Respiratory Equipment and Related Supplies and Accessories**

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

**Single Payment Amounts
Respiratory Equipment and Related Supplies and Accessories**

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

**Single Payment Amounts
Respiratory Equipment and Related Supplies and Accessories**

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

**Single Payment Amounts
Respiratory Equipment and Related Supplies and Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cincinnati-Middletown, OH-KY-IN	E0580	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	RR			\$11.17
Cincinnati-Middletown, OH-KY-IN	E0580	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	UE			\$83.77
Cincinnati-Middletown, OH-KY-IN	E0585	NEBULIZER, WITH COMPRESSOR AND HEATER	RR			\$35.00
Cincinnati-Middletown, OH-KY-IN	E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	NU			\$133.95
Cincinnati-Middletown, OH-KY-IN	E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	RR			\$13.40
Cincinnati-Middletown, OH-KY-IN	E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	UE			\$100.46
Cincinnati-Middletown, OH-KY-IN		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Cincinnati-Middletown, OH-KY-IN	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$88.44
Cincinnati-Middletown, OH-KY-IN	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$88.44
Cincinnati-Middletown, OH-KY-IN	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$88.44
Cincinnati-Middletown, OH-KY-IN	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$88.44
Cincinnati-Middletown, OH-KY-IN		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				

**Single Payment Amounts
Respiratory Equipment and Related Supplies and Accessories**

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

**Single Payment Amounts
Respiratory Equipment and Related Supplies and Accessories**

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

**Single Payment Amounts
Respiratory Equipment and Related Supplies and Accessories**

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

**Single Payment Amounts
Respiratory Equipment and Related Supplies and Accessories**

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

**Single Payment Amounts
Respiratory Equipment and Related Supplies and Accessories**

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

**Single Payment Amounts
Respiratory Equipment and Related Supplies and Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cleveland-Elyria-Mentor, OH	E0580	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	RR			\$11.79
Cleveland-Elyria-Mentor, OH	E0580	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	UE			\$88.43
Cleveland-Elyria-Mentor, OH	E0585	NEBULIZER, WITH COMPRESSOR AND HEATER	RR			\$35.00
Cleveland-Elyria-Mentor, OH	E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	NU			\$140.00
Cleveland-Elyria-Mentor, OH	E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	RR			\$14.00
Cleveland-Elyria-Mentor, OH	E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	UE			\$105.00
Cleveland-Elyria-Mentor, OH		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Cleveland-Elyria-Mentor, OH	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$87.00
Cleveland-Elyria-Mentor, OH	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$87.00
Cleveland-Elyria-Mentor, OH	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$87.00
Cleveland-Elyria-Mentor, OH	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$87.00
Cleveland-Elyria-Mentor, OH		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				

**Single Payment Amounts
Respiratory Equipment and Related Supplies and Accessories**

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

**Single Payment Amounts
Respiratory Equipment and Related Supplies and Accessories**

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

**Single Payment Amounts
Respiratory Equipment and Related Supplies and Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.94
Dallas-Fort Worth-Arlington, TX	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$7.55
Dallas-Fort Worth-Arlington, TX	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$83.16
Dallas-Fort Worth-Arlington, TX	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$13.00
Dallas-Fort Worth-Arlington, TX	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.30
Dallas-Fort Worth-Arlington, TX	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$9.75
Dallas-Fort Worth-Arlington, TX	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$13.00
Dallas-Fort Worth-Arlington, TX	E0470	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E. G. , NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	RR			\$137.65
Dallas-Fort Worth-Arlington, TX	E0471	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACK-UP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E. G. , NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	RR			\$327.83
Dallas-Fort Worth-Arlington, TX	E0472	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE FEATURE, USED WITH INVASIVE INTERFACE, E. G. , TRACHEOSTOMY TUBE (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	RR			\$368.12
Dallas-Fort Worth-Arlington, TX	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$72.00
Dallas-Fort Worth-Arlington, TX	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$7.20

**Single Payment Amounts
Respiratory Equipment and Related Supplies and Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$54.00
Dallas-Fort Worth-Arlington, TX	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$168.50
Dallas-Fort Worth-Arlington, TX	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$16.85
Dallas-Fort Worth-Arlington, TX	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$126.38
Dallas-Fort Worth-Arlington, TX	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$56.03
Dallas-Fort Worth-Arlington, TX	A4619	FACE TENT	NU			\$1.74
Dallas-Fort Worth-Arlington, TX	A7003	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	NU			\$2.01
Dallas-Fort Worth-Arlington, TX	A7004	SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	NU			\$1.32
Dallas-Fort Worth-Arlington, TX	A7005	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NON-DISPOSABLE	NU	KG		\$19.99
Dallas-Fort Worth-Arlington, TX	A7006	ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER	NU			\$8.42
Dallas-Fort Worth-Arlington, TX	A7007	LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR	NU			\$3.97
Dallas-Fort Worth-Arlington, TX	A7010	CORRUGATED TUBING, DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 100 FEET	NU			\$17.92

**Single Payment Amounts
Respiratory Equipment and Related Supplies and Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	A7012	WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER	NU			\$3.26
Dallas-Fort Worth-Arlington, TX	A7013	FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	NU			\$0.60
Dallas-Fort Worth-Arlington, TX	A7014	FILTER, NONDISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	NU			\$3.96
Dallas-Fort Worth-Arlington, TX	A7015	AEROSOL MASK, USED WITH DME NEBULIZER	NU			\$1.61
Dallas-Fort Worth-Arlington, TX	A7017	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH OXYGEN	NU			\$127.28
Dallas-Fort Worth-Arlington, TX	A7017	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH OXYGEN	RR			\$12.73
Dallas-Fort Worth-Arlington, TX	A7017	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH OXYGEN	UE			\$95.46
Dallas-Fort Worth-Arlington, TX	A7018	WATER, DISTILLED, USED WITH LARGE VOLUME NEBULIZER, 1000 ML				\$0.30
Dallas-Fort Worth-Arlington, TX	E0565	COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF- CONTAINED OR CYLINDER DRIVEN	RR			\$52.22
Dallas-Fort Worth-Arlington, TX	E0570	NEBULIZER, WITH COMPRESSOR	RR			\$10.84
Dallas-Fort Worth-Arlington, TX	E0572	AEROSOL COMPRESSOR, ADJUSTABLE PRESSURE, LIGHT DUTY FOR INTERMITTENT USE	RR			\$36.61
Dallas-Fort Worth-Arlington, TX	E0580	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	NU			\$111.59

**Single Payment Amounts
Respiratory Equipment and Related Supplies and Accessories**

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

**Single Payment Amounts
Respiratory Equipment and Related Supplies and Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.96
Dallas-Fort Worth-Arlington, TX	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$19.96
Dallas-Fort Worth-Arlington, TX		Payment Class C - Oxygen Generating Portable Equipment Only				
Dallas-Fort Worth-Arlington, TX	E0433	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; HOME LIQUEFIER USED TO FILL PORTABLE LIQUID OXYGEN CONTAINERS, INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK AND TUBING, WITH OR WITHOUT SUPPLY RESERVOIR AND CONTENTS GAUGE	RR			\$38.06
Dallas-Fort Worth-Arlington, TX	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$38.06
Dallas-Fort Worth-Arlington, TX	K0738	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR USED TO FILL PORTABLE OXYGEN CYLINDERS; INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$38.06
Dallas-Fort Worth-Arlington, TX		Payment Class D - Stationary Oxygen Contents Only				
Dallas-Fort Worth-Arlington, TX	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.28
Dallas-Fort Worth-Arlington, TX	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.28
Dallas-Fort Worth-Arlington, TX		Payment Class E - Portable Oxygen Contents Only				
Dallas-Fort Worth-Arlington, TX	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.00
Dallas-Fort Worth-Arlington, TX	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.00

**Single Payment Amounts
Respiratory Equipment and Related Supplies and Accessories**

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

**Single Payment Amounts
Respiratory Equipment and Related Supplies and Accessories**

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

**Single Payment Amounts
Respiratory Equipment and Related Supplies and Accessories**

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

**Single Payment Amounts
Respiratory Equipment and Related Supplies and Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Kansas City, MO-KS	A7012	WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER	NU			\$3.62
Kansas City, MO-KS	A7013	FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	NU			\$0.74
Kansas City, MO-KS	A7014	FILTER, NONDISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	NU			\$3.97
Kansas City, MO-KS	A7015	AEROSOL MASK, USED WITH DME NEBULIZER	NU			\$1.68
Kansas City, MO-KS	A7017	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH OXYGEN	NU			\$134.30
Kansas City, MO-KS	A7017	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH OXYGEN	RR			\$13.43
Kansas City, MO-KS	A7017	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH OXYGEN	UE			\$100.73
Kansas City, MO-KS	A7018	WATER, DISTILLED, USED WITH LARGE VOLUME NEBULIZER, 1000 ML				\$0.35
Kansas City, MO-KS	E0565	COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF- CONTAINED OR CYLINDER DRIVEN	RR			\$49.55
Kansas City, MO-KS	E0570	NEBULIZER, WITH COMPRESSOR	RR			\$11.07
Kansas City, MO-KS	E0572	AEROSOL COMPRESSOR, ADJUSTABLE PRESSURE, LIGHT DUTY FOR INTERMITTENT USE	RR			\$37.68
Kansas City, MO-KS	E0580	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	NU			\$117.12

**Single Payment Amounts
Respiratory Equipment and Related Supplies and Accessories**

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

**Single Payment Amounts
Respiratory Equipment and Related Supplies and Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Kansas City, MO-KS	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$19.68
Kansas City, MO-KS	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$19.68
Kansas City, MO-KS		Payment Class C - Oxygen Generating Portable Equipment Only				
Kansas City, MO-KS	E0433	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; HOME LIQUEFIER USED TO FILL PORTABLE LIQUID OXYGEN CONTAINERS, INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK AND TUBING, WITH OR WITHOUT SUPPLY RESERVOIR AND CONTENTS GAUGE	RR			\$39.41
Kansas City, MO-KS	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$39.41
Kansas City, MO-KS	K0738	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR USED TO FILL PORTABLE OXYGEN CYLINDERS; INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$39.41
Kansas City, MO-KS		Payment Class D - Stationary Oxygen Contents Only				
Kansas City, MO-KS	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$56.50
Kansas City, MO-KS	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$56.50
Kansas City, MO-KS		Payment Class E - Portable Oxygen Contents Only				
Kansas City, MO-KS	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$54.49
Kansas City, MO-KS	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$54.49

**Single Payment Amounts
Respiratory Equipment and Related Supplies and Accessories**

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

**Single Payment Amounts
Respiratory Equipment and Related Supplies and Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-Pompano Beach, FL	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$3.00
Miami-Fort Lauderdale-Pompano Beach, FL	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$8.20
Miami-Fort Lauderdale-Pompano Beach, FL	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$78.35
Miami-Fort Lauderdale-Pompano Beach, FL	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$12.60
Miami-Fort Lauderdale-Pompano Beach, FL	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.26
Miami-Fort Lauderdale-Pompano Beach, FL	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$9.45
Miami-Fort Lauderdale-Pompano Beach, FL	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$12.46
Miami-Fort Lauderdale-Pompano Beach, FL	E0470	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E. G. , NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	RR			\$146.64
Miami-Fort Lauderdale-Pompano Beach, FL	E0471	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACK-UP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E. G. , NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	RR			\$344.71
Miami-Fort Lauderdale-Pompano Beach, FL	E0472	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE FEATURE, USED WITH INVASIVE INTERFACE, E. G. , TRACHEOSTOMY TUBE (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	RR			\$351.87
Miami-Fort Lauderdale-Pompano Beach, FL	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$69.32
Miami-Fort Lauderdale-Pompano Beach, FL	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$6.93

**Single Payment Amounts
Respiratory Equipment and Related Supplies and Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-Pompano Beach, FL	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$51.99
Miami-Fort Lauderdale-Pompano Beach, FL	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$181.28
Miami-Fort Lauderdale-Pompano Beach, FL	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$18.13
Miami-Fort Lauderdale-Pompano Beach, FL	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$135.96
Miami-Fort Lauderdale-Pompano Beach, FL	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$56.30
Miami-Fort Lauderdale-Pompano Beach, FL	A4619	FACE TENT	NU			\$1.50
Miami-Fort Lauderdale-Pompano Beach, FL	A7003	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	NU			\$1.96
Miami-Fort Lauderdale-Pompano Beach, FL	A7004	SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	NU			\$1.16
Miami-Fort Lauderdale-Pompano Beach, FL	A7005	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NON-DISPOSABLE	NU	KG		\$19.71
Miami-Fort Lauderdale-Pompano Beach, FL	A7006	ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER	NU			\$8.15
Miami-Fort Lauderdale-Pompano Beach, FL	A7007	LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR	NU			\$3.36
Miami-Fort Lauderdale-Pompano Beach, FL	A7010	CORRUGATED TUBING, DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 100 FEET	NU			\$16.06

**Single Payment Amounts
Respiratory Equipment and Related Supplies and Accessories**

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

**Single Payment Amounts
Respiratory Equipment and Related Supplies and Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-Pompano Beach, FL	E0580	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	RR			\$9.86
Miami-Fort Lauderdale-Pompano Beach, FL	E0580	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	UE			\$73.92
Miami-Fort Lauderdale-Pompano Beach, FL	E0585	NEBULIZER, WITH COMPRESSOR AND HEATER	RR			\$29.00
Miami-Fort Lauderdale-Pompano Beach, FL	E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	NU			\$120.00
Miami-Fort Lauderdale-Pompano Beach, FL	E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	RR			\$12.00
Miami-Fort Lauderdale-Pompano Beach, FL	E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	UE			\$90.00
Miami-Fort Lauderdale-Pompano Beach, FL		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Miami-Fort Lauderdale-Pompano Beach, FL	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$114.16
Miami-Fort Lauderdale-Pompano Beach, FL	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$114.16
Miami-Fort Lauderdale-Pompano Beach, FL	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$114.16
Miami-Fort Lauderdale-Pompano Beach, FL	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$114.16
Miami-Fort Lauderdale-Pompano Beach, FL		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				

**Single Payment Amounts
Respiratory Equipment and Related Supplies and Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-Pompano Beach, FL	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$20.58
Miami-Fort Lauderdale-Pompano Beach, FL	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$20.58
Miami-Fort Lauderdale-Pompano Beach, FL		Payment Class C - Oxygen Generating Portable Equipment Only				
Miami-Fort Lauderdale-Pompano Beach, FL	E0433	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; HOME LIQUEFIER USED TO FILL PORTABLE LIQUID OXYGEN CONTAINERS, INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK AND TUBING, WITH OR WITHOUT SUPPLY RESERVOIR AND CONTENTS GAUGE	RR			\$37.84
Miami-Fort Lauderdale-Pompano Beach, FL	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$37.84
Miami-Fort Lauderdale-Pompano Beach, FL	K0738	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR USED TO FILL PORTABLE OXYGEN CYLINDERS; INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$37.84
Miami-Fort Lauderdale-Pompano Beach, FL		Payment Class D - Stationary Oxygen Contents Only				
Miami-Fort Lauderdale-Pompano Beach, FL	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$55.00
Miami-Fort Lauderdale-Pompano Beach, FL	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$55.00
Miami-Fort Lauderdale-Pompano Beach, FL		Payment Class E - Portable Oxygen Contents Only				
Miami-Fort Lauderdale-Pompano Beach, FL	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$54.67
Miami-Fort Lauderdale-Pompano Beach, FL	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$54.67

**Single Payment Amounts
Respiratory Equipment and Related Supplies and Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orlando-Kissimmee-Sanford, FL	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$43.30
Orlando-Kissimmee-Sanford, FL	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$134.86
Orlando-Kissimmee-Sanford, FL	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$44.00
Orlando-Kissimmee-Sanford, FL	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$17.50
Orlando-Kissimmee-Sanford, FL	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$109.57
Orlando-Kissimmee-Sanford, FL	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$42.16
Orlando-Kissimmee-Sanford, FL	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$23.36
Orlando-Kissimmee-Sanford, FL	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$17.50
Orlando-Kissimmee-Sanford, FL	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$66.71
Orlando-Kissimmee-Sanford, FL	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$19.91
Orlando-Kissimmee-Sanford, FL	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.00
Orlando-Kissimmee-Sanford, FL	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$15.25

**Single Payment Amounts
Respiratory Equipment and Related Supplies and Accessories**

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

**Single Payment Amounts
Respiratory Equipment and Related Supplies and Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orlando-Kissimmee-Sanford, FL	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$56.18
Orlando-Kissimmee-Sanford, FL	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$160.00
Orlando-Kissimmee-Sanford, FL	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$16.00
Orlando-Kissimmee-Sanford, FL	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$120.00
Orlando-Kissimmee-Sanford, FL	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$51.55
Orlando-Kissimmee-Sanford, FL	A4619	FACE TENT	NU			\$1.69
Orlando-Kissimmee-Sanford, FL	A7003	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	NU			\$1.96
Orlando-Kissimmee-Sanford, FL	A7004	SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	NU			\$1.25
Orlando-Kissimmee-Sanford, FL	A7005	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NON-DISPOSABLE	NU	KG		\$19.71
Orlando-Kissimmee-Sanford, FL	A7006	ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER	NU			\$8.50
Orlando-Kissimmee-Sanford, FL	A7007	LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR	NU			\$3.80
Orlando-Kissimmee-Sanford, FL	A7010	CORRUGATED TUBING, DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 100 FEET	NU			\$18.00

**Single Payment Amounts
Respiratory Equipment and Related Supplies and Accessories**

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

**Single Payment Amounts
Respiratory Equipment and Related Supplies and Accessories**

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

**Single Payment Amounts
Respiratory Equipment and Related Supplies and Accessories**

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

**Single Payment Amounts
Respiratory Equipment and Related Supplies and Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$41.53
Pittsburgh, PA	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$130.79
Pittsburgh, PA	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	NU			\$35.00
Pittsburgh, PA	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	NU			\$17.00
Pittsburgh, PA	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$104.96
Pittsburgh, PA	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	NU			\$40.50
Pittsburgh, PA	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	NU			\$22.32
Pittsburgh, PA	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	NU			\$16.91
Pittsburgh, PA	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	NU			\$62.19
Pittsburgh, PA	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$20.00
Pittsburgh, PA	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$11.10
Pittsburgh, PA	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$17.75

**Single Payment Amounts
Respiratory Equipment and Related Supplies and Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$2.47
Pittsburgh, PA	A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$7.45
Pittsburgh, PA	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NU			\$87.51
Pittsburgh, PA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NU			\$12.50
Pittsburgh, PA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	RR			\$1.25
Pittsburgh, PA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	UE			\$9.38
Pittsburgh, PA	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	NU			\$14.00
Pittsburgh, PA	E0470	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E. G. , NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	RR			\$121.16
Pittsburgh, PA	E0471	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACK-UP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E. G. , NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	RR			\$315.09
Pittsburgh, PA	E0472	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE FEATURE, USED WITH INVASIVE INTERFACE, E. G. , TRACHEOSTOMY TUBE (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	RR			\$361.38
Pittsburgh, PA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$68.15
Pittsburgh, PA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$6.82

**Single Payment Amounts
Respiratory Equipment and Related Supplies and Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$51.11
Pittsburgh, PA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$161.74
Pittsburgh, PA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$16.17
Pittsburgh, PA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$121.31
Pittsburgh, PA	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$50.03
Pittsburgh, PA	A4619	FACE TENT	NU			\$1.80
Pittsburgh, PA	A7003	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	NU			\$1.70
Pittsburgh, PA	A7004	SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	NU			\$1.13
Pittsburgh, PA	A7005	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NON-DISPOSABLE	NU	KG		\$17.31
Pittsburgh, PA	A7006	ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER	NU			\$8.00
Pittsburgh, PA	A7007	LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR	NU			\$3.90
Pittsburgh, PA	A7010	CORRUGATED TUBING, DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 100 FEET	NU			\$17.74

**Single Payment Amounts
Respiratory Equipment and Related Supplies and Accessories**

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

**Single Payment Amounts
Respiratory Equipment and Related Supplies and Accessories**

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

**Single Payment Amounts
Respiratory Equipment and Related Supplies and Accessories**

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

**Single Payment Amounts
Respiratory Equipment and Related Supplies and Accessories**

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

**Single Payment Amounts
Respiratory Equipment and Related Supplies and Accessories**

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

**Single Payment Amounts
Respiratory Equipment and Related Supplies and Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Riverside-San Bernardino-Ontario, CA	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$69.93
Riverside-San Bernardino-Ontario, CA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU			\$141.00
Riverside-San Bernardino-Ontario, CA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR			\$14.10
Riverside-San Bernardino-Ontario, CA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE			\$105.75
Riverside-San Bernardino-Ontario, CA	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR			\$41.75
Riverside-San Bernardino-Ontario, CA	A4619	FACE TENT	NU			\$1.89
Riverside-San Bernardino-Ontario, CA	A7003	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	NU			\$1.74
Riverside-San Bernardino-Ontario, CA	A7004	SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	NU			\$1.27
Riverside-San Bernardino-Ontario, CA	A7005	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NON-DISPOSABLE	NU	KG		\$19.00
Riverside-San Bernardino-Ontario, CA	A7006	ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER	NU			\$9.12
Riverside-San Bernardino-Ontario, CA	A7007	LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR	NU			\$4.46
Riverside-San Bernardino-Ontario, CA	A7010	CORRUGATED TUBING, DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 100 FEET	NU			\$19.49

**Single Payment Amounts
Respiratory Equipment and Related Supplies and Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Riverside-San Bernardino-Ontario, CA	A7012	WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER	NU			\$3.81
Riverside-San Bernardino-Ontario, CA	A7013	FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	NU			\$0.76
Riverside-San Bernardino-Ontario, CA	A7014	FILTER, NONDISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	NU			\$3.97
Riverside-San Bernardino-Ontario, CA	A7015	AEROSOL MASK, USED WITH DME NEBULIZER	NU			\$1.78
Riverside-San Bernardino-Ontario, CA	A7017	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH OXYGEN	NU			\$138.60
Riverside-San Bernardino-Ontario, CA	A7017	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH OXYGEN	RR			\$13.86
Riverside-San Bernardino-Ontario, CA	A7017	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH OXYGEN	UE			\$103.95
Riverside-San Bernardino-Ontario, CA	A7018	WATER, DISTILLED, USED WITH LARGE VOLUME NEBULIZER, 1000 ML				\$0.36
Riverside-San Bernardino-Ontario, CA	E0565	COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF- CONTAINED OR CYLINDER DRIVEN	RR			\$51.83
Riverside-San Bernardino-Ontario, CA	E0570	NEBULIZER, WITH COMPRESSOR	RR			\$8.43
Riverside-San Bernardino-Ontario, CA	E0572	AEROSOL COMPRESSOR, ADJUSTABLE PRESSURE, LIGHT DUTY FOR INTERMITTENT USE	RR			\$37.83
Riverside-San Bernardino-Ontario, CA	E0580	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	NU			\$120.00

**Single Payment Amounts
Respiratory Equipment and Related Supplies and Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Riverside-San Bernardino-Ontario, CA	E0580	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	RR			\$12.00
Riverside-San Bernardino-Ontario, CA	E0580	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	UE			\$90.00
Riverside-San Bernardino-Ontario, CA	E0585	NEBULIZER, WITH COMPRESSOR AND HEATER	RR			\$35.39
Riverside-San Bernardino-Ontario, CA	E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	NU			\$143.70
Riverside-San Bernardino-Ontario, CA	E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	RR			\$14.37
Riverside-San Bernardino-Ontario, CA	E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	UE			\$107.78
Riverside-San Bernardino-Ontario, CA		Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)				
Riverside-San Bernardino-Ontario, CA	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR			\$88.02
Riverside-San Bernardino-Ontario, CA	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	RR			\$88.02
Riverside-San Bernardino-Ontario, CA	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR			\$88.02
Riverside-San Bernardino-Ontario, CA	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	RR			\$88.02
Riverside-San Bernardino-Ontario, CA		Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)				

**Single Payment Amounts
Respiratory Equipment and Related Supplies and Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Riverside-San Bernardino-Ontario, CA	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$17.83
Riverside-San Bernardino-Ontario, CA	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR			\$17.83
Riverside-San Bernardino-Ontario, CA		Payment Class C - Oxygen Generating Portable Equipment Only				
Riverside-San Bernardino-Ontario, CA	E0433	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; HOME LIQUEFIER USED TO FILL PORTABLE LIQUID OXYGEN CONTAINERS, INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK AND TUBING, WITH OR WITHOUT SUPPLY RESERVOIR AND CONTENTS GAUGE	RR			\$37.54
Riverside-San Bernardino-Ontario, CA	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR			\$37.54
Riverside-San Bernardino-Ontario, CA	K0738	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR USED TO FILL PORTABLE OXYGEN CYLINDERS; INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR			\$37.54
Riverside-San Bernardino-Ontario, CA		Payment Class D - Stationary Oxygen Contents Only				
Riverside-San Bernardino-Ontario, CA	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$53.36
Riverside-San Bernardino-Ontario, CA	E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$53.36
Riverside-San Bernardino-Ontario, CA		Payment Class E - Portable Oxygen Contents Only				
Riverside-San Bernardino-Ontario, CA	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT				\$45.22
Riverside-San Bernardino-Ontario, CA	E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT				\$45.22

Single Payment Amounts

Standard Mobility Equipment and Related Accessories

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



**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$113.61
Charlotte-Gastonia-Rock Hill, NC-SC	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$11.36
Charlotte-Gastonia-Rock Hill, NC-SC	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$85.21
Charlotte-Gastonia-Rock Hill, NC-SC	E0958	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH	RR			\$41.59
Charlotte-Gastonia-Rock Hill, NC-SC	E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	NU			\$41.34
Charlotte-Gastonia-Rock Hill, NC-SC	E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	RR			\$4.13
Charlotte-Gastonia-Rock Hill, NC-SC	E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	UE			\$31.01
Charlotte-Gastonia-Rock Hill, NC-SC	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$70.40
Charlotte-Gastonia-Rock Hill, NC-SC	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.04
Charlotte-Gastonia-Rock Hill, NC-SC	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$52.80
Charlotte-Gastonia-Rock Hill, NC-SC	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$18.97
Charlotte-Gastonia-Rock Hill, NC-SC	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.90

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$14.23
Charlotte-Gastonia-Rock Hill, NC-SC	E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	NU			\$64.42
Charlotte-Gastonia-Rock Hill, NC-SC	E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	RR			\$6.44
Charlotte-Gastonia-Rock Hill, NC-SC	E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	UE			\$48.32
Charlotte-Gastonia-Rock Hill, NC-SC	E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	NU			\$59.97
Charlotte-Gastonia-Rock Hill, NC-SC	E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	RR			\$6.00
Charlotte-Gastonia-Rock Hill, NC-SC	E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	UE			\$44.98
Charlotte-Gastonia-Rock Hill, NC-SC	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$32.38
Charlotte-Gastonia-Rock Hill, NC-SC	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.24
Charlotte-Gastonia-Rock Hill, NC-SC	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$24.29
Charlotte-Gastonia-Rock Hill, NC-SC	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$70.00
Charlotte-Gastonia-Rock Hill, NC-SC	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$7.00

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$53.55
Charlotte-Gastonia-Rock Hill, NC-SC	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$85.56
Charlotte-Gastonia-Rock Hill, NC-SC	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$8.56
Charlotte-Gastonia-Rock Hill, NC-SC	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$64.17
Charlotte-Gastonia-Rock Hill, NC-SC	E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	NU			\$110.89
Charlotte-Gastonia-Rock Hill, NC-SC	E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	RR			\$11.09
Charlotte-Gastonia-Rock Hill, NC-SC	E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	UE			\$83.17
Charlotte-Gastonia-Rock Hill, NC-SC	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$98.47
Charlotte-Gastonia-Rock Hill, NC-SC	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$9.85
Charlotte-Gastonia-Rock Hill, NC-SC	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$73.85
Charlotte-Gastonia-Rock Hill, NC-SC	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$184.32
Charlotte-Gastonia-Rock Hill, NC-SC	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$18.43

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$138.24
Charlotte-Gastonia-Rock Hill, NC-SC	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$135.64
Charlotte-Gastonia-Rock Hill, NC-SC	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$13.56
Charlotte-Gastonia-Rock Hill, NC-SC	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$101.73
Charlotte-Gastonia-Rock Hill, NC-SC	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$36.11
Charlotte-Gastonia-Rock Hill, NC-SC	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$398.55
Charlotte-Gastonia-Rock Hill, NC-SC	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$39.86
Charlotte-Gastonia-Rock Hill, NC-SC	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$298.91
Charlotte-Gastonia-Rock Hill, NC-SC	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$278.01
Charlotte-Gastonia-Rock Hill, NC-SC	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$27.80
Charlotte-Gastonia-Rock Hill, NC-SC	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$208.51
Charlotte-Gastonia-Rock Hill, NC-SC	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$395.62

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.61
Charlotte-Gastonia-Rock Hill, NC-SC	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$27.05
Charlotte-Gastonia-Rock Hill, NC-SC	E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	NU			\$40.74
Charlotte-Gastonia-Rock Hill, NC-SC	E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	RR			\$4.07
Charlotte-Gastonia-Rock Hill, NC-SC	E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	UE			\$30.56
Charlotte-Gastonia-Rock Hill, NC-SC	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$79.76
Charlotte-Gastonia-Rock Hill, NC-SC	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$7.98
Charlotte-Gastonia-Rock Hill, NC-SC	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$59.82
Charlotte-Gastonia-Rock Hill, NC-SC	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$79.75
Charlotte-Gastonia-Rock Hill, NC-SC	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$7.98
Charlotte-Gastonia-Rock Hill, NC-SC	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$59.81
Charlotte-Gastonia-Rock Hill, NC-SC	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$5.00

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.58
Charlotte-Gastonia-Rock Hill, NC-SC	E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$26.88
Charlotte-Gastonia-Rock Hill, NC-SC	E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH	NU			\$905.09
Charlotte-Gastonia-Rock Hill, NC-SC	E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH	RR			\$90.51
Charlotte-Gastonia-Rock Hill, NC-SC	E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH	UE			\$678.82
Charlotte-Gastonia-Rock Hill, NC-SC	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$133.53
Charlotte-Gastonia-Rock Hill, NC-SC	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$13.35
Charlotte-Gastonia-Rock Hill, NC-SC	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$100.15
Charlotte-Gastonia-Rock Hill, NC-SC	E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$152.32
Charlotte-Gastonia-Rock Hill, NC-SC	E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$15.23
Charlotte-Gastonia-Rock Hill, NC-SC	E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$114.24
Charlotte-Gastonia-Rock Hill, NC-SC	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$104.98

Single Payment Amounts
Standard Mobility Equipment and Related Accessories

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$4.15
Charlotte-Gastonia-Rock Hill, NC-SC	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$31.12
Charlotte-Gastonia-Rock Hill, NC-SC	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$83.56
Charlotte-Gastonia-Rock Hill, NC-SC	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.36
Charlotte-Gastonia-Rock Hill, NC-SC	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$62.67
Charlotte-Gastonia-Rock Hill, NC-SC	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$110.14
Charlotte-Gastonia-Rock Hill, NC-SC	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$11.01
Charlotte-Gastonia-Rock Hill, NC-SC	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$82.61
Charlotte-Gastonia-Rock Hill, NC-SC	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$145.79
Charlotte-Gastonia-Rock Hill, NC-SC	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$14.58
Charlotte-Gastonia-Rock Hill, NC-SC	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$109.34
Charlotte-Gastonia-Rock Hill, NC-SC	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$199.36

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

Single Payment Amounts
Standard Mobility Equipment and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$35.00
Charlotte-Gastonia-Rock Hill, NC-SC	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$262.50
Charlotte-Gastonia-Rock Hill, NC-SC	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$450.74
Charlotte-Gastonia-Rock Hill, NC-SC	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$45.07
Charlotte-Gastonia-Rock Hill, NC-SC	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$338.06
Charlotte-Gastonia-Rock Hill, NC-SC	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$391.25
Charlotte-Gastonia-Rock Hill, NC-SC	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$39.13
Charlotte-Gastonia-Rock Hill, NC-SC	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$293.44
Charlotte-Gastonia-Rock Hill, NC-SC	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$425.69
Charlotte-Gastonia-Rock Hill, NC-SC	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$42.57
Charlotte-Gastonia-Rock Hill, NC-SC	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$319.27
Charlotte-Gastonia-Rock Hill, NC-SC	E2626	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE	NU			\$558.54

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

Single Payment Amounts
Standard Mobility Equipment and Related Accessories

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$49.52
Charlotte-Gastonia-Rock Hill, NC-SC	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.95
Charlotte-Gastonia-Rock Hill, NC-SC	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$37.14
Charlotte-Gastonia-Rock Hill, NC-SC	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$52.59
Charlotte-Gastonia-Rock Hill, NC-SC	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$5.26
Charlotte-Gastonia-Rock Hill, NC-SC	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$39.44
Charlotte-Gastonia-Rock Hill, NC-SC	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$290.00
Charlotte-Gastonia-Rock Hill, NC-SC	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$29.00
Charlotte-Gastonia-Rock Hill, NC-SC	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$217.50
Charlotte-Gastonia-Rock Hill, NC-SC	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$74.86
Charlotte-Gastonia-Rock Hill, NC-SC	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$7.49
Charlotte-Gastonia-Rock Hill, NC-SC	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$56.15

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$60.94
Charlotte-Gastonia-Rock Hill, NC-SC	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.09
Charlotte-Gastonia-Rock Hill, NC-SC	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$45.71
Charlotte-Gastonia-Rock Hill, NC-SC	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$403.50
Charlotte-Gastonia-Rock Hill, NC-SC	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$40.35
Charlotte-Gastonia-Rock Hill, NC-SC	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$302.63
Charlotte-Gastonia-Rock Hill, NC-SC	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$89.64
Charlotte-Gastonia-Rock Hill, NC-SC	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$8.96
Charlotte-Gastonia-Rock Hill, NC-SC	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$67.23
Charlotte-Gastonia-Rock Hill, NC-SC	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$144.00
Charlotte-Gastonia-Rock Hill, NC-SC	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$14.40
Charlotte-Gastonia-Rock Hill, NC-SC	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$108.00

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$45.38
Charlotte-Gastonia-Rock Hill, NC-SC	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.54
Charlotte-Gastonia-Rock Hill, NC-SC	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$34.04
Charlotte-Gastonia-Rock Hill, NC-SC	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$19.03
Charlotte-Gastonia-Rock Hill, NC-SC	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.90
Charlotte-Gastonia-Rock Hill, NC-SC	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$14.27
Charlotte-Gastonia-Rock Hill, NC-SC	E0156	SEAT ATTACHMENT, WALKER	NU			\$15.00
Charlotte-Gastonia-Rock Hill, NC-SC	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.50
Charlotte-Gastonia-Rock Hill, NC-SC	E0156	SEAT ATTACHMENT, WALKER	UE			\$11.25
Charlotte-Gastonia-Rock Hill, NC-SC	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$58.44
Charlotte-Gastonia-Rock Hill, NC-SC	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$5.84
Charlotte-Gastonia-Rock Hill, NC-SC	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$43.83

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Charlotte-Gastonia-Rock Hill, NC-SC	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$20.74
Charlotte-Gastonia-Rock Hill, NC-SC	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$2.07
Charlotte-Gastonia-Rock Hill, NC-SC	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$15.56
Charlotte-Gastonia-Rock Hill, NC-SC	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$14.03
Charlotte-Gastonia-Rock Hill, NC-SC	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.40
Charlotte-Gastonia-Rock Hill, NC-SC	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$10.52
Cincinnati-Middletown, OH-KY-IN	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$43.34
Cincinnati-Middletown, OH-KY-IN	E1037	TRANSPORT CHAIR, PEDIATRIC SIZE	RR			\$93.22
Cincinnati-Middletown, OH-KY-IN	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$14.42
Cincinnati-Middletown, OH-KY-IN	E1039	TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY GREATER THAN 300 POUNDS	RR			\$29.38
Cincinnati-Middletown, OH-KY-IN	K0001	STANDARD WHEELCHAIR	RR			\$30.77
Cincinnati-Middletown, OH-KY-IN	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$53.10

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cincinnati-Middletown, OH-KY-IN	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$47.81
Cincinnati-Middletown, OH-KY-IN	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$49.96
Cincinnati-Middletown, OH-KY-IN	K0006	HEAVY DUTY WHEELCHAIR	RR			\$78.40
Cincinnati-Middletown, OH-KY-IN	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$106.05
Cincinnati-Middletown, OH-KY-IN	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$865.86
Cincinnati-Middletown, OH-KY-IN	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$86.59
Cincinnati-Middletown, OH-KY-IN	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$649.40
Cincinnati-Middletown, OH-KY-IN	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,478.82
Cincinnati-Middletown, OH-KY-IN	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$147.88
Cincinnati-Middletown, OH-KY-IN	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,109.12
Cincinnati-Middletown, OH-KY-IN	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,856.11
Cincinnati-Middletown, OH-KY-IN	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$185.61

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cincinnati-Middletown, OH-KY-IN	E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	UE			\$30.00
Cincinnati-Middletown, OH-KY-IN	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$69.69
Cincinnati-Middletown, OH-KY-IN	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$6.97
Cincinnati-Middletown, OH-KY-IN	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$52.27
Cincinnati-Middletown, OH-KY-IN	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$18.50
Cincinnati-Middletown, OH-KY-IN	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.85
Cincinnati-Middletown, OH-KY-IN	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$13.88
Cincinnati-Middletown, OH-KY-IN	E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	NU			\$61.28
Cincinnati-Middletown, OH-KY-IN	E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	RR			\$6.13
Cincinnati-Middletown, OH-KY-IN	E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	UE			\$45.96
Cincinnati-Middletown, OH-KY-IN	E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	NU			\$64.74
Cincinnati-Middletown, OH-KY-IN	E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	RR			\$6.47

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cincinnati-Middletown, OH-KY-IN	E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	UE			\$48.56
Cincinnati-Middletown, OH-KY-IN	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$30.00
Cincinnati-Middletown, OH-KY-IN	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.00
Cincinnati-Middletown, OH-KY-IN	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$22.50
Cincinnati-Middletown, OH-KY-IN	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$60.27
Cincinnati-Middletown, OH-KY-IN	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$6.03
Cincinnati-Middletown, OH-KY-IN	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$45.20
Cincinnati-Middletown, OH-KY-IN	E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	NU			\$67.38
Cincinnati-Middletown, OH-KY-IN	E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	RR			\$6.74
Cincinnati-Middletown, OH-KY-IN	E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	UE			\$50.54
Cincinnati-Middletown, OH-KY-IN	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$23.99
Cincinnati-Middletown, OH-KY-IN	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.40

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cincinnati-Middletown, OH-KY-IN	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$17.99
Cincinnati-Middletown, OH-KY-IN	E0985	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	NU			\$192.02
Cincinnati-Middletown, OH-KY-IN	E0985	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	RR			\$19.20
Cincinnati-Middletown, OH-KY-IN	E0985	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	UE			\$144.02
Cincinnati-Middletown, OH-KY-IN	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$71.96
Cincinnati-Middletown, OH-KY-IN	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$7.20
Cincinnati-Middletown, OH-KY-IN	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$53.97
Cincinnati-Middletown, OH-KY-IN	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$81.77
Cincinnati-Middletown, OH-KY-IN	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$8.18
Cincinnati-Middletown, OH-KY-IN	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$61.33
Cincinnati-Middletown, OH-KY-IN	E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	NU			\$118.24
Cincinnati-Middletown, OH-KY-IN	E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	RR			\$11.82

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cincinnati-Middletown, OH-KY-IN	E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	UE			\$88.68
Cincinnati-Middletown, OH-KY-IN	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$95.52
Cincinnati-Middletown, OH-KY-IN	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$9.55
Cincinnati-Middletown, OH-KY-IN	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$71.64
Cincinnati-Middletown, OH-KY-IN	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$181.92
Cincinnati-Middletown, OH-KY-IN	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$18.19
Cincinnati-Middletown, OH-KY-IN	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$136.44
Cincinnati-Middletown, OH-KY-IN	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$136.47
Cincinnati-Middletown, OH-KY-IN	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$13.65
Cincinnati-Middletown, OH-KY-IN	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$102.35
Cincinnati-Middletown, OH-KY-IN	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$36.83
Cincinnati-Middletown, OH-KY-IN	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$370.32

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cincinnati-Middletown, OH-KY-IN	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$8.23
Cincinnati-Middletown, OH-KY-IN	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$61.76
Cincinnati-Middletown, OH-KY-IN	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$80.60
Cincinnati-Middletown, OH-KY-IN	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$8.06
Cincinnati-Middletown, OH-KY-IN	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$60.45
Cincinnati-Middletown, OH-KY-IN	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$4.92
Cincinnati-Middletown, OH-KY-IN	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.49
Cincinnati-Middletown, OH-KY-IN	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.69
Cincinnati-Middletown, OH-KY-IN	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$30.44
Cincinnati-Middletown, OH-KY-IN	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.04
Cincinnati-Middletown, OH-KY-IN	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$22.83
Cincinnati-Middletown, OH-KY-IN	E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$5.85

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cincinnati-Middletown, OH-KY-IN	E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	RR			\$7.59
Cincinnati-Middletown, OH-KY-IN	E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	UE			\$56.94
Cincinnati-Middletown, OH-KY-IN	E2225	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$17.75
Cincinnati-Middletown, OH-KY-IN	E2225	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.78
Cincinnati-Middletown, OH-KY-IN	E2225	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$13.31
Cincinnati-Middletown, OH-KY-IN	E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$34.57
Cincinnati-Middletown, OH-KY-IN	E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.46
Cincinnati-Middletown, OH-KY-IN	E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$25.93
Cincinnati-Middletown, OH-KY-IN	E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH	NU			\$900.00
Cincinnati-Middletown, OH-KY-IN	E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH	RR			\$90.00
Cincinnati-Middletown, OH-KY-IN	E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH	UE			\$675.00
Cincinnati-Middletown, OH-KY-IN	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$128.53

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cincinnati-Middletown, OH-KY-IN	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.28
Cincinnati-Middletown, OH-KY-IN	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$54.61
Cincinnati-Middletown, OH-KY-IN	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$162.98
Cincinnati-Middletown, OH-KY-IN	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$16.30
Cincinnati-Middletown, OH-KY-IN	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$122.24
Cincinnati-Middletown, OH-KY-IN	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$385.81
Cincinnati-Middletown, OH-KY-IN	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$38.58
Cincinnati-Middletown, OH-KY-IN	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$289.36
Cincinnati-Middletown, OH-KY-IN	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$350.50
Cincinnati-Middletown, OH-KY-IN	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$35.05
Cincinnati-Middletown, OH-KY-IN	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$262.88
Cincinnati-Middletown, OH-KY-IN	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$520.28

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cincinnati-Middletown, OH-KY-IN	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$11.18
Cincinnati-Middletown, OH-KY-IN	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$83.83
Cincinnati-Middletown, OH-KY-IN	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$57.46
Cincinnati-Middletown, OH-KY-IN	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.75
Cincinnati-Middletown, OH-KY-IN	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$43.10
Cincinnati-Middletown, OH-KY-IN	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$104.83
Cincinnati-Middletown, OH-KY-IN	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.48
Cincinnati-Middletown, OH-KY-IN	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$78.62
Cincinnati-Middletown, OH-KY-IN	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$47.80
Cincinnati-Middletown, OH-KY-IN	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.78
Cincinnati-Middletown, OH-KY-IN	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$35.85
Cincinnati-Middletown, OH-KY-IN	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$15.68

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cincinnati-Middletown, OH-KY-IN	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.37
Cincinnati-Middletown, OH-KY-IN	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$32.75
Cincinnati-Middletown, OH-KY-IN	E2397	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH	NU			\$410.68
Cincinnati-Middletown, OH-KY-IN	E2397	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH	RR			\$41.07
Cincinnati-Middletown, OH-KY-IN	E2397	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH	UE			\$308.01
Cincinnati-Middletown, OH-KY-IN	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$40.20
Cincinnati-Middletown, OH-KY-IN	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$4.02
Cincinnati-Middletown, OH-KY-IN	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$30.15
Cincinnati-Middletown, OH-KY-IN	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$87.65
Cincinnati-Middletown, OH-KY-IN	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.77
Cincinnati-Middletown, OH-KY-IN	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$65.74
Cincinnati-Middletown, OH-KY-IN	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$108.14

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cincinnati-Middletown, OH-KY-IN	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$10.81
Cincinnati-Middletown, OH-KY-IN	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$81.11
Cincinnati-Middletown, OH-KY-IN	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$148.13
Cincinnati-Middletown, OH-KY-IN	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$14.81
Cincinnati-Middletown, OH-KY-IN	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$111.10
Cincinnati-Middletown, OH-KY-IN	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$202.36
Cincinnati-Middletown, OH-KY-IN	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$20.24
Cincinnati-Middletown, OH-KY-IN	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$151.77
Cincinnati-Middletown, OH-KY-IN	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$327.68
Cincinnati-Middletown, OH-KY-IN	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$32.77
Cincinnati-Middletown, OH-KY-IN	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$245.76
Cincinnati-Middletown, OH-KY-IN	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$205.72

Single Payment Amounts
Standard Mobility Equipment and Related Accessories

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

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

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cincinnati-Middletown, OH-KY-IN	E2632	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER ARM WITH ELASTIC BALANCE CONTROL	RR			\$14.50
Cincinnati-Middletown, OH-KY-IN	E2632	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER ARM WITH ELASTIC BALANCE CONTROL	UE			\$108.75
Cincinnati-Middletown, OH-KY-IN	E2633	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	NU			\$121.12
Cincinnati-Middletown, OH-KY-IN	E2633	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	RR			\$12.11
Cincinnati-Middletown, OH-KY-IN	E2633	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	UE			\$90.84
Cincinnati-Middletown, OH-KY-IN	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$137.36
Cincinnati-Middletown, OH-KY-IN	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$13.74
Cincinnati-Middletown, OH-KY-IN	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$103.02
Cincinnati-Middletown, OH-KY-IN	K0019	ARM PAD, EACH	NU			\$11.64
Cincinnati-Middletown, OH-KY-IN	K0019	ARM PAD, EACH	RR			\$1.16
Cincinnati-Middletown, OH-KY-IN	K0019	ARM PAD, EACH	UE			\$8.73
Cincinnati-Middletown, OH-KY-IN	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$55.38

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cincinnati-Middletown, OH-KY-IN	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.54
Cincinnati-Middletown, OH-KY-IN	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$41.54
Cincinnati-Middletown, OH-KY-IN	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$66.74
Cincinnati-Middletown, OH-KY-IN	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$6.67
Cincinnati-Middletown, OH-KY-IN	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$50.06
Cincinnati-Middletown, OH-KY-IN	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$79.64
Cincinnati-Middletown, OH-KY-IN	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$7.96
Cincinnati-Middletown, OH-KY-IN	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$59.73
Cincinnati-Middletown, OH-KY-IN	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$84.28
Cincinnati-Middletown, OH-KY-IN	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.43
Cincinnati-Middletown, OH-KY-IN	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$63.21
Cincinnati-Middletown, OH-KY-IN	K0065	SPOKE PROTECTORS, EACH	NU			\$39.38

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cincinnati-Middletown, OH-KY-IN	K0065	SPOKE PROTECTORS, EACH	RR			\$3.94
Cincinnati-Middletown, OH-KY-IN	K0065	SPOKE PROTECTORS, EACH	UE			\$29.54
Cincinnati-Middletown, OH-KY-IN	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$85.44
Cincinnati-Middletown, OH-KY-IN	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$8.54
Cincinnati-Middletown, OH-KY-IN	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$64.08
Cincinnati-Middletown, OH-KY-IN	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$154.78
Cincinnati-Middletown, OH-KY-IN	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.48
Cincinnati-Middletown, OH-KY-IN	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$116.09
Cincinnati-Middletown, OH-KY-IN	K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH	NU			\$94.44
Cincinnati-Middletown, OH-KY-IN	K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH	RR			\$9.44
Cincinnati-Middletown, OH-KY-IN	K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH	UE			\$70.83
Cincinnati-Middletown, OH-KY-IN	K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH	NU			\$56.51

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cincinnati-Middletown, OH-KY-IN	K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH	RR			\$5.65
Cincinnati-Middletown, OH-KY-IN	K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH	UE			\$42.38
Cincinnati-Middletown, OH-KY-IN	K0073	CASTER PIN LOCK,EACH	NU			\$34.20
Cincinnati-Middletown, OH-KY-IN	K0073	CASTER PIN LOCK,EACH	RR			\$3.42
Cincinnati-Middletown, OH-KY-IN	K0073	CASTER PIN LOCK,EACH	UE			\$25.65
Cincinnati-Middletown, OH-KY-IN	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$48.95
Cincinnati-Middletown, OH-KY-IN	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$4.90
Cincinnati-Middletown, OH-KY-IN	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$36.71
Cincinnati-Middletown, OH-KY-IN	K0098	DRIVE BELT FOR POWER WHEELCHAIR	NU			\$22.22
Cincinnati-Middletown, OH-KY-IN	K0098	DRIVE BELT FOR POWER WHEELCHAIR	RR			\$2.22
Cincinnati-Middletown, OH-KY-IN	K0098	DRIVE BELT FOR POWER WHEELCHAIR	UE			\$16.67
Cincinnati-Middletown, OH-KY-IN	K0105	IV HANGER, EACH	NU			\$91.20

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cincinnati-Middletown, OH-KY-IN	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$287.62
Cincinnati-Middletown, OH-KY-IN	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$28.76
Cincinnati-Middletown, OH-KY-IN	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$215.72
Cincinnati-Middletown, OH-KY-IN	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$64.54
Cincinnati-Middletown, OH-KY-IN	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.45
Cincinnati-Middletown, OH-KY-IN	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$48.41
Cincinnati-Middletown, OH-KY-IN	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$54.50
Cincinnati-Middletown, OH-KY-IN	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.45
Cincinnati-Middletown, OH-KY-IN	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$40.88
Cincinnati-Middletown, OH-KY-IN	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$379.94
Cincinnati-Middletown, OH-KY-IN	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$37.99
Cincinnati-Middletown, OH-KY-IN	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$284.96

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cincinnati-Middletown, OH-KY-IN	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$82.00
Cincinnati-Middletown, OH-KY-IN	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$8.20
Cincinnati-Middletown, OH-KY-IN	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$61.50
Cincinnati-Middletown, OH-KY-IN	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$130.71
Cincinnati-Middletown, OH-KY-IN	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$13.07
Cincinnati-Middletown, OH-KY-IN	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$98.03
Cincinnati-Middletown, OH-KY-IN	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$39.68
Cincinnati-Middletown, OH-KY-IN	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$3.97
Cincinnati-Middletown, OH-KY-IN	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$29.76
Cincinnati-Middletown, OH-KY-IN	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$17.26
Cincinnati-Middletown, OH-KY-IN	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.73
Cincinnati-Middletown, OH-KY-IN	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$12.95

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cincinnati-Middletown, OH-KY-IN	E0156	SEAT ATTACHMENT, WALKER	NU			\$14.63
Cincinnati-Middletown, OH-KY-IN	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.46
Cincinnati-Middletown, OH-KY-IN	E0156	SEAT ATTACHMENT, WALKER	UE			\$10.97
Cincinnati-Middletown, OH-KY-IN	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$51.26
Cincinnati-Middletown, OH-KY-IN	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$5.13
Cincinnati-Middletown, OH-KY-IN	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$38.45
Cincinnati-Middletown, OH-KY-IN	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$17.66
Cincinnati-Middletown, OH-KY-IN	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.77
Cincinnati-Middletown, OH-KY-IN	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$13.25
Cincinnati-Middletown, OH-KY-IN	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$13.12
Cincinnati-Middletown, OH-KY-IN	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.31
Cincinnati-Middletown, OH-KY-IN	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.84

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cleveland-Elyria-Mentor, OH	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$345.02
Cleveland-Elyria-Mentor, OH	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$346.13
Cleveland-Elyria-Mentor, OH	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$334.25
Cleveland-Elyria-Mentor, OH	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$467.38
Cleveland-Elyria-Mentor, OH	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$420.14
Cleveland-Elyria-Mentor, OH	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$719.92
Cleveland-Elyria-Mentor, OH	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$595.72
Cleveland-Elyria-Mentor, OH	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$770.62
Cleveland-Elyria-Mentor, OH	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$743.14
Cleveland-Elyria-Mentor, OH	E0705	TRANSFER DEVICE, ANY TYPE, EACH	NU			\$41.90
Cleveland-Elyria-Mentor, OH	E0705	TRANSFER DEVICE, ANY TYPE, EACH	RR			\$4.19
Cleveland-Elyria-Mentor, OH	E0705	TRANSFER DEVICE, ANY TYPE, EACH	UE			\$31.43

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cleveland-Elyria-Mentor, OH	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$69.22
Cleveland-Elyria-Mentor, OH	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$6.92
Cleveland-Elyria-Mentor, OH	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$51.92
Cleveland-Elyria-Mentor, OH	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$11.75
Cleveland-Elyria-Mentor, OH	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.18
Cleveland-Elyria-Mentor, OH	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$8.81
Cleveland-Elyria-Mentor, OH	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$148.90
Cleveland-Elyria-Mentor, OH	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$14.89
Cleveland-Elyria-Mentor, OH	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$111.68
Cleveland-Elyria-Mentor, OH	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$77.78
Cleveland-Elyria-Mentor, OH	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$7.78
Cleveland-Elyria-Mentor, OH	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$58.34

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cleveland-Elyria-Mentor, OH	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$15.47
Cleveland-Elyria-Mentor, OH	E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	NU			\$61.44
Cleveland-Elyria-Mentor, OH	E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	RR			\$6.14
Cleveland-Elyria-Mentor, OH	E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	UE			\$46.08
Cleveland-Elyria-Mentor, OH	E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	NU			\$61.74
Cleveland-Elyria-Mentor, OH	E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	RR			\$6.17
Cleveland-Elyria-Mentor, OH	E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	UE			\$46.31
Cleveland-Elyria-Mentor, OH	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$33.55
Cleveland-Elyria-Mentor, OH	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.36
Cleveland-Elyria-Mentor, OH	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$25.16
Cleveland-Elyria-Mentor, OH	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$62.71
Cleveland-Elyria-Mentor, OH	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$6.27

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cleveland-Elyria-Mentor, OH	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$47.03
Cleveland-Elyria-Mentor, OH	E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	NU			\$67.38
Cleveland-Elyria-Mentor, OH	E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	RR			\$6.74
Cleveland-Elyria-Mentor, OH	E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	UE			\$50.54
Cleveland-Elyria-Mentor, OH	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$24.80
Cleveland-Elyria-Mentor, OH	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.48
Cleveland-Elyria-Mentor, OH	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$18.60
Cleveland-Elyria-Mentor, OH	E0985	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	NU			\$196.10
Cleveland-Elyria-Mentor, OH	E0985	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	RR			\$19.61
Cleveland-Elyria-Mentor, OH	E0985	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	UE			\$147.08
Cleveland-Elyria-Mentor, OH	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$73.09
Cleveland-Elyria-Mentor, OH	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$7.31

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cleveland-Elyria-Mentor, OH	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	RR			\$3.61
Cleveland-Elyria-Mentor, OH	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	UE			\$27.05
Cleveland-Elyria-Mentor, OH	E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	NU			\$42.50
Cleveland-Elyria-Mentor, OH	E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	RR			\$4.25
Cleveland-Elyria-Mentor, OH	E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	UE			\$31.88
Cleveland-Elyria-Mentor, OH	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU			\$84.00
Cleveland-Elyria-Mentor, OH	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$8.40
Cleveland-Elyria-Mentor, OH	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$63.00
Cleveland-Elyria-Mentor, OH	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$80.41
Cleveland-Elyria-Mentor, OH	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$8.04
Cleveland-Elyria-Mentor, OH	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$60.31
Cleveland-Elyria-Mentor, OH	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$4.92

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cleveland-Elyria-Mentor, OH	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.49
Cleveland-Elyria-Mentor, OH	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.69
Cleveland-Elyria-Mentor, OH	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$32.88
Cleveland-Elyria-Mentor, OH	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.29
Cleveland-Elyria-Mentor, OH	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$24.66
Cleveland-Elyria-Mentor, OH	E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$5.85
Cleveland-Elyria-Mentor, OH	E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$0.59
Cleveland-Elyria-Mentor, OH	E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$4.39
Cleveland-Elyria-Mentor, OH	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$27.38
Cleveland-Elyria-Mentor, OH	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.74
Cleveland-Elyria-Mentor, OH	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$20.54
Cleveland-Elyria-Mentor, OH	E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	NU			\$29.12

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cleveland-Elyria-Mentor, OH	E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.46
Cleveland-Elyria-Mentor, OH	E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$25.93
Cleveland-Elyria-Mentor, OH	E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH	NU			\$875.00
Cleveland-Elyria-Mentor, OH	E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH	RR			\$87.50
Cleveland-Elyria-Mentor, OH	E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH	UE			\$656.25
Cleveland-Elyria-Mentor, OH	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$132.06
Cleveland-Elyria-Mentor, OH	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$13.21
Cleveland-Elyria-Mentor, OH	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$99.05
Cleveland-Elyria-Mentor, OH	E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$158.74
Cleveland-Elyria-Mentor, OH	E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$15.87
Cleveland-Elyria-Mentor, OH	E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$119.06
Cleveland-Elyria-Mentor, OH	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$106.75

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cleveland-Elyria-Mentor, OH	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.68
Cleveland-Elyria-Mentor, OH	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$80.06
Cleveland-Elyria-Mentor, OH	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$136.23
Cleveland-Elyria-Mentor, OH	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$13.62
Cleveland-Elyria-Mentor, OH	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$102.17
Cleveland-Elyria-Mentor, OH	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$75.50
Cleveland-Elyria-Mentor, OH	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.55
Cleveland-Elyria-Mentor, OH	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$56.63
Cleveland-Elyria-Mentor, OH	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$171.67
Cleveland-Elyria-Mentor, OH	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$17.17
Cleveland-Elyria-Mentor, OH	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$128.75
Cleveland-Elyria-Mentor, OH	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$402.75

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cleveland-Elyria-Mentor, OH	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$40.28
Cleveland-Elyria-Mentor, OH	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$302.06
Cleveland-Elyria-Mentor, OH	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$369.36
Cleveland-Elyria-Mentor, OH	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$36.94
Cleveland-Elyria-Mentor, OH	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$277.02
Cleveland-Elyria-Mentor, OH	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$573.97
Cleveland-Elyria-Mentor, OH	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$57.40
Cleveland-Elyria-Mentor, OH	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$430.48
Cleveland-Elyria-Mentor, OH	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$133.50
Cleveland-Elyria-Mentor, OH	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$13.35
Cleveland-Elyria-Mentor, OH	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$100.13
Cleveland-Elyria-Mentor, OH	E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	NU			\$634.40

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cleveland-Elyria-Mentor, OH	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.98
Cleveland-Elyria-Mentor, OH	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$82.35
Cleveland-Elyria-Mentor, OH	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$49.25
Cleveland-Elyria-Mentor, OH	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.93
Cleveland-Elyria-Mentor, OH	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$36.94
Cleveland-Elyria-Mentor, OH	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$16.98
Cleveland-Elyria-Mentor, OH	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.70
Cleveland-Elyria-Mentor, OH	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$12.74
Cleveland-Elyria-Mentor, OH	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$39.70
Cleveland-Elyria-Mentor, OH	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.97
Cleveland-Elyria-Mentor, OH	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$29.78
Cleveland-Elyria-Mentor, OH	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$56.42

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cleveland-Elyria-Mentor, OH	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$20.02
Cleveland-Elyria-Mentor, OH	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$150.18
Cleveland-Elyria-Mentor, OH	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$319.22
Cleveland-Elyria-Mentor, OH	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$31.92
Cleveland-Elyria-Mentor, OH	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$239.42
Cleveland-Elyria-Mentor, OH	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$207.68
Cleveland-Elyria-Mentor, OH	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$20.77
Cleveland-Elyria-Mentor, OH	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$155.76
Cleveland-Elyria-Mentor, OH	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$274.48
Cleveland-Elyria-Mentor, OH	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$27.45
Cleveland-Elyria-Mentor, OH	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$205.86
Cleveland-Elyria-Mentor, OH	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$190.60

Single Payment Amounts
Standard Mobility Equipment and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cleveland-Elyria-Mentor, OH	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$19.06
Cleveland-Elyria-Mentor, OH	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$142.95
Cleveland-Elyria-Mentor, OH	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$296.34
Cleveland-Elyria-Mentor, OH	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$29.63
Cleveland-Elyria-Mentor, OH	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$222.26
Cleveland-Elyria-Mentor, OH	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$290.55
Cleveland-Elyria-Mentor, OH	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$29.06
Cleveland-Elyria-Mentor, OH	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$217.91
Cleveland-Elyria-Mentor, OH	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$450.00
Cleveland-Elyria-Mentor, OH	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$45.00
Cleveland-Elyria-Mentor, OH	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$337.50
Cleveland-Elyria-Mentor, OH	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$335.00

Single Payment Amounts
Standard Mobility Equipment and Related Accessories

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cleveland-Elyria-Mentor, OH	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$33.50
Cleveland-Elyria-Mentor, OH	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$251.25
Cleveland-Elyria-Mentor, OH	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$479.30
Cleveland-Elyria-Mentor, OH	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$47.93
Cleveland-Elyria-Mentor, OH	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$359.48
Cleveland-Elyria-Mentor, OH	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$402.46
Cleveland-Elyria-Mentor, OH	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$40.25
Cleveland-Elyria-Mentor, OH	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$301.85
Cleveland-Elyria-Mentor, OH	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$454.51
Cleveland-Elyria-Mentor, OH	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$45.45
Cleveland-Elyria-Mentor, OH	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$340.88
Cleveland-Elyria-Mentor, OH	E2626	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE	NU			\$571.06

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cleveland-Elyria-Mentor, OH	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$13.12
Cleveland-Elyria-Mentor, OH	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$98.38
Cleveland-Elyria-Mentor, OH	K0019	ARM PAD, EACH	NU			\$11.68
Cleveland-Elyria-Mentor, OH	K0019	ARM PAD, EACH	RR			\$1.17
Cleveland-Elyria-Mentor, OH	K0019	ARM PAD, EACH	UE			\$8.76
Cleveland-Elyria-Mentor, OH	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$52.98
Cleveland-Elyria-Mentor, OH	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.30
Cleveland-Elyria-Mentor, OH	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$39.74
Cleveland-Elyria-Mentor, OH	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$67.66
Cleveland-Elyria-Mentor, OH	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$6.77
Cleveland-Elyria-Mentor, OH	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$50.75
Cleveland-Elyria-Mentor, OH	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$80.14

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cleveland-Elyria-Mentor, OH	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$8.01
Cleveland-Elyria-Mentor, OH	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$60.11
Cleveland-Elyria-Mentor, OH	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$84.28
Cleveland-Elyria-Mentor, OH	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.43
Cleveland-Elyria-Mentor, OH	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$63.21
Cleveland-Elyria-Mentor, OH	K0065	SPOKE PROTECTORS, EACH	NU			\$39.38
Cleveland-Elyria-Mentor, OH	K0065	SPOKE PROTECTORS, EACH	RR			\$3.94
Cleveland-Elyria-Mentor, OH	K0065	SPOKE PROTECTORS, EACH	UE			\$29.54
Cleveland-Elyria-Mentor, OH	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$85.00
Cleveland-Elyria-Mentor, OH	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$8.50
Cleveland-Elyria-Mentor, OH	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$63.75
Cleveland-Elyria-Mentor, OH	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$155.10

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cleveland-Elyria-Mentor, OH	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.51
Cleveland-Elyria-Mentor, OH	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$116.33
Cleveland-Elyria-Mentor, OH	K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH	NU			\$93.09
Cleveland-Elyria-Mentor, OH	K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH	RR			\$9.31
Cleveland-Elyria-Mentor, OH	K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH	UE			\$69.82
Cleveland-Elyria-Mentor, OH	K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH	NU			\$56.04
Cleveland-Elyria-Mentor, OH	K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH	RR			\$5.60
Cleveland-Elyria-Mentor, OH	K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH	UE			\$42.03
Cleveland-Elyria-Mentor, OH	K0073	CASTER PIN LOCK,EACH	NU			\$31.78
Cleveland-Elyria-Mentor, OH	K0073	CASTER PIN LOCK,EACH	RR			\$3.18
Cleveland-Elyria-Mentor, OH	K0073	CASTER PIN LOCK,EACH	UE			\$23.84
Cleveland-Elyria-Mentor, OH	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$49.35

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cleveland-Elyria-Mentor, OH	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$4.94
Cleveland-Elyria-Mentor, OH	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$37.01
Cleveland-Elyria-Mentor, OH	K0098	DRIVE BELT FOR POWER WHEELCHAIR	NU			\$22.00
Cleveland-Elyria-Mentor, OH	K0098	DRIVE BELT FOR POWER WHEELCHAIR	RR			\$2.20
Cleveland-Elyria-Mentor, OH	K0098	DRIVE BELT FOR POWER WHEELCHAIR	UE			\$16.50
Cleveland-Elyria-Mentor, OH	K0105	IV HANGER, EACH	NU			\$85.22
Cleveland-Elyria-Mentor, OH	K0105	IV HANGER, EACH	RR			\$8.52
Cleveland-Elyria-Mentor, OH	K0105	IV HANGER, EACH	UE			\$63.92
Cleveland-Elyria-Mentor, OH	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$12.68
Cleveland-Elyria-Mentor, OH	K0733	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E. G. , GEL CELL, ABSORBED GLASSMAT)	NU			\$25.17
Cleveland-Elyria-Mentor, OH	K0733	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E. G. , GEL CELL, ABSORBED GLASSMAT)	RR			\$2.52
Cleveland-Elyria-Mentor, OH	K0733	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E. G. , GEL CELL, ABSORBED GLASSMAT)	UE			\$18.88

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cleveland-Elyria-Mentor, OH	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$45.25
Cleveland-Elyria-Mentor, OH	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.53
Cleveland-Elyria-Mentor, OH	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$33.94
Cleveland-Elyria-Mentor, OH	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$46.24
Cleveland-Elyria-Mentor, OH	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.62
Cleveland-Elyria-Mentor, OH	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$34.68
Cleveland-Elyria-Mentor, OH	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$295.00
Cleveland-Elyria-Mentor, OH	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$29.50
Cleveland-Elyria-Mentor, OH	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$221.25
Cleveland-Elyria-Mentor, OH	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$71.29
Cleveland-Elyria-Mentor, OH	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$7.13
Cleveland-Elyria-Mentor, OH	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$53.47

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cleveland-Elyria-Mentor, OH	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$40.00
Cleveland-Elyria-Mentor, OH	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.00
Cleveland-Elyria-Mentor, OH	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$30.00
Cleveland-Elyria-Mentor, OH	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$18.31
Cleveland-Elyria-Mentor, OH	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.83
Cleveland-Elyria-Mentor, OH	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$13.73
Cleveland-Elyria-Mentor, OH	E0156	SEAT ATTACHMENT, WALKER	NU			\$15.67
Cleveland-Elyria-Mentor, OH	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.57
Cleveland-Elyria-Mentor, OH	E0156	SEAT ATTACHMENT, WALKER	UE			\$11.75
Cleveland-Elyria-Mentor, OH	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$50.00
Cleveland-Elyria-Mentor, OH	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$5.00
Cleveland-Elyria-Mentor, OH	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$37.50

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Cleveland-Elyria-Mentor, OH	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$19.00
Cleveland-Elyria-Mentor, OH	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.90
Cleveland-Elyria-Mentor, OH	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$14.25
Cleveland-Elyria-Mentor, OH	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$13.42
Cleveland-Elyria-Mentor, OH	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.34
Cleveland-Elyria-Mentor, OH	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$10.07
Dallas-Fort Worth-Arlington, TX	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$42.07
Dallas-Fort Worth-Arlington, TX	E1037	TRANSPORT CHAIR, PEDIATRIC SIZE	RR			\$93.22
Dallas-Fort Worth-Arlington, TX	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$14.62
Dallas-Fort Worth-Arlington, TX	E1039	TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY GREATER THAN 300 POUNDS	RR			\$29.38
Dallas-Fort Worth-Arlington, TX	K0001	STANDARD WHEELCHAIR	RR			\$34.64
Dallas-Fort Worth-Arlington, TX	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$56.91

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$56.66
Dallas-Fort Worth-Arlington, TX	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$82.78
Dallas-Fort Worth-Arlington, TX	K0006	HEAVY DUTY WHEELCHAIR	RR			\$87.27
Dallas-Fort Worth-Arlington, TX	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$122.21
Dallas-Fort Worth-Arlington, TX	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$868.80
Dallas-Fort Worth-Arlington, TX	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$86.88
Dallas-Fort Worth-Arlington, TX	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$651.60
Dallas-Fort Worth-Arlington, TX	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,447.16
Dallas-Fort Worth-Arlington, TX	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$144.72
Dallas-Fort Worth-Arlington, TX	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,085.37
Dallas-Fort Worth-Arlington, TX	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,752.63
Dallas-Fort Worth-Arlington, TX	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$175.26

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$541.84
Dallas-Fort Worth-Arlington, TX	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$689.27
Dallas-Fort Worth-Arlington, TX	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$660.72
Dallas-Fort Worth-Arlington, TX	E0705	TRANSFER DEVICE, ANY TYPE, EACH	NU			\$40.13
Dallas-Fort Worth-Arlington, TX	E0705	TRANSFER DEVICE, ANY TYPE, EACH	RR			\$4.01
Dallas-Fort Worth-Arlington, TX	E0705	TRANSFER DEVICE, ANY TYPE, EACH	UE			\$30.10
Dallas-Fort Worth-Arlington, TX	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$73.07
Dallas-Fort Worth-Arlington, TX	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$7.31
Dallas-Fort Worth-Arlington, TX	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$54.80
Dallas-Fort Worth-Arlington, TX	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$10.92
Dallas-Fort Worth-Arlington, TX	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.09
Dallas-Fort Worth-Arlington, TX	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$8.19

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	UE			\$29.61
Dallas-Fort Worth-Arlington, TX	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$67.90
Dallas-Fort Worth-Arlington, TX	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$6.79
Dallas-Fort Worth-Arlington, TX	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$50.93
Dallas-Fort Worth-Arlington, TX	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$21.60
Dallas-Fort Worth-Arlington, TX	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$2.16
Dallas-Fort Worth-Arlington, TX	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$16.20
Dallas-Fort Worth-Arlington, TX	E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	NU			\$61.34
Dallas-Fort Worth-Arlington, TX	E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	RR			\$6.13
Dallas-Fort Worth-Arlington, TX	E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	UE			\$46.01
Dallas-Fort Worth-Arlington, TX	E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	NU			\$57.71
Dallas-Fort Worth-Arlington, TX	E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	RR			\$5.77

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	UE			\$43.28
Dallas-Fort Worth-Arlington, TX	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$32.81
Dallas-Fort Worth-Arlington, TX	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.28
Dallas-Fort Worth-Arlington, TX	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$24.61
Dallas-Fort Worth-Arlington, TX	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$61.98
Dallas-Fort Worth-Arlington, TX	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$6.20
Dallas-Fort Worth-Arlington, TX	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$46.49
Dallas-Fort Worth-Arlington, TX	E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	NU			\$67.38
Dallas-Fort Worth-Arlington, TX	E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	RR			\$6.74
Dallas-Fort Worth-Arlington, TX	E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	UE			\$50.54
Dallas-Fort Worth-Arlington, TX	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$26.47
Dallas-Fort Worth-Arlington, TX	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.65

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	UE			\$75.27
Dallas-Fort Worth-Arlington, TX	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$94.82
Dallas-Fort Worth-Arlington, TX	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$9.48
Dallas-Fort Worth-Arlington, TX	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$71.12
Dallas-Fort Worth-Arlington, TX	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$176.16
Dallas-Fort Worth-Arlington, TX	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$17.62
Dallas-Fort Worth-Arlington, TX	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$132.12
Dallas-Fort Worth-Arlington, TX	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$140.19
Dallas-Fort Worth-Arlington, TX	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$14.02
Dallas-Fort Worth-Arlington, TX	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$105.14
Dallas-Fort Worth-Arlington, TX	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$33.02
Dallas-Fort Worth-Arlington, TX	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$374.40

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$8.09
Dallas-Fort Worth-Arlington, TX	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$60.68
Dallas-Fort Worth-Arlington, TX	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$78.30
Dallas-Fort Worth-Arlington, TX	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$7.83
Dallas-Fort Worth-Arlington, TX	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$58.73
Dallas-Fort Worth-Arlington, TX	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$4.88
Dallas-Fort Worth-Arlington, TX	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.49
Dallas-Fort Worth-Arlington, TX	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.66
Dallas-Fort Worth-Arlington, TX	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$29.89
Dallas-Fort Worth-Arlington, TX	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$2.99
Dallas-Fort Worth-Arlington, TX	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$22.42
Dallas-Fort Worth-Arlington, TX	E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$5.06

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$0.51
Dallas-Fort Worth-Arlington, TX	E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$3.80
Dallas-Fort Worth-Arlington, TX	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$26.19
Dallas-Fort Worth-Arlington, TX	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.62
Dallas-Fort Worth-Arlington, TX	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$19.64
Dallas-Fort Worth-Arlington, TX	E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	NU			\$27.00
Dallas-Fort Worth-Arlington, TX	E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	RR			\$2.70
Dallas-Fort Worth-Arlington, TX	E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	UE			\$20.25
Dallas-Fort Worth-Arlington, TX	E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	NU			\$8.57
Dallas-Fort Worth-Arlington, TX	E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	RR			\$0.86
Dallas-Fort Worth-Arlington, TX	E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	UE			\$6.43
Dallas-Fort Worth-Arlington, TX	E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	NU			\$32.00

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	RR			\$7.70
Dallas-Fort Worth-Arlington, TX	E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	UE			\$57.77
Dallas-Fort Worth-Arlington, TX	E2225	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$14.98
Dallas-Fort Worth-Arlington, TX	E2225	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.50
Dallas-Fort Worth-Arlington, TX	E2225	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$11.24
Dallas-Fort Worth-Arlington, TX	E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$32.61
Dallas-Fort Worth-Arlington, TX	E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.26
Dallas-Fort Worth-Arlington, TX	E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$24.46
Dallas-Fort Worth-Arlington, TX	E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH	NU			\$854.78
Dallas-Fort Worth-Arlington, TX	E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH	RR			\$85.48
Dallas-Fort Worth-Arlington, TX	E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH	UE			\$641.09
Dallas-Fort Worth-Arlington, TX	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$132.06

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$13.21
Dallas-Fort Worth-Arlington, TX	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$99.05
Dallas-Fort Worth-Arlington, TX	E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$159.16
Dallas-Fort Worth-Arlington, TX	E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$15.92
Dallas-Fort Worth-Arlington, TX	E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$119.37
Dallas-Fort Worth-Arlington, TX	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$102.19
Dallas-Fort Worth-Arlington, TX	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$10.22
Dallas-Fort Worth-Arlington, TX	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$76.64
Dallas-Fort Worth-Arlington, TX	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$132.00
Dallas-Fort Worth-Arlington, TX	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$13.20
Dallas-Fort Worth-Arlington, TX	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$99.00
Dallas-Fort Worth-Arlington, TX	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$71.42

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$10.07
Dallas-Fort Worth-Arlington, TX	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$75.53
Dallas-Fort Worth-Arlington, TX	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$134.00
Dallas-Fort Worth-Arlington, TX	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$13.40
Dallas-Fort Worth-Arlington, TX	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$100.50
Dallas-Fort Worth-Arlington, TX	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$186.90
Dallas-Fort Worth-Arlington, TX	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$18.69
Dallas-Fort Worth-Arlington, TX	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$140.18
Dallas-Fort Worth-Arlington, TX	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$291.58
Dallas-Fort Worth-Arlington, TX	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$29.16
Dallas-Fort Worth-Arlington, TX	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$218.69
Dallas-Fort Worth-Arlington, TX	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$189.06

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	E2632	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER ARM WITH ELASTIC BALANCE CONTROL	RR			\$15.10
Dallas-Fort Worth-Arlington, TX	E2632	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER ARM WITH ELASTIC BALANCE CONTROL	UE			\$113.25
Dallas-Fort Worth-Arlington, TX	E2633	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	NU			\$129.92
Dallas-Fort Worth-Arlington, TX	E2633	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	RR			\$12.99
Dallas-Fort Worth-Arlington, TX	E2633	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	UE			\$97.44
Dallas-Fort Worth-Arlington, TX	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$126.17
Dallas-Fort Worth-Arlington, TX	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$12.62
Dallas-Fort Worth-Arlington, TX	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$94.63
Dallas-Fort Worth-Arlington, TX	K0019	ARM PAD, EACH	NU			\$11.42
Dallas-Fort Worth-Arlington, TX	K0019	ARM PAD, EACH	RR			\$1.14
Dallas-Fort Worth-Arlington, TX	K0019	ARM PAD, EACH	UE			\$8.57
Dallas-Fort Worth-Arlington, TX	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$51.85

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$5.19
Dallas-Fort Worth-Arlington, TX	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$38.89
Dallas-Fort Worth-Arlington, TX	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$67.70
Dallas-Fort Worth-Arlington, TX	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$6.77
Dallas-Fort Worth-Arlington, TX	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$50.78
Dallas-Fort Worth-Arlington, TX	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$75.00
Dallas-Fort Worth-Arlington, TX	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$7.50
Dallas-Fort Worth-Arlington, TX	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$56.25
Dallas-Fort Worth-Arlington, TX	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$81.86
Dallas-Fort Worth-Arlington, TX	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.19
Dallas-Fort Worth-Arlington, TX	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$61.40
Dallas-Fort Worth-Arlington, TX	K0065	SPOKE PROTECTORS, EACH	NU			\$39.38

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	K0065	SPOKE PROTECTORS, EACH	RR			\$3.94
Dallas-Fort Worth-Arlington, TX	K0065	SPOKE PROTECTORS, EACH	UE			\$29.54
Dallas-Fort Worth-Arlington, TX	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$85.87
Dallas-Fort Worth-Arlington, TX	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$8.59
Dallas-Fort Worth-Arlington, TX	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$64.40
Dallas-Fort Worth-Arlington, TX	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$153.36
Dallas-Fort Worth-Arlington, TX	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.34
Dallas-Fort Worth-Arlington, TX	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$115.02
Dallas-Fort Worth-Arlington, TX	K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH	NU			\$93.88
Dallas-Fort Worth-Arlington, TX	K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH	RR			\$9.39
Dallas-Fort Worth-Arlington, TX	K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH	UE			\$70.41
Dallas-Fort Worth-Arlington, TX	K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH	NU			\$59.46

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH	RR			\$5.95
Dallas-Fort Worth-Arlington, TX	K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH	UE			\$44.60
Dallas-Fort Worth-Arlington, TX	K0073	CASTER PIN LOCK,EACH	NU			\$29.35
Dallas-Fort Worth-Arlington, TX	K0073	CASTER PIN LOCK,EACH	RR			\$2.94
Dallas-Fort Worth-Arlington, TX	K0073	CASTER PIN LOCK,EACH	UE			\$22.01
Dallas-Fort Worth-Arlington, TX	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$49.50
Dallas-Fort Worth-Arlington, TX	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$4.95
Dallas-Fort Worth-Arlington, TX	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$37.13
Dallas-Fort Worth-Arlington, TX	K0098	DRIVE BELT FOR POWER WHEELCHAIR	NU			\$20.11
Dallas-Fort Worth-Arlington, TX	K0098	DRIVE BELT FOR POWER WHEELCHAIR	RR			\$2.01
Dallas-Fort Worth-Arlington, TX	K0098	DRIVE BELT FOR POWER WHEELCHAIR	UE			\$15.08
Dallas-Fort Worth-Arlington, TX	K0105	IV HANGER, EACH	NU			\$85.22

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	K0105	IV HANGER, EACH	RR			\$8.52
Dallas-Fort Worth-Arlington, TX	K0105	IV HANGER, EACH	UE			\$63.92
Dallas-Fort Worth-Arlington, TX	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$12.84
Dallas-Fort Worth-Arlington, TX	K0733	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E. G. , GEL CELL, ABSORBED GLASSMAT)	NU			\$22.94
Dallas-Fort Worth-Arlington, TX	K0733	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E. G. , GEL CELL, ABSORBED GLASSMAT)	RR			\$2.29
Dallas-Fort Worth-Arlington, TX	K0733	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E. G. , GEL CELL, ABSORBED GLASSMAT)	UE			\$17.21
Dallas-Fort Worth-Arlington, TX	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$46.05
Dallas-Fort Worth-Arlington, TX	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.61
Dallas-Fort Worth-Arlington, TX	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$34.54
Dallas-Fort Worth-Arlington, TX	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$48.98
Dallas-Fort Worth-Arlington, TX	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.90
Dallas-Fort Worth-Arlington, TX	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$36.74

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$273.60
Dallas-Fort Worth-Arlington, TX	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$27.36
Dallas-Fort Worth-Arlington, TX	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$205.20
Dallas-Fort Worth-Arlington, TX	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$73.30
Dallas-Fort Worth-Arlington, TX	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$7.33
Dallas-Fort Worth-Arlington, TX	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$54.98
Dallas-Fort Worth-Arlington, TX	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$60.00
Dallas-Fort Worth-Arlington, TX	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$6.00
Dallas-Fort Worth-Arlington, TX	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$45.00
Dallas-Fort Worth-Arlington, TX	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$396.00
Dallas-Fort Worth-Arlington, TX	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$39.60
Dallas-Fort Worth-Arlington, TX	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$297.00

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$85.00
Dallas-Fort Worth-Arlington, TX	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$8.50
Dallas-Fort Worth-Arlington, TX	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$63.75
Dallas-Fort Worth-Arlington, TX	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$133.70
Dallas-Fort Worth-Arlington, TX	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$13.37
Dallas-Fort Worth-Arlington, TX	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$100.28
Dallas-Fort Worth-Arlington, TX	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$46.19
Dallas-Fort Worth-Arlington, TX	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.62
Dallas-Fort Worth-Arlington, TX	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$34.64
Dallas-Fort Worth-Arlington, TX	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$20.06
Dallas-Fort Worth-Arlington, TX	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$2.01
Dallas-Fort Worth-Arlington, TX	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$15.05

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Dallas-Fort Worth-Arlington, TX	E0156	SEAT ATTACHMENT, WALKER	NU			\$15.00
Dallas-Fort Worth-Arlington, TX	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.50
Dallas-Fort Worth-Arlington, TX	E0156	SEAT ATTACHMENT, WALKER	UE			\$11.25
Dallas-Fort Worth-Arlington, TX	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$50.00
Dallas-Fort Worth-Arlington, TX	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$5.00
Dallas-Fort Worth-Arlington, TX	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$37.50
Dallas-Fort Worth-Arlington, TX	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$19.90
Dallas-Fort Worth-Arlington, TX	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.99
Dallas-Fort Worth-Arlington, TX	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$14.93
Dallas-Fort Worth-Arlington, TX	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$13.12
Dallas-Fort Worth-Arlington, TX	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.31
Dallas-Fort Worth-Arlington, TX	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.84

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Kansas City, MO-KS	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$69.92
Kansas City, MO-KS	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$6.99
Kansas City, MO-KS	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$52.44
Kansas City, MO-KS	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$13.00
Kansas City, MO-KS	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.30
Kansas City, MO-KS	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$9.75
Kansas City, MO-KS	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$148.87
Kansas City, MO-KS	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$14.89
Kansas City, MO-KS	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$111.65
Kansas City, MO-KS	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$74.50
Kansas City, MO-KS	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$7.45
Kansas City, MO-KS	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$55.88

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Kansas City, MO-KS	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$106.58
Kansas City, MO-KS	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$10.66
Kansas City, MO-KS	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$79.94
Kansas City, MO-KS	E0958	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH	RR			\$40.42
Kansas City, MO-KS	E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	NU			\$39.97
Kansas City, MO-KS	E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	RR			\$4.00
Kansas City, MO-KS	E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	UE			\$29.98
Kansas City, MO-KS	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$70.95
Kansas City, MO-KS	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$7.10
Kansas City, MO-KS	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$53.21
Kansas City, MO-KS	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$18.11
Kansas City, MO-KS	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.81

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Kansas City, MO-KS	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$13.58
Kansas City, MO-KS	E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	NU			\$61.34
Kansas City, MO-KS	E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	RR			\$6.13
Kansas City, MO-KS	E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	UE			\$46.01
Kansas City, MO-KS	E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	NU			\$59.25
Kansas City, MO-KS	E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	RR			\$5.93
Kansas City, MO-KS	E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	UE			\$44.44
Kansas City, MO-KS	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$32.82
Kansas City, MO-KS	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.28
Kansas City, MO-KS	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$24.62
Kansas City, MO-KS	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$66.08
Kansas City, MO-KS	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$6.61

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Kansas City, MO-KS	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$56.54
Kansas City, MO-KS	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$81.64
Kansas City, MO-KS	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$8.16
Kansas City, MO-KS	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$61.23
Kansas City, MO-KS	E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	NU			\$112.50
Kansas City, MO-KS	E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	RR			\$11.25
Kansas City, MO-KS	E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	UE			\$84.38
Kansas City, MO-KS	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$100.30
Kansas City, MO-KS	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$10.03
Kansas City, MO-KS	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$75.23
Kansas City, MO-KS	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$179.52
Kansas City, MO-KS	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$17.95

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Kansas City, MO-KS	E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	RR			\$3.17
Kansas City, MO-KS	E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	UE			\$23.79
Kansas City, MO-KS	E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	NU			\$9.50
Kansas City, MO-KS	E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	RR			\$0.95
Kansas City, MO-KS	E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	UE			\$7.13
Kansas City, MO-KS	E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	NU			\$38.60
Kansas City, MO-KS	E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	RR			\$3.86
Kansas City, MO-KS	E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	UE			\$28.95
Kansas City, MO-KS	E2220	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, EACH	NU			\$26.39
Kansas City, MO-KS	E2220	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, EACH	RR			\$2.64
Kansas City, MO-KS	E2220	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, EACH	UE			\$19.79
Kansas City, MO-KS	E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, EACH	NU			\$23.70

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Kansas City, MO-KS	E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.26
Kansas City, MO-KS	E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$24.46
Kansas City, MO-KS	E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH	NU			\$902.54
Kansas City, MO-KS	E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH	RR			\$90.25
Kansas City, MO-KS	E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH	UE			\$676.91
Kansas City, MO-KS	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$132.06
Kansas City, MO-KS	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$13.21
Kansas City, MO-KS	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$99.05
Kansas City, MO-KS	E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$156.66
Kansas City, MO-KS	E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$15.67
Kansas City, MO-KS	E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$117.50
Kansas City, MO-KS	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$102.21

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Kansas City, MO-KS	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$38.38
Kansas City, MO-KS	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$287.85
Kansas City, MO-KS	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$337.68
Kansas City, MO-KS	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$33.77
Kansas City, MO-KS	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$253.26
Kansas City, MO-KS	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$516.42
Kansas City, MO-KS	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$51.64
Kansas City, MO-KS	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$387.32
Kansas City, MO-KS	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$119.76
Kansas City, MO-KS	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$11.98
Kansas City, MO-KS	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$89.82
Kansas City, MO-KS	E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	NU			\$634.40

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Kansas City, MO-KS	E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	RR			\$63.44
Kansas City, MO-KS	E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	UE			\$475.80
Kansas City, MO-KS	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$53.74
Kansas City, MO-KS	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.37
Kansas City, MO-KS	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$40.31
Kansas City, MO-KS	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$104.02
Kansas City, MO-KS	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$10.40
Kansas City, MO-KS	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$78.02
Kansas City, MO-KS	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$59.45
Kansas City, MO-KS	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.95
Kansas City, MO-KS	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$44.59
Kansas City, MO-KS	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$99.46

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Kansas City, MO-KS	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$9.95
Kansas City, MO-KS	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$74.60
Kansas City, MO-KS	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$45.14
Kansas City, MO-KS	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.51
Kansas City, MO-KS	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$33.86
Kansas City, MO-KS	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$15.19
Kansas City, MO-KS	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.52
Kansas City, MO-KS	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$11.39
Kansas City, MO-KS	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$39.70
Kansas City, MO-KS	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.97
Kansas City, MO-KS	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$29.78
Kansas City, MO-KS	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$56.92

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Kansas City, MO-KS	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$4.10
Kansas City, MO-KS	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$30.77
Kansas City, MO-KS	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$80.91
Kansas City, MO-KS	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$8.09
Kansas City, MO-KS	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$60.68
Kansas City, MO-KS	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$107.90
Kansas City, MO-KS	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$10.79
Kansas City, MO-KS	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$80.93
Kansas City, MO-KS	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$141.77
Kansas City, MO-KS	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$14.18
Kansas City, MO-KS	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$106.33
Kansas City, MO-KS	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$202.08

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Kansas City, MO-KS	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$20.21
Kansas City, MO-KS	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$151.56
Kansas City, MO-KS	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$307.28
Kansas City, MO-KS	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$30.73
Kansas City, MO-KS	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$230.46
Kansas City, MO-KS	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$192.00
Kansas City, MO-KS	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$19.20
Kansas City, MO-KS	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$144.00
Kansas City, MO-KS	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$261.35
Kansas City, MO-KS	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$26.14
Kansas City, MO-KS	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$196.01
Kansas City, MO-KS	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$200.30

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Kansas City, MO-KS	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$20.03
Kansas City, MO-KS	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$150.23
Kansas City, MO-KS	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$301.58
Kansas City, MO-KS	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$30.16
Kansas City, MO-KS	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$226.19
Kansas City, MO-KS	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$295.05
Kansas City, MO-KS	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$29.51
Kansas City, MO-KS	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$221.29
Kansas City, MO-KS	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$419.77
Kansas City, MO-KS	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$41.98
Kansas City, MO-KS	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$314.83
Kansas City, MO-KS	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$357.47

Single Payment Amounts
Standard Mobility Equipment and Related Accessories

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

Single Payment Amounts
Standard Mobility Equipment and Related Accessories

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Kansas City, MO-KS	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.49
Kansas City, MO-KS	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$116.16
Kansas City, MO-KS	K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH	NU			\$99.22
Kansas City, MO-KS	K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH	RR			\$9.92
Kansas City, MO-KS	K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH	UE			\$74.42
Kansas City, MO-KS	K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH	NU			\$59.58
Kansas City, MO-KS	K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH	RR			\$5.96
Kansas City, MO-KS	K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH	UE			\$44.69
Kansas City, MO-KS	K0073	CASTER PIN LOCK,EACH	NU			\$32.22
Kansas City, MO-KS	K0073	CASTER PIN LOCK,EACH	RR			\$3.22
Kansas City, MO-KS	K0073	CASTER PIN LOCK,EACH	UE			\$24.17
Kansas City, MO-KS	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$50.14

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Kansas City, MO-KS	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$5.01
Kansas City, MO-KS	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$37.61
Kansas City, MO-KS	K0098	DRIVE BELT FOR POWER WHEELCHAIR	NU			\$22.14
Kansas City, MO-KS	K0098	DRIVE BELT FOR POWER WHEELCHAIR	RR			\$2.21
Kansas City, MO-KS	K0098	DRIVE BELT FOR POWER WHEELCHAIR	UE			\$16.61
Kansas City, MO-KS	K0105	IV HANGER, EACH	NU			\$90.72
Kansas City, MO-KS	K0105	IV HANGER, EACH	RR			\$9.07
Kansas City, MO-KS	K0105	IV HANGER, EACH	UE			\$68.04
Kansas City, MO-KS	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$12.75
Kansas City, MO-KS	K0733	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E. G. , GEL CELL, ABSORBED GLASSMAT)	NU			\$22.83
Kansas City, MO-KS	K0733	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E. G. , GEL CELL, ABSORBED GLASSMAT)	RR			\$2.28
Kansas City, MO-KS	K0733	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E. G. , GEL CELL, ABSORBED GLASSMAT)	UE			\$17.12

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Kansas City, MO-KS	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$57.64
Kansas City, MO-KS	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.76
Kansas City, MO-KS	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$43.23
Kansas City, MO-KS	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$377.26
Kansas City, MO-KS	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$37.73
Kansas City, MO-KS	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$282.95
Kansas City, MO-KS	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$86.20
Kansas City, MO-KS	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$8.62
Kansas City, MO-KS	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$64.65
Kansas City, MO-KS	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$143.29
Kansas City, MO-KS	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$14.33
Kansas City, MO-KS	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$107.47

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Kansas City, MO-KS	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$19.74
Kansas City, MO-KS	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.97
Kansas City, MO-KS	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$14.81
Kansas City, MO-KS	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$13.32
Kansas City, MO-KS	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.33
Kansas City, MO-KS	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$9.99
Miami-Fort Lauderdale-Pompano Beach, FL	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR			\$34.85
Miami-Fort Lauderdale-Pompano Beach, FL	E1037	TRANSPORT CHAIR, PEDIATRIC SIZE	RR			\$86.11
Miami-Fort Lauderdale-Pompano Beach, FL	E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$13.84
Miami-Fort Lauderdale-Pompano Beach, FL	E1039	TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY GREATER THAN 300 POUNDS	RR			\$26.98
Miami-Fort Lauderdale-Pompano Beach, FL	K0001	STANDARD WHEELCHAIR	RR			\$30.07
Miami-Fort Lauderdale-Pompano Beach, FL	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR			\$49.40

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-Pompano Beach, FL	K0003	LIGHTWEIGHT WHEELCHAIR	RR			\$53.17
Miami-Fort Lauderdale-Pompano Beach, FL	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR			\$77.46
Miami-Fort Lauderdale-Pompano Beach, FL	K0006	HEAVY DUTY WHEELCHAIR	RR			\$75.58
Miami-Fort Lauderdale-Pompano Beach, FL	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR			\$115.65
Miami-Fort Lauderdale-Pompano Beach, FL	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU			\$819.47
Miami-Fort Lauderdale-Pompano Beach, FL	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR			\$81.95
Miami-Fort Lauderdale-Pompano Beach, FL	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE			\$614.60
Miami-Fort Lauderdale-Pompano Beach, FL	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	NU			\$1,350.68
Miami-Fort Lauderdale-Pompano Beach, FL	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR			\$135.07
Miami-Fort Lauderdale-Pompano Beach, FL	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	UE			\$1,013.01
Miami-Fort Lauderdale-Pompano Beach, FL	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	NU			\$1,747.00
Miami-Fort Lauderdale-Pompano Beach, FL	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$174.70

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-Pompano Beach, FL	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR			\$556.22
Miami-Fort Lauderdale-Pompano Beach, FL	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR			\$682.95
Miami-Fort Lauderdale-Pompano Beach, FL	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR			\$660.37
Miami-Fort Lauderdale-Pompano Beach, FL	E0705	TRANSFER DEVICE, ANY TYPE, EACH	NU			\$41.22
Miami-Fort Lauderdale-Pompano Beach, FL	E0705	TRANSFER DEVICE, ANY TYPE, EACH	RR			\$4.12
Miami-Fort Lauderdale-Pompano Beach, FL	E0705	TRANSFER DEVICE, ANY TYPE, EACH	UE			\$30.92
Miami-Fort Lauderdale-Pompano Beach, FL	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$57.26
Miami-Fort Lauderdale-Pompano Beach, FL	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$5.73
Miami-Fort Lauderdale-Pompano Beach, FL	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$42.95
Miami-Fort Lauderdale-Pompano Beach, FL	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$12.30
Miami-Fort Lauderdale-Pompano Beach, FL	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.23
Miami-Fort Lauderdale-Pompano Beach, FL	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$9.23

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-Pompano Beach, FL	E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	UE			\$24.11
Miami-Fort Lauderdale-Pompano Beach, FL	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$63.28
Miami-Fort Lauderdale-Pompano Beach, FL	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$6.33
Miami-Fort Lauderdale-Pompano Beach, FL	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$47.46
Miami-Fort Lauderdale-Pompano Beach, FL	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$19.01
Miami-Fort Lauderdale-Pompano Beach, FL	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.90
Miami-Fort Lauderdale-Pompano Beach, FL	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$14.26
Miami-Fort Lauderdale-Pompano Beach, FL	E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	NU			\$57.00
Miami-Fort Lauderdale-Pompano Beach, FL	E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	RR			\$5.70
Miami-Fort Lauderdale-Pompano Beach, FL	E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	UE			\$42.75
Miami-Fort Lauderdale-Pompano Beach, FL	E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	NU			\$56.00
Miami-Fort Lauderdale-Pompano Beach, FL	E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	RR			\$5.60

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-Pompano Beach, FL	E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	UE			\$71.25
Miami-Fort Lauderdale-Pompano Beach, FL	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$88.64
Miami-Fort Lauderdale-Pompano Beach, FL	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$8.86
Miami-Fort Lauderdale-Pompano Beach, FL	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$66.48
Miami-Fort Lauderdale-Pompano Beach, FL	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$157.74
Miami-Fort Lauderdale-Pompano Beach, FL	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$15.77
Miami-Fort Lauderdale-Pompano Beach, FL	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$118.31
Miami-Fort Lauderdale-Pompano Beach, FL	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$133.37
Miami-Fort Lauderdale-Pompano Beach, FL	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$13.34
Miami-Fort Lauderdale-Pompano Beach, FL	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$100.03
Miami-Fort Lauderdale-Pompano Beach, FL	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$32.32
Miami-Fort Lauderdale-Pompano Beach, FL	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$349.36

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-Pompano Beach, FL	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$34.94
Miami-Fort Lauderdale-Pompano Beach, FL	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$262.02
Miami-Fort Lauderdale-Pompano Beach, FL	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$280.53
Miami-Fort Lauderdale-Pompano Beach, FL	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$28.05
Miami-Fort Lauderdale-Pompano Beach, FL	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$210.40
Miami-Fort Lauderdale-Pompano Beach, FL	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$376.02
Miami-Fort Lauderdale-Pompano Beach, FL	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	RR			\$37.60
Miami-Fort Lauderdale-Pompano Beach, FL	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	UE			\$282.02
Miami-Fort Lauderdale-Pompano Beach, FL	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NU			\$378.29
Miami-Fort Lauderdale-Pompano Beach, FL	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	RR			\$37.83
Miami-Fort Lauderdale-Pompano Beach, FL	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	UE			\$283.72
Miami-Fort Lauderdale-Pompano Beach, FL	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	NU			\$677.97

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-Pompano Beach, FL	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$7.70
Miami-Fort Lauderdale-Pompano Beach, FL	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$57.73
Miami-Fort Lauderdale-Pompano Beach, FL	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$69.45
Miami-Fort Lauderdale-Pompano Beach, FL	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$6.95
Miami-Fort Lauderdale-Pompano Beach, FL	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$52.09
Miami-Fort Lauderdale-Pompano Beach, FL	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$4.24
Miami-Fort Lauderdale-Pompano Beach, FL	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.42
Miami-Fort Lauderdale-Pompano Beach, FL	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.18
Miami-Fort Lauderdale-Pompano Beach, FL	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$33.04
Miami-Fort Lauderdale-Pompano Beach, FL	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.30
Miami-Fort Lauderdale-Pompano Beach, FL	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$24.78
Miami-Fort Lauderdale-Pompano Beach, FL	E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$5.02

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-Pompano Beach, FL	E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$0.50
Miami-Fort Lauderdale-Pompano Beach, FL	E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$3.77
Miami-Fort Lauderdale-Pompano Beach, FL	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$24.76
Miami-Fort Lauderdale-Pompano Beach, FL	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.48
Miami-Fort Lauderdale-Pompano Beach, FL	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$18.57
Miami-Fort Lauderdale-Pompano Beach, FL	E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	NU			\$25.50
Miami-Fort Lauderdale-Pompano Beach, FL	E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	RR			\$2.55
Miami-Fort Lauderdale-Pompano Beach, FL	E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	UE			\$19.13
Miami-Fort Lauderdale-Pompano Beach, FL	E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	NU			\$8.25
Miami-Fort Lauderdale-Pompano Beach, FL	E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	RR			\$0.83
Miami-Fort Lauderdale-Pompano Beach, FL	E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	UE			\$6.19
Miami-Fort Lauderdale-Pompano Beach, FL	E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	NU			\$30.10

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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Miami-Fort Lauderdale-Pompano Beach, FL	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$7.00
Miami-Fort Lauderdale-Pompano Beach, FL	E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$52.50
Miami-Fort Lauderdale-Pompano Beach, FL	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU			\$170.42
Miami-Fort Lauderdale-Pompano Beach, FL	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	RR			\$17.04
Miami-Fort Lauderdale-Pompano Beach, FL	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	UE			\$127.82
Miami-Fort Lauderdale-Pompano Beach, FL	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NU			\$334.76
Miami-Fort Lauderdale-Pompano Beach, FL	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$33.48
Miami-Fort Lauderdale-Pompano Beach, FL	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$251.07
Miami-Fort Lauderdale-Pompano Beach, FL	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$299.00
Miami-Fort Lauderdale-Pompano Beach, FL	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$29.90
Miami-Fort Lauderdale-Pompano Beach, FL	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$224.25
Miami-Fort Lauderdale-Pompano Beach, FL	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$516.42

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-Pompano Beach, FL	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$51.64
Miami-Fort Lauderdale-Pompano Beach, FL	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$387.32
Miami-Fort Lauderdale-Pompano Beach, FL	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$113.50
Miami-Fort Lauderdale-Pompano Beach, FL	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$11.35
Miami-Fort Lauderdale-Pompano Beach, FL	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$85.13
Miami-Fort Lauderdale-Pompano Beach, FL	E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	NU			\$565.35
Miami-Fort Lauderdale-Pompano Beach, FL	E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	RR			\$56.54
Miami-Fort Lauderdale-Pompano Beach, FL	E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	UE			\$424.01
Miami-Fort Lauderdale-Pompano Beach, FL	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$49.36
Miami-Fort Lauderdale-Pompano Beach, FL	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.94
Miami-Fort Lauderdale-Pompano Beach, FL	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$37.02
Miami-Fort Lauderdale-Pompano Beach, FL	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$98.43

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-Pompano Beach, FL	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$9.84
Miami-Fort Lauderdale-Pompano Beach, FL	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$73.82
Miami-Fort Lauderdale-Pompano Beach, FL	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$52.43
Miami-Fort Lauderdale-Pompano Beach, FL	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$5.24
Miami-Fort Lauderdale-Pompano Beach, FL	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$39.32
Miami-Fort Lauderdale-Pompano Beach, FL	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$95.00
Miami-Fort Lauderdale-Pompano Beach, FL	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$9.50
Miami-Fort Lauderdale-Pompano Beach, FL	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$71.25
Miami-Fort Lauderdale-Pompano Beach, FL	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$42.07
Miami-Fort Lauderdale-Pompano Beach, FL	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$4.21
Miami-Fort Lauderdale-Pompano Beach, FL	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$31.55
Miami-Fort Lauderdale-Pompano Beach, FL	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$13.37

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-Pompano Beach, FL	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.71
Miami-Fort Lauderdale-Pompano Beach, FL	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$27.80
Miami-Fort Lauderdale-Pompano Beach, FL	E2397	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH	NU			\$355.00
Miami-Fort Lauderdale-Pompano Beach, FL	E2397	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH	RR			\$35.50
Miami-Fort Lauderdale-Pompano Beach, FL	E2397	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH	UE			\$266.25
Miami-Fort Lauderdale-Pompano Beach, FL	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$38.88
Miami-Fort Lauderdale-Pompano Beach, FL	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$3.89
Miami-Fort Lauderdale-Pompano Beach, FL	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$29.16
Miami-Fort Lauderdale-Pompano Beach, FL	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$77.38
Miami-Fort Lauderdale-Pompano Beach, FL	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$7.74
Miami-Fort Lauderdale-Pompano Beach, FL	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$58.04
Miami-Fort Lauderdale-Pompano Beach, FL	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$96.03

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-Pompano Beach, FL	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$9.60
Miami-Fort Lauderdale-Pompano Beach, FL	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$72.02
Miami-Fort Lauderdale-Pompano Beach, FL	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$124.00
Miami-Fort Lauderdale-Pompano Beach, FL	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$12.40
Miami-Fort Lauderdale-Pompano Beach, FL	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$93.00
Miami-Fort Lauderdale-Pompano Beach, FL	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$174.44
Miami-Fort Lauderdale-Pompano Beach, FL	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$17.44
Miami-Fort Lauderdale-Pompano Beach, FL	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$130.83
Miami-Fort Lauderdale-Pompano Beach, FL	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$268.02
Miami-Fort Lauderdale-Pompano Beach, FL	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$26.80
Miami-Fort Lauderdale-Pompano Beach, FL	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$201.02
Miami-Fort Lauderdale-Pompano Beach, FL	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$187.84

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-Pompano Beach, FL	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$18.78
Miami-Fort Lauderdale-Pompano Beach, FL	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$140.88
Miami-Fort Lauderdale-Pompano Beach, FL	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$225.58
Miami-Fort Lauderdale-Pompano Beach, FL	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$22.56
Miami-Fort Lauderdale-Pompano Beach, FL	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$169.19
Miami-Fort Lauderdale-Pompano Beach, FL	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$186.97
Miami-Fort Lauderdale-Pompano Beach, FL	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$18.70
Miami-Fort Lauderdale-Pompano Beach, FL	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$140.23
Miami-Fort Lauderdale-Pompano Beach, FL	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$273.83
Miami-Fort Lauderdale-Pompano Beach, FL	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$27.38
Miami-Fort Lauderdale-Pompano Beach, FL	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$205.37
Miami-Fort Lauderdale-Pompano Beach, FL	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$265.73

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-Pompano Beach, FL	E2628	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, RECLINING	RR			\$64.33
Miami-Fort Lauderdale-Pompano Beach, FL	E2628	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, RECLINING	UE			\$482.48
Miami-Fort Lauderdale-Pompano Beach, FL	E2629	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT (FRICTION DAMPENING TO PROXIMAL AND DISTAL JOINTS)	NU			\$811.92
Miami-Fort Lauderdale-Pompano Beach, FL	E2629	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT (FRICTION DAMPENING TO PROXIMAL AND DISTAL JOINTS)	RR			\$81.19
Miami-Fort Lauderdale-Pompano Beach, FL	E2629	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT (FRICTION DAMPENING TO PROXIMAL AND DISTAL JOINTS)	UE			\$608.94
Miami-Fort Lauderdale-Pompano Beach, FL	E2630	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE SUSPENSION SUPPORT	NU			\$567.78
Miami-Fort Lauderdale-Pompano Beach, FL	E2630	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE SUSPENSION SUPPORT	RR			\$56.78
Miami-Fort Lauderdale-Pompano Beach, FL	E2630	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE SUSPENSION SUPPORT	UE			\$425.84
Miami-Fort Lauderdale-Pompano Beach, FL	E2631	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM	NU			\$225.00
Miami-Fort Lauderdale-Pompano Beach, FL	E2631	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM	RR			\$22.50
Miami-Fort Lauderdale-Pompano Beach, FL	E2631	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM	UE			\$168.75
Miami-Fort Lauderdale-Pompano Beach, FL	E2632	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER ARM WITH ELASTIC BALANCE CONTROL	NU			\$144.00

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-Pompano Beach, FL	E2632	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER ARM WITH ELASTIC BALANCE CONTROL	RR			\$14.40
Miami-Fort Lauderdale-Pompano Beach, FL	E2632	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER ARM WITH ELASTIC BALANCE CONTROL	UE			\$108.00
Miami-Fort Lauderdale-Pompano Beach, FL	E2633	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	NU			\$121.12
Miami-Fort Lauderdale-Pompano Beach, FL	E2633	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	RR			\$12.11
Miami-Fort Lauderdale-Pompano Beach, FL	E2633	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	UE			\$90.84
Miami-Fort Lauderdale-Pompano Beach, FL	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	NU			\$115.00
Miami-Fort Lauderdale-Pompano Beach, FL	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$11.50
Miami-Fort Lauderdale-Pompano Beach, FL	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$86.25
Miami-Fort Lauderdale-Pompano Beach, FL	K0019	ARM PAD, EACH	NU			\$10.54
Miami-Fort Lauderdale-Pompano Beach, FL	K0019	ARM PAD, EACH	RR			\$1.05
Miami-Fort Lauderdale-Pompano Beach, FL	K0019	ARM PAD, EACH	UE			\$7.91
Miami-Fort Lauderdale-Pompano Beach, FL	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$48.39

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

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

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-Pompano Beach, FL	K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH	RR			\$5.50
Miami-Fort Lauderdale-Pompano Beach, FL	K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH	UE			\$41.25
Miami-Fort Lauderdale-Pompano Beach, FL	K0073	CASTER PIN LOCK,EACH	NU			\$28.69
Miami-Fort Lauderdale-Pompano Beach, FL	K0073	CASTER PIN LOCK,EACH	RR			\$2.87
Miami-Fort Lauderdale-Pompano Beach, FL	K0073	CASTER PIN LOCK,EACH	UE			\$21.52
Miami-Fort Lauderdale-Pompano Beach, FL	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$45.66
Miami-Fort Lauderdale-Pompano Beach, FL	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$4.57
Miami-Fort Lauderdale-Pompano Beach, FL	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$34.25
Miami-Fort Lauderdale-Pompano Beach, FL	K0098	DRIVE BELT FOR POWER WHEELCHAIR	NU			\$19.12
Miami-Fort Lauderdale-Pompano Beach, FL	K0098	DRIVE BELT FOR POWER WHEELCHAIR	RR			\$1.91
Miami-Fort Lauderdale-Pompano Beach, FL	K0098	DRIVE BELT FOR POWER WHEELCHAIR	UE			\$14.34
Miami-Fort Lauderdale-Pompano Beach, FL	K0105	IV HANGER, EACH	NU			\$81.62

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-Pompano Beach, FL	K0105	IV HANGER, EACH	RR			\$8.16
Miami-Fort Lauderdale-Pompano Beach, FL	K0105	IV HANGER, EACH	UE			\$61.22
Miami-Fort Lauderdale-Pompano Beach, FL	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$12.06
Miami-Fort Lauderdale-Pompano Beach, FL	K0733	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E. G. , GEL CELL, ABSORBED GLASSMAT)	NU			\$23.20
Miami-Fort Lauderdale-Pompano Beach, FL	K0733	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E. G. , GEL CELL, ABSORBED GLASSMAT)	RR			\$2.32
Miami-Fort Lauderdale-Pompano Beach, FL	K0733	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E. G. , GEL CELL, ABSORBED GLASSMAT)	UE			\$17.40
Miami-Fort Lauderdale-Pompano Beach, FL	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$45.51
Miami-Fort Lauderdale-Pompano Beach, FL	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.55
Miami-Fort Lauderdale-Pompano Beach, FL	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$34.13
Miami-Fort Lauderdale-Pompano Beach, FL	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$50.30
Miami-Fort Lauderdale-Pompano Beach, FL	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$5.03
Miami-Fort Lauderdale-Pompano Beach, FL	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$37.73

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

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-Pompano Beach, FL	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$81.17
Miami-Fort Lauderdale-Pompano Beach, FL	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$8.12
Miami-Fort Lauderdale-Pompano Beach, FL	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$60.88
Miami-Fort Lauderdale-Pompano Beach, FL	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$136.38
Miami-Fort Lauderdale-Pompano Beach, FL	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$13.64
Miami-Fort Lauderdale-Pompano Beach, FL	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$102.29
Miami-Fort Lauderdale-Pompano Beach, FL	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$38.84
Miami-Fort Lauderdale-Pompano Beach, FL	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$3.88
Miami-Fort Lauderdale-Pompano Beach, FL	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$29.13
Miami-Fort Lauderdale-Pompano Beach, FL	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$18.83
Miami-Fort Lauderdale-Pompano Beach, FL	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.88
Miami-Fort Lauderdale-Pompano Beach, FL	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$14.12

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Miami-Fort Lauderdale-Pompano Beach, FL	E0156	SEAT ATTACHMENT, WALKER	NU			\$13.74
Miami-Fort Lauderdale-Pompano Beach, FL	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.37
Miami-Fort Lauderdale-Pompano Beach, FL	E0156	SEAT ATTACHMENT, WALKER	UE			\$10.31
Miami-Fort Lauderdale-Pompano Beach, FL	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$46.04
Miami-Fort Lauderdale-Pompano Beach, FL	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$4.60
Miami-Fort Lauderdale-Pompano Beach, FL	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$34.53
Miami-Fort Lauderdale-Pompano Beach, FL	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU			\$17.72
Miami-Fort Lauderdale-Pompano Beach, FL	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	RR			\$1.77
Miami-Fort Lauderdale-Pompano Beach, FL	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	UE			\$13.29
Miami-Fort Lauderdale-Pompano Beach, FL	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NU			\$11.73
Miami-Fort Lauderdale-Pompano Beach, FL	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	RR			\$1.17
Miami-Fort Lauderdale-Pompano Beach, FL	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	UE			\$8.80

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orlando-Kissimmee-Sanford, FL	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$102.00
Orlando-Kissimmee-Sanford, FL	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$10.20
Orlando-Kissimmee-Sanford, FL	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$76.50
Orlando-Kissimmee-Sanford, FL	E0958	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH	RR			\$35.35
Orlando-Kissimmee-Sanford, FL	E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	NU			\$34.31
Orlando-Kissimmee-Sanford, FL	E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	RR			\$3.43
Orlando-Kissimmee-Sanford, FL	E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	UE			\$25.73
Orlando-Kissimmee-Sanford, FL	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$69.62
Orlando-Kissimmee-Sanford, FL	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$6.96
Orlando-Kissimmee-Sanford, FL	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$52.22
Orlando-Kissimmee-Sanford, FL	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$19.00
Orlando-Kissimmee-Sanford, FL	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$1.90

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orlando-Kissimmee-Sanford, FL	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$14.25
Orlando-Kissimmee-Sanford, FL	E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	NU			\$59.72
Orlando-Kissimmee-Sanford, FL	E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	RR			\$5.97
Orlando-Kissimmee-Sanford, FL	E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	UE			\$44.79
Orlando-Kissimmee-Sanford, FL	E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	NU			\$59.50
Orlando-Kissimmee-Sanford, FL	E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	RR			\$5.95
Orlando-Kissimmee-Sanford, FL	E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	UE			\$44.63
Orlando-Kissimmee-Sanford, FL	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$31.54
Orlando-Kissimmee-Sanford, FL	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.15
Orlando-Kissimmee-Sanford, FL	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$23.66
Orlando-Kissimmee-Sanford, FL	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$57.49
Orlando-Kissimmee-Sanford, FL	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$5.75

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orlando-Kissimmee-Sanford, FL	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE			\$43.12
Orlando-Kissimmee-Sanford, FL	E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	NU			\$57.27
Orlando-Kissimmee-Sanford, FL	E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	RR			\$5.73
Orlando-Kissimmee-Sanford, FL	E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	UE			\$42.95
Orlando-Kissimmee-Sanford, FL	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU			\$23.00
Orlando-Kissimmee-Sanford, FL	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	RR			\$2.30
Orlando-Kissimmee-Sanford, FL	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$17.25
Orlando-Kissimmee-Sanford, FL	E0985	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	NU			\$175.00
Orlando-Kissimmee-Sanford, FL	E0985	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	RR			\$17.50
Orlando-Kissimmee-Sanford, FL	E0985	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	UE			\$131.25
Orlando-Kissimmee-Sanford, FL	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$76.00
Orlando-Kissimmee-Sanford, FL	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$7.60

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orlando-Kissimmee-Sanford, FL	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.44
Orlando-Kissimmee-Sanford, FL	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.30
Orlando-Kissimmee-Sanford, FL	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$32.00
Orlando-Kissimmee-Sanford, FL	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.20
Orlando-Kissimmee-Sanford, FL	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$24.00
Orlando-Kissimmee-Sanford, FL	E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$5.36
Orlando-Kissimmee-Sanford, FL	E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$0.54
Orlando-Kissimmee-Sanford, FL	E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$4.02
Orlando-Kissimmee-Sanford, FL	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$25.00
Orlando-Kissimmee-Sanford, FL	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.50
Orlando-Kissimmee-Sanford, FL	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$18.75
Orlando-Kissimmee-Sanford, FL	E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	NU			\$26.30

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orlando-Kissimmee-Sanford, FL	E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	RR			\$2.63
Orlando-Kissimmee-Sanford, FL	E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	UE			\$19.73
Orlando-Kissimmee-Sanford, FL	E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	NU			\$8.76
Orlando-Kissimmee-Sanford, FL	E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	RR			\$0.88
Orlando-Kissimmee-Sanford, FL	E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	UE			\$6.57
Orlando-Kissimmee-Sanford, FL	E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	NU			\$30.57
Orlando-Kissimmee-Sanford, FL	E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	RR			\$3.06
Orlando-Kissimmee-Sanford, FL	E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	UE			\$22.93
Orlando-Kissimmee-Sanford, FL	E2220	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, EACH	NU			\$26.04
Orlando-Kissimmee-Sanford, FL	E2220	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, EACH	RR			\$2.60
Orlando-Kissimmee-Sanford, FL	E2220	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, EACH	UE			\$19.53
Orlando-Kissimmee-Sanford, FL	E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, EACH	NU			\$23.32

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orlando-Kissimmee-Sanford, FL	E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, EACH	RR			\$2.33
Orlando-Kissimmee-Sanford, FL	E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, EACH	UE			\$17.49
Orlando-Kissimmee-Sanford, FL	E2222	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH	NU			\$19.23
Orlando-Kissimmee-Sanford, FL	E2222	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH	RR			\$1.92
Orlando-Kissimmee-Sanford, FL	E2222	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH	UE			\$14.42
Orlando-Kissimmee-Sanford, FL	E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	NU			\$88.00
Orlando-Kissimmee-Sanford, FL	E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	RR			\$8.80
Orlando-Kissimmee-Sanford, FL	E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	UE			\$66.00
Orlando-Kissimmee-Sanford, FL	E2225	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$15.00
Orlando-Kissimmee-Sanford, FL	E2225	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$1.50
Orlando-Kissimmee-Sanford, FL	E2225	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$11.25
Orlando-Kissimmee-Sanford, FL	E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NU			\$34.65

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orlando-Kissimmee-Sanford, FL	E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RR			\$3.47
Orlando-Kissimmee-Sanford, FL	E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	UE			\$25.99
Orlando-Kissimmee-Sanford, FL	E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH	NU			\$825.85
Orlando-Kissimmee-Sanford, FL	E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH	RR			\$82.59
Orlando-Kissimmee-Sanford, FL	E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH	UE			\$619.39
Orlando-Kissimmee-Sanford, FL	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	NU			\$132.74
Orlando-Kissimmee-Sanford, FL	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	RR			\$13.27
Orlando-Kissimmee-Sanford, FL	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	UE			\$99.56
Orlando-Kissimmee-Sanford, FL	E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$150.00
Orlando-Kissimmee-Sanford, FL	E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	RR			\$15.00
Orlando-Kissimmee-Sanford, FL	E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	UE			\$112.50
Orlando-Kissimmee-Sanford, FL	E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E. G. GEL CELL, ABSORBED GLASSMAT)	NU			\$103.00

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orlando-Kissimmee-Sanford, FL	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$3.96
Orlando-Kissimmee-Sanford, FL	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$29.72
Orlando-Kissimmee-Sanford, FL	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$77.38
Orlando-Kissimmee-Sanford, FL	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$7.74
Orlando-Kissimmee-Sanford, FL	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$58.04
Orlando-Kissimmee-Sanford, FL	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$98.24
Orlando-Kissimmee-Sanford, FL	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$9.82
Orlando-Kissimmee-Sanford, FL	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$73.68
Orlando-Kissimmee-Sanford, FL	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$131.00
Orlando-Kissimmee-Sanford, FL	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$13.10
Orlando-Kissimmee-Sanford, FL	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$98.25
Orlando-Kissimmee-Sanford, FL	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$177.04

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orlando-Kissimmee-Sanford, FL	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$31.00
Orlando-Kissimmee-Sanford, FL	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$232.50
Orlando-Kissimmee-Sanford, FL	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$422.00
Orlando-Kissimmee-Sanford, FL	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$42.20
Orlando-Kissimmee-Sanford, FL	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$316.50
Orlando-Kissimmee-Sanford, FL	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$375.00
Orlando-Kissimmee-Sanford, FL	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$37.50
Orlando-Kissimmee-Sanford, FL	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$281.25
Orlando-Kissimmee-Sanford, FL	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$399.00
Orlando-Kissimmee-Sanford, FL	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$39.90
Orlando-Kissimmee-Sanford, FL	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$299.25
Orlando-Kissimmee-Sanford, FL	E2626	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE	NU			\$567.09

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

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Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orlando-Kissimmee-Sanford, FL	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$7.50
Orlando-Kissimmee-Sanford, FL	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$56.25
Orlando-Kissimmee-Sanford, FL	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$86.83
Orlando-Kissimmee-Sanford, FL	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$8.68
Orlando-Kissimmee-Sanford, FL	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$65.12
Orlando-Kissimmee-Sanford, FL	K0065	SPOKE PROTECTORS, EACH	NU			\$39.50
Orlando-Kissimmee-Sanford, FL	K0065	SPOKE PROTECTORS, EACH	RR			\$3.95
Orlando-Kissimmee-Sanford, FL	K0065	SPOKE PROTECTORS, EACH	UE			\$29.63
Orlando-Kissimmee-Sanford, FL	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$90.00
Orlando-Kissimmee-Sanford, FL	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$9.00
Orlando-Kissimmee-Sanford, FL	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$67.50
Orlando-Kissimmee-Sanford, FL	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$157.39

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Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orlando-Kissimmee-Sanford, FL	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	RR			\$15.74
Orlando-Kissimmee-Sanford, FL	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	UE			\$118.04
Orlando-Kissimmee-Sanford, FL	K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH	NU			\$93.88
Orlando-Kissimmee-Sanford, FL	K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH	RR			\$9.39
Orlando-Kissimmee-Sanford, FL	K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH	UE			\$70.41
Orlando-Kissimmee-Sanford, FL	K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH	NU			\$55.00
Orlando-Kissimmee-Sanford, FL	K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH	RR			\$5.50
Orlando-Kissimmee-Sanford, FL	K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH	UE			\$41.25
Orlando-Kissimmee-Sanford, FL	K0073	CASTER PIN LOCK,EACH	NU			\$30.00
Orlando-Kissimmee-Sanford, FL	K0073	CASTER PIN LOCK,EACH	RR			\$3.00
Orlando-Kissimmee-Sanford, FL	K0073	CASTER PIN LOCK,EACH	UE			\$22.50
Orlando-Kissimmee-Sanford, FL	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$49.00

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CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orlando-Kissimmee-Sanford, FL	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$4.90
Orlando-Kissimmee-Sanford, FL	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$36.75
Orlando-Kissimmee-Sanford, FL	K0098	DRIVE BELT FOR POWER WHEELCHAIR	NU			\$20.00
Orlando-Kissimmee-Sanford, FL	K0098	DRIVE BELT FOR POWER WHEELCHAIR	RR			\$2.00
Orlando-Kissimmee-Sanford, FL	K0098	DRIVE BELT FOR POWER WHEELCHAIR	UE			\$15.00
Orlando-Kissimmee-Sanford, FL	K0105	IV HANGER, EACH	NU			\$85.00
Orlando-Kissimmee-Sanford, FL	K0105	IV HANGER, EACH	RR			\$8.50
Orlando-Kissimmee-Sanford, FL	K0105	IV HANGER, EACH	UE			\$63.75
Orlando-Kissimmee-Sanford, FL	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$12.50
Orlando-Kissimmee-Sanford, FL	K0733	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E. G. , GEL CELL, ABSORBED GLASSMAT)	NU			\$23.49
Orlando-Kissimmee-Sanford, FL	K0733	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E. G. , GEL CELL, ABSORBED GLASSMAT)	RR			\$2.35
Orlando-Kissimmee-Sanford, FL	K0733	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E. G. , GEL CELL, ABSORBED GLASSMAT)	UE			\$17.62

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orlando-Kissimmee-Sanford, FL	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$45.51
Orlando-Kissimmee-Sanford, FL	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.55
Orlando-Kissimmee-Sanford, FL	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$34.13
Orlando-Kissimmee-Sanford, FL	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU			\$49.32
Orlando-Kissimmee-Sanford, FL	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR			\$4.93
Orlando-Kissimmee-Sanford, FL	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	UE			\$36.99
Orlando-Kissimmee-Sanford, FL	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$260.00
Orlando-Kissimmee-Sanford, FL	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$26.00
Orlando-Kissimmee-Sanford, FL	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$195.00
Orlando-Kissimmee-Sanford, FL	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$74.56
Orlando-Kissimmee-Sanford, FL	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$7.46
Orlando-Kissimmee-Sanford, FL	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$55.92

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orlando-Kissimmee-Sanford, FL	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$59.00
Orlando-Kissimmee-Sanford, FL	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.90
Orlando-Kissimmee-Sanford, FL	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$44.25
Orlando-Kissimmee-Sanford, FL	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$372.50
Orlando-Kissimmee-Sanford, FL	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$37.25
Orlando-Kissimmee-Sanford, FL	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$279.38
Orlando-Kissimmee-Sanford, FL	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$85.00
Orlando-Kissimmee-Sanford, FL	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$8.50
Orlando-Kissimmee-Sanford, FL	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$63.75
Orlando-Kissimmee-Sanford, FL	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$139.00
Orlando-Kissimmee-Sanford, FL	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$13.90
Orlando-Kissimmee-Sanford, FL	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$104.25

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Orlando-Kissimmee-Sanford, FL	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$39.00
Orlando-Kissimmee-Sanford, FL	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$3.90
Orlando-Kissimmee-Sanford, FL	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$29.25
Orlando-Kissimmee-Sanford, FL	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$19.32
Orlando-Kissimmee-Sanford, FL	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.93
Orlando-Kissimmee-Sanford, FL	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$14.49
Orlando-Kissimmee-Sanford, FL	E0156	SEAT ATTACHMENT, WALKER	NU			\$14.78
Orlando-Kissimmee-Sanford, FL	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.48
Orlando-Kissimmee-Sanford, FL	E0156	SEAT ATTACHMENT, WALKER	UE			\$11.09
Orlando-Kissimmee-Sanford, FL	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$48.00
Orlando-Kissimmee-Sanford, FL	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$4.80
Orlando-Kissimmee-Sanford, FL	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$36.00

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE			\$18.09
Pittsburgh, PA	E0985	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	NU			\$192.02
Pittsburgh, PA	E0985	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	RR			\$19.20
Pittsburgh, PA	E0985	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	UE			\$144.02
Pittsburgh, PA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU			\$75.08
Pittsburgh, PA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RR			\$7.51
Pittsburgh, PA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$56.31
Pittsburgh, PA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$71.68
Pittsburgh, PA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$7.17
Pittsburgh, PA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$53.76
Pittsburgh, PA	E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	NU			\$114.74
Pittsburgh, PA	E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	RR			\$11.47

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	UE			\$86.06
Pittsburgh, PA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$97.63
Pittsburgh, PA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$9.76
Pittsburgh, PA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$73.22
Pittsburgh, PA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$174.66
Pittsburgh, PA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$17.47
Pittsburgh, PA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$131.00
Pittsburgh, PA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$134.56
Pittsburgh, PA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$13.46
Pittsburgh, PA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$100.92
Pittsburgh, PA	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$38.92
Pittsburgh, PA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$347.25

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	RR			\$7.70
Pittsburgh, PA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	UE			\$57.74
Pittsburgh, PA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NU			\$77.94
Pittsburgh, PA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	RR			\$7.79
Pittsburgh, PA	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	UE			\$58.46
Pittsburgh, PA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU			\$4.70
Pittsburgh, PA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.47
Pittsburgh, PA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.53
Pittsburgh, PA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$31.76
Pittsburgh, PA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.18
Pittsburgh, PA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$23.82
Pittsburgh, PA	E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$5.56

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$10.31
Pittsburgh, PA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$77.34
Pittsburgh, PA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$134.87
Pittsburgh, PA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$13.49
Pittsburgh, PA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$101.15
Pittsburgh, PA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$186.90
Pittsburgh, PA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$18.69
Pittsburgh, PA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$140.18
Pittsburgh, PA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$300.74
Pittsburgh, PA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$30.07
Pittsburgh, PA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$225.56
Pittsburgh, PA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$192.20

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	E2628	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, RECLINING	RR			\$68.01
Pittsburgh, PA	E2628	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, RECLINING	UE			\$510.08
Pittsburgh, PA	E2629	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT (FRICTION DAMPENING TO PROXIMAL AND DISTAL JOINTS)	NU			\$906.20
Pittsburgh, PA	E2629	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT (FRICTION DAMPENING TO PROXIMAL AND DISTAL JOINTS)	RR			\$90.62
Pittsburgh, PA	E2629	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT (FRICTION DAMPENING TO PROXIMAL AND DISTAL JOINTS)	UE			\$679.65
Pittsburgh, PA	E2630	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE SUSPENSION SUPPORT	NU			\$578.98
Pittsburgh, PA	E2630	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE SUSPENSION SUPPORT	RR			\$57.90
Pittsburgh, PA	E2630	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE SUSPENSION SUPPORT	UE			\$434.24
Pittsburgh, PA	E2631	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM	NU			\$240.66
Pittsburgh, PA	E2631	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM	RR			\$24.07
Pittsburgh, PA	E2631	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM	UE			\$180.50
Pittsburgh, PA	E2632	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER ARM WITH ELASTIC BALANCE CONTROL	NU			\$153.22

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH	RR			\$6.00
Pittsburgh, PA	K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH	UE			\$45.00
Pittsburgh, PA	K0073	CASTER PIN LOCK,EACH	NU			\$33.20
Pittsburgh, PA	K0073	CASTER PIN LOCK,EACH	RR			\$3.32
Pittsburgh, PA	K0073	CASTER PIN LOCK,EACH	UE			\$24.90
Pittsburgh, PA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	NU			\$49.30
Pittsburgh, PA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$4.93
Pittsburgh, PA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$36.98
Pittsburgh, PA	K0098	DRIVE BELT FOR POWER WHEELCHAIR	NU			\$22.22
Pittsburgh, PA	K0098	DRIVE BELT FOR POWER WHEELCHAIR	RR			\$2.22
Pittsburgh, PA	K0098	DRIVE BELT FOR POWER WHEELCHAIR	UE			\$16.67
Pittsburgh, PA	K0105	IV HANGER, EACH	NU			\$88.59

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	NU			\$286.92
Pittsburgh, PA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	RR			\$28.69
Pittsburgh, PA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	UE			\$215.19
Pittsburgh, PA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$74.50
Pittsburgh, PA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$7.45
Pittsburgh, PA	E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$55.88
Pittsburgh, PA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU			\$58.00
Pittsburgh, PA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	RR			\$5.80
Pittsburgh, PA	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	UE			\$43.50
Pittsburgh, PA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU			\$392.38
Pittsburgh, PA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR			\$39.24
Pittsburgh, PA	E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE			\$294.29

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Pittsburgh, PA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU			\$86.70
Pittsburgh, PA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR			\$8.67
Pittsburgh, PA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE			\$65.03
Pittsburgh, PA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU			\$132.18
Pittsburgh, PA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR			\$13.22
Pittsburgh, PA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE			\$99.14
Pittsburgh, PA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$44.84
Pittsburgh, PA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.48
Pittsburgh, PA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$33.63
Pittsburgh, PA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$20.50
Pittsburgh, PA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$2.05
Pittsburgh, PA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$15.38

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Riverside-San Bernardino-Ontario, CA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU			\$60.00
Riverside-San Bernardino-Ontario, CA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	RR			\$6.00
Riverside-San Bernardino-Ontario, CA	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE			\$45.00
Riverside-San Bernardino-Ontario, CA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU			\$11.95
Riverside-San Bernardino-Ontario, CA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RR			\$1.20
Riverside-San Bernardino-Ontario, CA	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE			\$8.96
Riverside-San Bernardino-Ontario, CA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$127.17
Riverside-San Bernardino-Ontario, CA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$12.72
Riverside-San Bernardino-Ontario, CA	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$95.38
Riverside-San Bernardino-Ontario, CA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$71.00
Riverside-San Bernardino-Ontario, CA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$7.10
Riverside-San Bernardino-Ontario, CA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$53.25

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Riverside-San Bernardino-Ontario, CA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	NU			\$99.00
Riverside-San Bernardino-Ontario, CA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RR			\$9.90
Riverside-San Bernardino-Ontario, CA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	UE			\$74.25
Riverside-San Bernardino-Ontario, CA	E0958	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH	RR			\$35.00
Riverside-San Bernardino-Ontario, CA	E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	NU			\$38.10
Riverside-San Bernardino-Ontario, CA	E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	RR			\$3.81
Riverside-San Bernardino-Ontario, CA	E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	UE			\$28.58
Riverside-San Bernardino-Ontario, CA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NU			\$65.00
Riverside-San Bernardino-Ontario, CA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	RR			\$6.50
Riverside-San Bernardino-Ontario, CA	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	UE			\$48.75
Riverside-San Bernardino-Ontario, CA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU			\$20.77
Riverside-San Bernardino-Ontario, CA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RR			\$2.08

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Riverside-San Bernardino-Ontario, CA	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE			\$15.58
Riverside-San Bernardino-Ontario, CA	E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	NU			\$57.50
Riverside-San Bernardino-Ontario, CA	E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	RR			\$5.75
Riverside-San Bernardino-Ontario, CA	E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	UE			\$43.13
Riverside-San Bernardino-Ontario, CA	E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	NU			\$55.56
Riverside-San Bernardino-Ontario, CA	E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	RR			\$5.56
Riverside-San Bernardino-Ontario, CA	E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	UE			\$41.67
Riverside-San Bernardino-Ontario, CA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU			\$30.00
Riverside-San Bernardino-Ontario, CA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR			\$3.00
Riverside-San Bernardino-Ontario, CA	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE			\$22.50
Riverside-San Bernardino-Ontario, CA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU			\$58.81
Riverside-San Bernardino-Ontario, CA	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RR			\$5.88

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Riverside-San Bernardino-Ontario, CA	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE			\$51.66
Riverside-San Bernardino-Ontario, CA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU			\$74.00
Riverside-San Bernardino-Ontario, CA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	RR			\$7.40
Riverside-San Bernardino-Ontario, CA	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE			\$55.50
Riverside-San Bernardino-Ontario, CA	E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	NU			\$92.50
Riverside-San Bernardino-Ontario, CA	E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	RR			\$9.25
Riverside-San Bernardino-Ontario, CA	E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	UE			\$69.38
Riverside-San Bernardino-Ontario, CA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NU			\$92.00
Riverside-San Bernardino-Ontario, CA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	RR			\$9.20
Riverside-San Bernardino-Ontario, CA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	UE			\$69.00
Riverside-San Bernardino-Ontario, CA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU			\$157.00
Riverside-San Bernardino-Ontario, CA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	RR			\$15.70

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Riverside-San Bernardino-Ontario, CA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE			\$117.75
Riverside-San Bernardino-Ontario, CA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NU			\$131.02
Riverside-San Bernardino-Ontario, CA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	RR			\$13.10
Riverside-San Bernardino-Ontario, CA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	UE			\$98.27
Riverside-San Bernardino-Ontario, CA	E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR			\$28.89
Riverside-San Bernardino-Ontario, CA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	NU			\$346.50
Riverside-San Bernardino-Ontario, CA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR			\$34.65
Riverside-San Bernardino-Ontario, CA	E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	UE			\$259.88
Riverside-San Bernardino-Ontario, CA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NU			\$272.52
Riverside-San Bernardino-Ontario, CA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	RR			\$27.25
Riverside-San Bernardino-Ontario, CA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	UE			\$204.39
Riverside-San Bernardino-Ontario, CA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NU			\$346.19

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Riverside-San Bernardino-Ontario, CA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	RR			\$0.43
Riverside-San Bernardino-Ontario, CA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	UE			\$3.23
Riverside-San Bernardino-Ontario, CA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$32.00
Riverside-San Bernardino-Ontario, CA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$3.20
Riverside-San Bernardino-Ontario, CA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$24.00
Riverside-San Bernardino-Ontario, CA	E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU			\$5.45
Riverside-San Bernardino-Ontario, CA	E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RR			\$0.55
Riverside-San Bernardino-Ontario, CA	E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	UE			\$4.09
Riverside-San Bernardino-Ontario, CA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU			\$24.00
Riverside-San Bernardino-Ontario, CA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RR			\$2.40
Riverside-San Bernardino-Ontario, CA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	UE			\$18.00
Riverside-San Bernardino-Ontario, CA	E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	NU			\$30.00

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Riverside-San Bernardino-Ontario, CA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RR			\$34.54
Riverside-San Bernardino-Ontario, CA	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	UE			\$259.05
Riverside-San Bernardino-Ontario, CA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NU			\$299.00
Riverside-San Bernardino-Ontario, CA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RR			\$29.90
Riverside-San Bernardino-Ontario, CA	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	UE			\$224.25
Riverside-San Bernardino-Ontario, CA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	NU			\$483.10
Riverside-San Bernardino-Ontario, CA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RR			\$48.31
Riverside-San Bernardino-Ontario, CA	E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	UE			\$362.33
Riverside-San Bernardino-Ontario, CA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	NU			\$120.00
Riverside-San Bernardino-Ontario, CA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	RR			\$12.00
Riverside-San Bernardino-Ontario, CA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E. G. GEL CELL, ABSORBED GLASSMAT), EACH	UE			\$90.00
Riverside-San Bernardino-Ontario, CA	E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	NU			\$599.00

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Riverside-San Bernardino-Ontario, CA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$3.68
Riverside-San Bernardino-Ontario, CA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$27.60
Riverside-San Bernardino-Ontario, CA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$73.09
Riverside-San Bernardino-Ontario, CA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$7.31
Riverside-San Bernardino-Ontario, CA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$54.82
Riverside-San Bernardino-Ontario, CA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$93.70
Riverside-San Bernardino-Ontario, CA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR			\$9.37
Riverside-San Bernardino-Ontario, CA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE			\$70.28
Riverside-San Bernardino-Ontario, CA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU			\$123.85
Riverside-San Bernardino-Ontario, CA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR			\$12.39
Riverside-San Bernardino-Ontario, CA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE			\$92.89
Riverside-San Bernardino-Ontario, CA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU			\$176.93

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Riverside-San Bernardino-Ontario, CA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RR			\$10.75
Riverside-San Bernardino-Ontario, CA	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	UE			\$80.64
Riverside-San Bernardino-Ontario, CA	K0019	ARM PAD, EACH	NU			\$10.85
Riverside-San Bernardino-Ontario, CA	K0019	ARM PAD, EACH	RR			\$1.09
Riverside-San Bernardino-Ontario, CA	K0019	ARM PAD, EACH	UE			\$8.14
Riverside-San Bernardino-Ontario, CA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU			\$47.99
Riverside-San Bernardino-Ontario, CA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RR			\$4.80
Riverside-San Bernardino-Ontario, CA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	UE			\$35.99
Riverside-San Bernardino-Ontario, CA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	NU			\$57.22
Riverside-San Bernardino-Ontario, CA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	RR			\$5.72
Riverside-San Bernardino-Ontario, CA	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	UE			\$42.92
Riverside-San Bernardino-Ontario, CA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NU			\$69.00

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Riverside-San Bernardino-Ontario, CA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR			\$6.90
Riverside-San Bernardino-Ontario, CA	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	UE			\$51.75
Riverside-San Bernardino-Ontario, CA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NU			\$75.00
Riverside-San Bernardino-Ontario, CA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	RR			\$7.50
Riverside-San Bernardino-Ontario, CA	K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	UE			\$56.25
Riverside-San Bernardino-Ontario, CA	K0065	SPOKE PROTECTORS, EACH	NU			\$39.00
Riverside-San Bernardino-Ontario, CA	K0065	SPOKE PROTECTORS, EACH	RR			\$3.90
Riverside-San Bernardino-Ontario, CA	K0065	SPOKE PROTECTORS, EACH	UE			\$29.25
Riverside-San Bernardino-Ontario, CA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	NU			\$78.00
Riverside-San Bernardino-Ontario, CA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	RR			\$7.80
Riverside-San Bernardino-Ontario, CA	K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	UE			\$58.50
Riverside-San Bernardino-Ontario, CA	K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	NU			\$135.00

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Riverside-San Bernardino-Ontario, CA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	RR			\$4.60
Riverside-San Bernardino-Ontario, CA	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	UE			\$34.50
Riverside-San Bernardino-Ontario, CA	K0098	DRIVE BELT FOR POWER WHEELCHAIR	NU			\$19.64
Riverside-San Bernardino-Ontario, CA	K0098	DRIVE BELT FOR POWER WHEELCHAIR	RR			\$1.96
Riverside-San Bernardino-Ontario, CA	K0098	DRIVE BELT FOR POWER WHEELCHAIR	UE			\$14.73
Riverside-San Bernardino-Ontario, CA	K0105	IV HANGER, EACH	NU			\$85.00
Riverside-San Bernardino-Ontario, CA	K0105	IV HANGER, EACH	RR			\$8.50
Riverside-San Bernardino-Ontario, CA	K0105	IV HANGER, EACH	UE			\$63.75
Riverside-San Bernardino-Ontario, CA	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR			\$12.37
Riverside-San Bernardino-Ontario, CA	K0733	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E. G. , GEL CELL, ABSORBED GLASSMAT)	NU			\$22.50
Riverside-San Bernardino-Ontario, CA	K0733	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E. G. , GEL CELL, ABSORBED GLASSMAT)	RR			\$2.25
Riverside-San Bernardino-Ontario, CA	K0733	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E. G. , GEL CELL, ABSORBED GLASSMAT)	UE			\$16.88

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

CBA Name	HCPCS Code	HCPCS Code Description	Modifier 1	Modifier 2	Modifier 3	SPA
Riverside-San Bernardino-Ontario, CA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	NU			\$42.15
Riverside-San Bernardino-Ontario, CA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	RR			\$4.22
Riverside-San Bernardino-Ontario, CA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	UE			\$31.61
Riverside-San Bernardino-Ontario, CA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NU			\$19.50
Riverside-San Bernardino-Ontario, CA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	RR			\$1.95
Riverside-San Bernardino-Ontario, CA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	UE			\$14.63
Riverside-San Bernardino-Ontario, CA	E0156	SEAT ATTACHMENT, WALKER	NU			\$15.89
Riverside-San Bernardino-Ontario, CA	E0156	SEAT ATTACHMENT, WALKER	RR			\$1.59
Riverside-San Bernardino-Ontario, CA	E0156	SEAT ATTACHMENT, WALKER	UE			\$11.92
Riverside-San Bernardino-Ontario, CA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU			\$44.64
Riverside-San Bernardino-Ontario, CA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	RR			\$4.46
Riverside-San Bernardino-Ontario, CA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	UE			\$33.48

**Single Payment Amounts
Standard Mobility Equipment and Related Accessories**

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